

2017



CITY OF

Albany

GEORGIA

**Benefits
Enrollment
Guide**



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

Each section of the Employee Benefits Handbook 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 Employee Benefits Handbook is an important component in the benefit communication process, your dedicated ShawHankins 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 Employee Benefits Handbook 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 Albany leave policies and retirement plans**. **The plan year is in effect from January 1, 2017 to December 31, 2017.**

This Employee Benefits Handbook 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 25 for more details.

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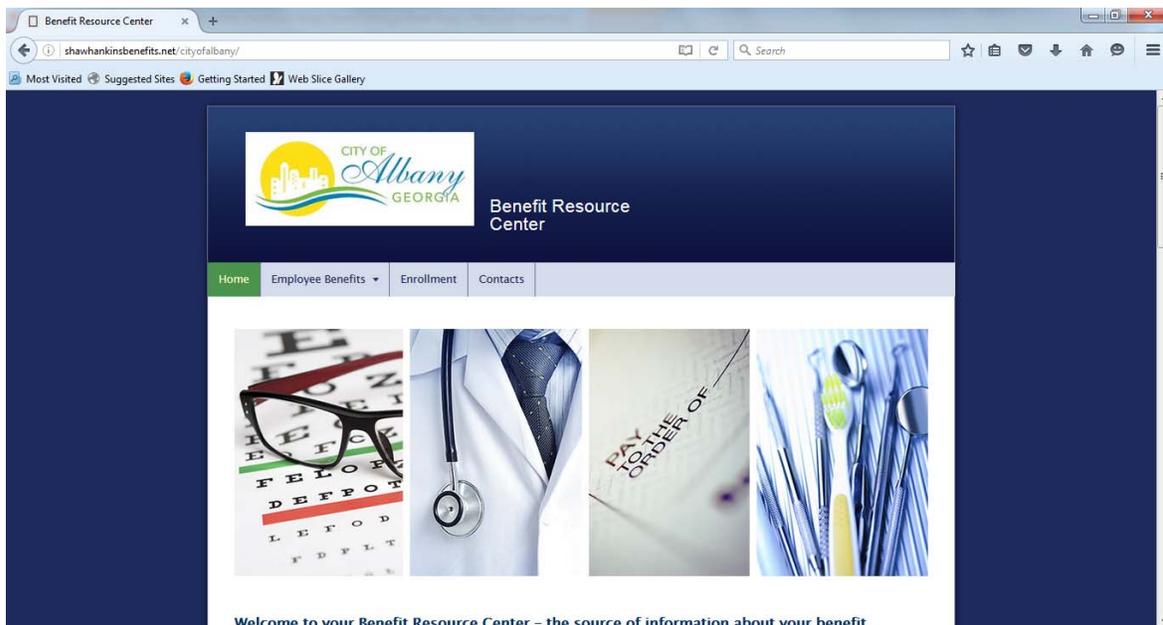
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This guide describes the benefit plans available to you as an eligible Employee of **City of Albany**. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the 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 Albany** and ShawHankins.

ShawHankins also provides the City of Albany employees a Benefit Resource Center website that gives you access to all of the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains information on Medical Plans, Dental, Vision, Basic Life, Optional Life, Short Term Disability, Long Term Disability, Whole Life, Critical Illness, and Flex Plans. For easy access we have included important documents and links to your benefit information along with access to the bswift enrollment system on the enrollment page of the website. The Benefit Resource Center also includes videos that will discuss a high level overview of the benefit plans and ancillary coverages that you have available. Please visit the Benefit Resource Center site at <http://shawhankinsbenefits.net/cityofalbany/> for documents on each of your benefits. Remember, if you still have questions please contact the ShawHankins service center at 800-994-7429.



Annual Enrollment Period: Begins October 17, 2016 and ends at midnight on October 28, 2016.

You are REQUIRED to **provide the below information/documentation** for all newly added dependents:

- Copy of Marriage License (Spouse Only)
- Copy of Birth Certificate (children only)
- Copy of Social Security Card (spouse and dependents)

HOW TO ENROLL

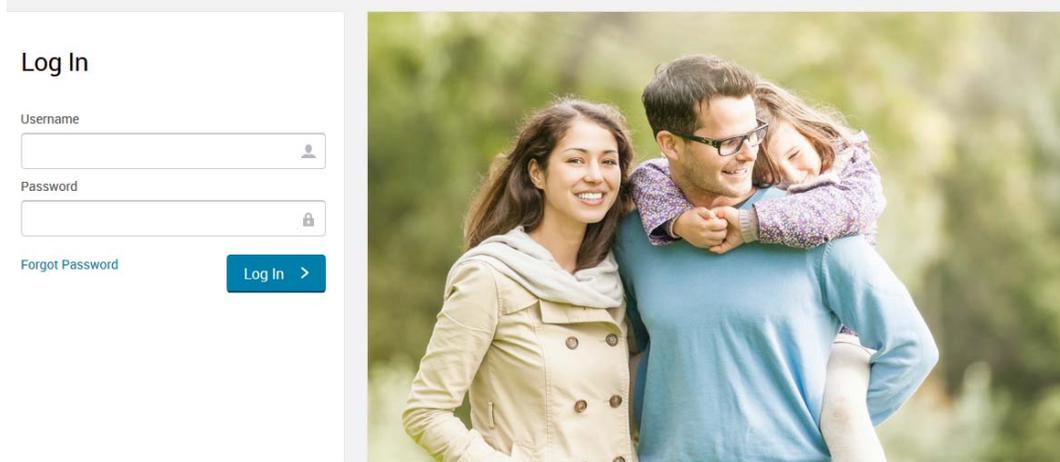
Go to www.cityofalbany.bswift.com.

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.



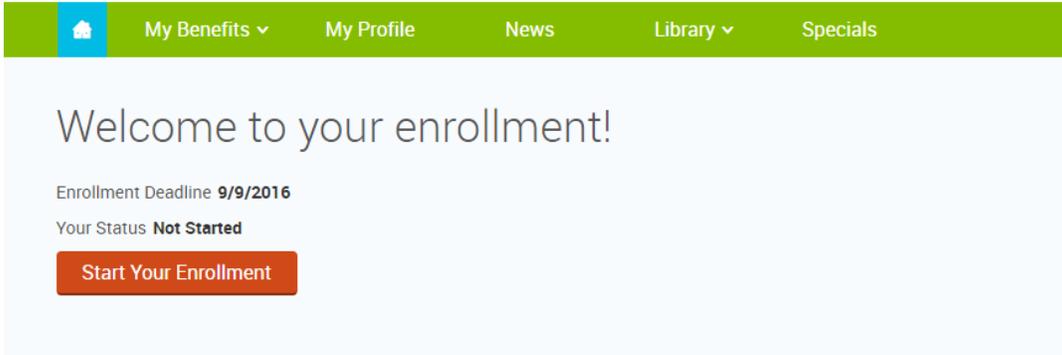
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.

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

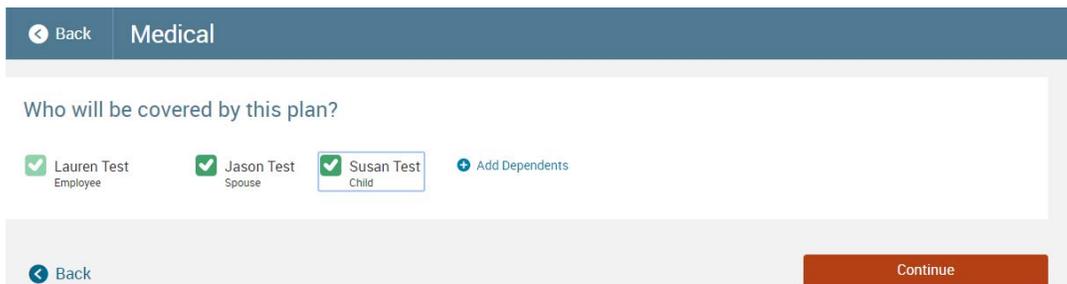
How To Enroll

To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits. Prior to enrolling new dependents you must provide dependent audit information to Human Resources department or your enroller.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering newly added dependents, see your HR Department or provide dependent audit information to your enroller. Otherwise press “Next” 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 “Save 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.



Summary of Benefits and Coverage (“SBC”)

As an employee of the City of Albany, 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 medical plan offers a base and a buy-up health coverage option. Choosing a health coverage option is an important decision. The SBC is provided to help you make an informed choice as well as understanding how your medical benefit plans work. Also, your plan makes available an SBC that summarizes your pharmacy plan.

All SBC’s are available on the City of Albany website at www.albany.ga.us under City Departments/Human Resources/Benefits Administration.

A paper copy may be picked up free of charge in Human Resources or by calling (229) 431-2806. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

BENEFIT ID CARDS

Medical ID Cards:

Carrier: BCBS

Group Name: City of Albany

Group Policy #: 005000005

If you need to visit your Physician prior to receiving your new ID card you can print a Summary of your Benefits directly from the BCBS website.

To print a Summary of your Benefits from the BCBS website follow these instructions:

1. Go to www.bcbsga.com
2. Click "Member Access"
3. Register as a New User
4. Log-In
5. Go to "My Benefits" tab (Print Summary)

You may also request a faxed confirmation of coverage as follows:

1. Call BCBS at 800-441-2273
2. State you are a "Member"
3. State you are requesting information on "Medical"
4. State you are a BCBS Card Holder
5. Use your SSN as your Member ID, provide your Date of Birth, Provide your Zip Code
6. Select Option to 'Listen to Your Benefits'
7. State "Yes" you would like the information faxed to you, then provide fax#.

The information should be faxed within a few minutes

Dental ID Cards:

If you need to visit your Dental Provider prior to receiving your new ID card you can simply print this document and take with you to your Provider. In order to confirm coverage, your Provider may need the name of the carrier, the group name, group policy number and 800# which are as follows:

Carrier: MetLife

Group Name: City of Albany

Group Policy #: 0148340

Phone #: 800-487-5553

Vision ID Cards:

If you need to visit your Vision Provider prior to receiving your ID card you can simply print this document and take with you to your Provider. In order to confirm coverage, your Provider may need the name of the carrier, the group name, group policy number and 800# which are as follows:

Carrier: Humana

Group Name: City of Albany

Group Policy #: VGA43-18

Phone #: 866-939-3633

Please contact ShawHankins if you have any questions.

800-994-7429

Email: customerservice@shawhankins.com

Medical Benefits

Benefit	BCBSGA (Base Plan)		BCBSGA (Buy Up Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Maximum	Unlimited		Unlimited	
Annual Deductible:				
Single	\$1500	\$1500	\$ 750	\$ 750
Family	\$4500	\$4500	\$2250	\$2250
Coinsurance:				
Plan	Plan pays 70%,	Plan pays 60%,	Plan pays 80%,	Plan pays 70%
Member	Member pays 30%	Member pays 40%	Member pays 20%	Member pays 30%
Out-of-Pocket				
Maximum:				
Single	\$ 5,400	\$ 10,800	\$ 4,500	\$ 9,000
Family	\$14,300	\$ 32,400	\$13,500	\$27,000
Office visit:				
PCP	\$40 Copay	Deductible + 40%	\$35 Copay	Deductible + 30%
Specialist	\$40 Copay	Deductible + 40%	\$35 Copay	Deductible + 30%
Emergency Room	\$200 copay + deductible + 30%	\$200 copay + deductible + 40%	\$200 copay + deductible + 20%	\$200 copay + deductible + 30%
Urgent Care	\$60 Copay	Deductible + 40%	\$60 Copay	Deductible + 30%
Inpatient Hospital Care	Deductible + 30%	Deductible + 40%	Deductible + 20%	Deductible + 30%
Outpatient Services	Deductible + 30%	Deductible + 40%	Deductible + 20%	Deductible + 30%
Calendar year maximums are combined between in-network and out-of-network for Therapy Services.				
Speech Therapy	Deductible + 30%; 50 visit max	Deductible + 40%; 50 visit max	Deductible + 20%; 50 visit max	Deductible + 30%; 50 visit max
Physical, Occupational Therapy	Deductible + 30%; 50 visit max	Deductible + 40%; 50 visit max	Deductible + 20%; 50 visit max	Deductible + 30%; 50 visit max
Respiratory Therapy	Deductible + 30%	Deductible + 40%;	Deductible + 20%	Deductible + 30%;
Radiation Therapy, Chemotherapy	Deductible + 30%	Deductible + 40%	Deductible + 20%	Deductible + 30%
Prescriptions:				
Retail (30-day)				
Tier 1	\$15 Copay		\$15 Copay	
Tier 2	\$30 Copay		\$30 Copay	
Tier 3	\$60 Copay		\$60 Copay	
Tier 4	Member pays 25%; up to \$100 maximum per prescription.	Not covered	Member pays 25%; up to \$100 maximum per prescription.	Not Covered

Per Pay Period Deductions without Surcharges

Tier of Coverage	Base Plan	Buy-Up Plan
Employee Only	60.65	79.40
Employee + Spouse	127.20	166.50
Employee + Child(ren)	113.12	148.08
Family	166.35	211.82

Deductions subject to increase for Surcharges

Surcharges:

\$21.19 per pay period per person if the Employee or Spouse does not participate in the Wellness Plan through the HRA and any required clinic visits. (\$42.38 monthly)

Pharmacy Benefit Changes

Step Therapy Program for specific medications: Cardiovascular (ACE Inhibitor, ARBs); Multiple Sclerosis Oral & Injectables (i.e., Gilenya, Tecfidera, Betaseron); Combination Beta2 Agonists/Corticosteroid Inhalers (i.e., Breo, Dulera, Symbicort); Repository Corticotropin Injections (Achtar HP Gel). The step therapy program would require prior drug treatment with at least one Step-1 drug before these higher cost medications would be covered.

Proton Pump Inhibitors (PPIs) will no longer be covered: Nearly all medications in this class are now available over the counter, so they will no longer be covered under the prescriptions benefits. These include Nexium, Prilosec, Protonix, Prevacid and Zegerid along with their generic counterparts. These types of medications may be obtained over the counter, with identical therapeutic effectiveness.

Coverage for specific higher priced medications will be discontinued: These medications all have lower cost therapeutic equivalent alternatives available. These include Sklice, Acanya, Aczone, Ambien, Celebrex, Duexis, Epiduo, Gralise, Horizant, Lipitor, Lunesta, Niaspan, Jublia, Glumetza, Crestor, Trokendi XR, Vascepa, Zianna.

Specific testosterone containing drugs will be replaced by compounded testosterone products: These include Fortesta, Axiron, Androgel, Androderm.

If you are currently utilizing any of the medications that will experience a coverage change January 1, 2017, PharmAvail will contact you directly to provide guidance on your medication options.



Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁶
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{3,4}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁴
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁴
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Blue Cross and Blue Shield of Georgia. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

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Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not "need" a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate

- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 0-12 months

Adult preventive drugs and other pharmacy items — age appropriate

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older

Women's preventive drugs and other pharmacy items — age appropriate

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides^{4, 5}
- Folic acid for women 55 years old or younger
- Vitamin D for women over 65
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifen)⁷

¹ The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Customer Service number on your ID card.

² Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

⁴ This benefit also applies to those younger than 19.

⁵ A cost share may apply for other prescription contraceptives, based on your drug benefits.

⁶ Check your medical policy for details.

⁷ Requires prior authorization. Coverage begins October 1, 2014.

Dental Benefits

City of Albany offers Dental coverage through MetLife

Benefit	In Network	Out of Network
Annual Deductible		
Single	\$ 50	\$ 50
Family Max	\$150	\$150
Annual Benefit Max	\$1,250 calendar year	\$1,250 calendar year
Preventive Services (Type 1)	100% coverage of PDP Fee No Deductible	100% coverage of R & C Fee No Deductible
Basic Treatment (Type 2)	80% coverage of PDP Fee (subject to deductible)	80% coverage of R & C Fee (subject to deductible)
Major Treatment (Type 3)	50% coverage of PDP Fee (subject to deductible)	50% Coverage of R & C Fee (subject to deductible)
Orthodontia (Adult & Child)	50% of PDP Fee up to lifetime maximum of \$1000 per person	50% of R & C Fee up to lifetime maximum of \$1000 per person

The benefit chart shows how much you pay for certain products and services. Keep in mind, if your dental provider charges more than the Plan's "reasonable and customary" charge, you may be required to pay the extra amount.

Late Enrollment Waiting Period – One year waiting period for full coverage. Cleanings, examinations and fluoride application only for first 12 months.

PDP Fee refers to the fees that participating PDP dentist have agreed to accept as payment in full, subject to any cop-payments, deductibles, cost sharing, and benefit maximums.

R & C Fee refers to the Reasonable & Customary (R & C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services or (3) the charge of most dentist in the same geographic area for the same or similar services as determined by MetLife.

Per Pay Period Deductions

Tier of Coverage	Dental Plan
Employee Only	3.43
Employee + Spouse	7.41
Employee + Child(ren)	7.78
Family	12.08

Vision Benefits

The Vision insurance is offered through HumanaVision

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$15 Copayment	Up to \$40	Once every 12 months
Contact Lenses*	Allowance	Max Amount	
Conventional	\$0 Copay; \$105 allowance	Up to \$105	Once every 12 months
Disposables	\$0 Copay; \$105 allowance	Up to \$105	
Medically Necessary	\$0 Copay; Paid-in-Full	Up to \$280	
Frames	\$40 wholesale allowance	Up to \$57 retail allowance	Once every 24 months
Standard Plastic Lenses	Copayment	Max Amount	
Single Vision	\$20	Up to \$30	Once every 12 months
Bifocal	\$20	Up to \$50	
Trifocal	\$20	Up to \$65	

Additional Plan Discounts

- Members receive additional fixed copayments on lens options including: anti-reflective and scratch-resistant coatings.
 - Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
 - After copay, standard polycarbonate available at no charge for dependents less than 19 years old.
- 1) If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).
 - 2) The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members receive a 15 percent discount on in-network professional services. The discount for professional services is available for 12 months after the covered eye exam.
 - 3) Contact lens allowance must be used at one time; no amount will be carried forward.

Vision Costs Per Pay Period

Tier of Coverage	Employee Cost
Employee Only	\$ 3.29
Employee + Spouse	\$ 6.69
Employee + Child(ren)	\$ 6.25
Family	\$10.23

How It Works:

- 1) After signing up for your vision plan, you will receive an ID card in the mail
- 2) Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or humanavisioncare.com
- 3) Schedule an appointment, providing your name, the patient's name and employer
- 4) Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time.

Basic Life and Voluntary Life and AD&D

Term Life Insurance provides valuable financial protection for your family. City of Albany is pleased to offer Basic Life Insurance & AD&D to all employees. Please see below for coverage amounts:

- <10 years service = \$30,000
- >10 years service = \$40,000
- Department Heads = \$50,000
- Permanent Part Time = \$5,000
- Spouse Life Coverage = \$10,000
- Child Life Coverage = \$5,000

Voluntary Term Life/AD&D Insurance is also available to provide additional financial protection for your family. City of Albany is pleased to offer additional life Insurance coverage options as a solution.

You are eligible to enroll in the Voluntary Term Life Insurance program underwritten by UNUM.

This enrollment period is an annual opportunity to increase coverage or elect life insurance if you do not already have coverage.

Your premium will be based on the coverage amount you elect and your age.

You will be able to elect coverage during the enrollment period. Premiums will be paid through the convenience of payroll deduction.

Benefit	Coverage
Employee Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$10,000 up to the lesser of \$300,000 or 7 times salary.</p> <p>New Hires: You will have a guarantee issue amount of \$300,000 or 7 times annual salary Late Entrants are subject to Evidence of Insurability</p>
Spouse Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$300,000 not to exceed 100% of employee's coverage.</p> <p>New Hires: Spouse elections over \$50,000 will require Evidence of Insurability.</p> <p>Late Entrants are subject to Evidence of Insurability</p>
Child(ren) Voluntary Life & AD&D	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$20,000 for eligible child(ren) not to exceed 100% of employee's coverage</p> <p>Child(ren) are covered to age 19 or to age 25 if full time student.</p> <p>Late Entrants are subject to Evidence of Insurability</p>

* If you do not elect coverage when initially eligible and later elect coverage, you will be considered a late entrant. Late entrants will require an approved evidence of insurability form before the coverage can become effective. Additionally, coverage amounts elected over the Guarantee Issue amounts will require EOI that is satisfactory to the insurance carrier before the excess can become effective.

Voluntary Life and AD&D Continued

Important Terms to Important Terms to understand

Evidence of Insurability: Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amount or if you are enrolling after your initial enrollment.

Guarantee Issue: Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guarantee issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

Current Employees: Employees with current coverage will be able to increase coverage up to Guarantee Issue amount without Evidence of Insurability

The chart shows rates per \$1,000. Spouse's rate is based on Spouse's Age

Rate per \$1,000	
Age	EE & Spouse Rate
<25	0.14
25-29	0.14
30-34	0.14
35-39	0.16
40-44	0.23
45-49	0.36
50-54	0.64
55-59	1.13
60-64	1.57
65-69	2.25
70-74	4.97
75+	4.97

Child Life Rate is \$0.645 per \$2000 (all covered children).

Basic and Voluntary Life: Employees and Spouse coverage will reduce at age 65 to 65% of the original amount and at age 70 to 50% of the original amount.

Steps to Calculate Voluntary Life Insurance Premium Per Paycheck

Step 1: Amount of Voluntary Life Insurance	_____
	Desired Amount
Step 2: Divide amount of Voluntary Life Insurance in Step 1 by \$1,000	_____
Step 3: Rate from table based on age (spouse based on employee age)	_____
Step 4: Multiply Step 2 by Step 3	_____
	Monthly Premium
Step 5: Multiply monthly premium in Step 4 by 12	_____
	Annual Premium
Step 6: Divide annual premium in step 5 by 24	_____
	Premium per paycheck

Short Term Disability

Short Term Disability provided through UNUM

City of Albany provides you the option to elect Short Term Disability (STD) income benefits through convenient payroll deductions. Short Term Disability insurance provides you with a portion of your weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefits	Voluntary Short Term Disability
Percentage of Income	60%
Maximum Benefits	\$1000 Per week
Benefits Begin After (Elimination Period)	14 Days - Accident 14 Days - Sickness
Maximum Benefit Duration	13 Weeks after elimination period

* Your 14 day elimination period counts toward your 13 week maximum benefit duration.

Rate per \$10 of weekly benefit	
Age	EE Rate
<25	0.370
25-29	0.420
30-34	0.400
35-39	0.370
40-44	0.440
45-49	0.520
50-54	0.650
55-59	0.800
60-64	0.960
65-69	1.020
70-74	1.020
75+	1.020

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

- STD insurance only covered non-occupational injury or sickness. Worker's Compensation normally covers an employee's work-related accident, injury, or illness.
- Pregnancy is treated as an illness. The definition of disability must be satisfied and the elimination period completed before benefits would begin.
- Sick Leave – Sick Leave MUST be exhausted for Short Term Disability to begin.

Short Term Disability Premium Calculation Worksheet

Step 1: Divide your annual salary by 52	_____
	Weekly Salary
Step 2: Multiply weekly salary in step 1 by 60%. If 60% of weekly benefit amount exceeds \$1000, then enter \$1000	_____
	Weekly Benefit Amount
Step 3: Divide weekly benefit amount in step 2 by \$10	_____
Step 4: Multiply Step 3 by your rate	_____
	Monthly Premium
Step 5: Multiply monthly premium in Step 4 by 12	_____
	Annual Premium
Step 6: Divide annual premium in step 5 by 24	_____
	Premium per paycheck

Long Term Disability Benefits

Long Term Disability provided through UNUM

City of Albany provides you the opportunity to elect Long Term Disability (LTD) income benefits through convenient payroll deductions. Long Term Disability (LTD) insurance is another valuable benefit that protects your financial well-being in the event you are unable to work for more than 90 days. STD and LTD insurance, when combined, provide seamless protection against the financial consequences of a disability.

Benefits	Voluntary Long Term Disability
Percentage of Income	60%
Maximum Benefits	\$5000 Per Month
Benefits Begin After (Elimination Period)	90 Days- Accident 90 Days- Sickness
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition Exclusion	12/12

Rate per \$100	
Age	EE Rate
<25	0.230
25-29	0.300
30-34	0.450
35-39	0.590
40-44	0.770
45-49	1.070
50-54	1.530
55-59	2.430
60-64	3.900
65-69	4.850
70-74	5.120
75+	5.120

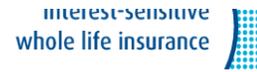
What is a pre-existing condition?

The plan does not cover **pre-existing conditions**, unless your disability begins after you have been covered under the plan for 12 consecutive months. A pre-existing condition is a condition for which you, during the 12 months prior to your effective date, received medical treatment, took prescription medication or had medication prescribed, or had symptoms which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

Long Term Disability Premium Calculation Worksheet

Steps to Calculate Long Term Disability Premium Per Paycheck

Step 1: Divide your annual salary by 12	_____
	Monthly Salary
Step 2: Multiply weekly salary in step 1 by 60%. If 60% of weekly benefit amount exceeds \$5000, then enter \$5000	_____
	Monthly Benefit Amount
Step 3: Divide weekly benefit amount in step 2 by \$100	_____
Step 4: Multiply Step 3 by your rate	_____
	Monthly premium
Step 5: Multiply monthly premium in Step 4 by 12	_____
	Annual premium
Step 6: Divide annual premium in step 5 by 24	_____
	Premium per paycheck



Could your family members maintain their lifestyle without you?

Unum's interest-sensitive whole life insurance can help.

Make your mark on their future.

Joan believes the best things in life happen in pairs, like her twin boys and her gracefully aging parents. If something should happen to her, she wants to take care of her loved ones so they can focus on taking care of each other.

What happens after you're gone?

93% of Americans think it's important for most people to have life insurance, and yet nearly half of those surveyed say they don't have enough coverage.¹

75% of Americans with dependents worry how their family would manage financially without them.²



Three reasons to buy this coverage at work — now

1. You get affordable rates when you buy this policy through your employer. The premiums do not increase with age and are conveniently deducted from your paycheck.
2. You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

How to apply) Your benefit enrollment is coming soon. To learn more, watch for information from your employer.



MY WORKSHEET

(This may help you decide how much coverage you need.)

Outstanding debt

How much will be left for your family to pay?

Mortgage balance	\$ _____
Other debt (credit cards, loans, car payment)	\$ _____
TOTAL	\$ _____

Ongoing expenses

How much do your dependents need each year?

Utilities (electric, phone, cable, Internet)	\$ _____
Medical costs, insurance	\$ _____
Food, clothing, gasoline	\$ _____
Savings contributions (retirement)	\$ _____
TOTAL	\$ _____

Future plans

How much will your loved ones need for the future?

College	\$ _____
Other (retirement, long term care)	\$ _____
TOTAL	\$ _____

GRAND TOTAL

GRAND TOTAL	\$ _____
Subtract existing coverage	-\$ _____

Consider adding this amount of life insurance

\$ _____

Get the coverage you need.

Interest-sensitive whole life insurance is offered to all eligible employees ages 15 to 80 who are actively at work. You decide if it's right for you or your family.

Four features that add value

- 1. Accumulates cash value** — Guaranteed at a rate of 4%. You can borrow from the cash value or use it to buy a reduced policy with no more premiums due.
- 2. Living Benefit Option Rider** — Included on all policies. You can request an advance, up to 100% of the benefit amount (maximum of \$150,000), if you're diagnosed with a terminal illness limiting life expectancy to 12 months or less.³
- 3. Adds more coverage that's affordable** — If your employer gives you term life insurance, you have some coverage, but

it may not be enough for your needs. You can buy interest-sensitive whole life insurance at an affordable premium that is fixed and guaranteed for life.

- 4. Requires no physical exam** — During enrollment, you can get this insurance up to a specified amount without taking a health exam. You may be asked a few health questions.

Additional purchase option

Accidental Death Benefit Rider — Available at initial enrollment to employees and spouses ages 15 to 65, this rider pays an additional death benefit equal to the base policy amount (subject to a \$150,000 maximum) if the policy holder dies before age 70 as the result of a covered accident.

Available family coverage

Who can have it?	What's the benefit amount?	How long can they keep it?
Spouse policy Ages 15 to 80	Minimum policy amount of \$2,000. Actual benefit amount based on coverage amount chosen and age at issue.	Even if you leave your employer, you can keep your spouse's policy and be billed directly at home.
Child term rider With purchase of employee or spouse policy, available to eligible children, stepchildren, legally adopted children and grandchildren (14 days to age 25*) of the primary insured adult.	\$1,000 to \$10,000 — one rider covers all children.	Rider ends when your policy ends or when children turn 25. At that time, children are guaranteed the right to buy an individual whole life policy at 5 times the amount of their rider.
Child policy No employee or spouse purchase needed. Same eligibility and issue ages as child rider.	Policies are individual. Benefit amounts based on age at issue and premium selected.	Your children can keep it, even if you leave your employer.

My interest-sensitive whole life coverage

Amount I applied for: \$ _____

Cost per pay period: \$ _____

Date deductions begin: ____/____/____

(For your records — complete during your enrollment)

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN

In NY, underwritten by: First Unum Life Insurance Company, New York, NY

unum.com

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For employee information

EN-1141 (5-10)

*In NY, issue ages of children are 14 days to 14 years.

¹ LIFE Foundation, "Cost Tops Consumers' List of Excuses for Not Getting Life Insurance," September 2, 2008.

² LIFE Foundation, "Americans Willing to Risk Family's Financial Security to Save Money in Tough Times," September 18, 2008.

³ In IL, MA, and WA, the Living Benefit Option Rider benefit may be requested if you are diagnosed with a terminal illness limiting life expectancy to 24 months.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

ISWL '08



If you weather a serious disability, could your finances ride out the storm?

Unum’s Qualified Long Term Care (LTC) Rider can help you protect your savings.

Protecting long term plans

Marcia’s savings are modest, but she’s worked hard for every penny. She wants to travel to Italy, pay for her daughter’s wedding, and leave something behind for those she loves. But she’s seen how quickly the cost of long term care can deplete a lifetime of savings. She wants to make sure a traumatic accident or illness won’t scramble her nest egg.

How long term care benefits work

This is an example of how this LTC rider can help you finance a period of long term care. This illustration is based on an insured individual who has a \$25,000 life insurance policy.*

Highlights

BASE RIDER — Employer selected	
LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit. Payments reduce the death benefit until exhausted (approximately 16 months).	\$1,500 per month
ADDITIONAL RIDERS — Employee may select one rider listed below	
Restoration Benefits Rider After death benefit has been exhausted, this rider restores 100% of death benefit.	\$25,000 death benefit
Continuation Benefits Rider Continues benefits at same level (6% monthly) for additional 16 months, no death benefit during continuation. After the base long term care rider has been exhausted, this rider allows a second period of coverage.	\$1,500 per month
Combination of Restoration and Continuation Riders • Restores death benefit one time. • Continues benefits for one additional benefit period after death benefits have been exhausted. • Combines the features of the restoration and continuation riders — buy the combo instead of separate riders.	\$25,000 death benefit \$1,500 per month

*Assumes there are no outstanding policy loans.

EN-1030 (10-09)

Who’s at risk?

- About 9 million Americans over the age of 65 were projected to need long-term care services in 2008.¹
- By 2020, that number is projected to increase to 12 million.²
- There are more than 50 million Americans today providing unpaid care for family members and loved ones.³

Benefits for the long haul

Thanks to modern medicine, people are now living longer and surviving very serious health problems. But that can mean long-term treatment in a nursing home or assisted living facility. And the same care that saves your life can devastate your savings.

You may be surprised to learn that this care isn’t covered by health or other insurance policies. Or that waiting for “later” to buy a long term care policy may make things worse. In fact, the younger you are, the less expensive this coverage is. And surprisingly, 40% of those who are receiving long term care services are not elderly, but under age 65.⁴

By adding a Long Term Care Rider to your life insurance policy, you can help protect your savings pool from the drain of this expensive care. And you can choose from several additional options that can extend or increase your LTC benefits. Most importantly, this coverage allows you to use the benefit whether you receive care at home, in a long term care facility, an assisted living facility, an adult day care, or in a nursing home.

How to apply)

Your benefit enrollment is coming soon. To learn more, watch for information from your employer.

Critical Illness

PROVIDED THROUGH UNUM

Many people believe they will be covered by their medical policies should a critical condition arise. Unaware of the many hidden costs involved, they find out too late that their needs exceed the terms of their standard medical plan.

How can critical illness insurance help?

Critical illness insurance can pay a lump sum benefit at the diagnosis of a covered illness. You choose the level of coverage — from \$5,000 to \$50,000 — and you can use the money any way you see fit.

Three reasons to buy this coverage at work

1. You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
2. Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly for the same premium amount.
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.

Covered Conditions	
Heart attack	Blindness
Major organ failure	End-stage renal (kidney) failure
Occupational HIV	Coronary artery bypass surgery; 25%
Benign brain tumor	
Covered Conditions with Time Limitations	
Stroke	Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event
Coma	Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days
Permanent paralysis	Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident
Optional Cancer Options	
If selected by your employer, you may choose to select this benefit for an additional premium.	
Cancer	Carcinoma in situ pays 25% of lump sum benefit

Wellness benefit

This benefit can pay \$75 per calendar year per insured individual if a covered health screening test is performed, including:

- Blood tests
- Chest X-rays
- Stress tests
- Mammograms
- Colonoscopies

A full list of covered tests will be provided in your certificate.

To Claim your wellness benefit simply call UNUM at 800-635-5597.

You may elect the following coverage amounts for yourself and dependents:

Employee - \$5,000 to \$50,000 in increments of \$1,000

Spouse - \$5,000 to \$30,000 in increments of \$1,000

Child – automatic 25% of Employee Coverage Amount

Critical Illness Rates

Without Cancer Monthly Rates per \$1,000:			With Cancer Monthly Rates per \$1,000:		
Issue Ages	Non-Tobacco	Tobacco	Issue Ages	Non-Tobacco	Tobacco
< 25	.37	.53	< 25	.61	.93
25 - 29	.37	.61	25 - 29	.69	1.14
30 - 34	.49	.85	30 - 34	.90	1.63
35 - 39	.64	1.23	35 - 39	1.23	2.36
40 - 44	.90	1.82	40 - 44	1.76	3.45
45 - 49	1.23	2.49	45 - 49	2.46	4.89
50 - 54	1.65	3.25	50 - 54	3.34	6.65
55 - 59	2.22	4.20	55 - 59	4.55	8.82
60 - 64	3.10	5.60	60 - 64	6.22	11.34
65 - 69	4.21	6.92	65 - 69	8.11	13.74
70 +	5.50	8.31	70 +	10.17	15.55

Wellness Premium	
Employee and Children	2.40
Spouse	4.80

Flexible Spending Accounts

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to **save up to 30%** on your eligible healthcare and/or dependent care expenses every year by using **pre-tax dollars**.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications
- medical/dental office visit co-pays
- eye exams and prescription glasses/lenses
- vaccinations
- daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!**

By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!** See example >>

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC FlexSystem. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

Reimbursements and the TASC Card

As you incur eligible expenses, simply submit a request for reimbursement to TASC in order to receive reimbursement from your FlexSystem FSA, up to the amount of your annual contribution. FlexSystem offers multiple methods for requesting a reimbursement: Online, Text Message, Mobile App, Fax, or Mail.

For additional convenience, you will be issued a **TASC Card** to directly access your FlexSystem funds when paying for eligible medical and/or dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement. The TASC Card also offers the **MyCash Account** feature that allows you to auto-deposit your reimbursements into a separate cash account and directly access those funds with your TASC Card for any purchase. Your benefits card also becomes a VISA cash card!

Maximum Annual Election

Employees can elect up to the annual maximum benefit set by the employer. Please see below the annual maximum benefit selected by City of Albany:

HealthCare: \$2550

You may rollover up to \$500 in unused funds to use the following plan year.

Dependent Care: \$5,000 if married and filing joint income taxes

\$2,500 if single or married and filing income taxes separately

FlexSystem Healthcare FSA FlexSystem Dependent Care FSA

Pre-Tax Savings Example

	<i>Without FSA</i>	<i>With FSA</i>
Gross Monthly Pay:	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

Net Increase in Take-Home Pay = \$166/mo!

For illustration only. Actual dollar amounts may vary.



BE MONEY SMART.

Put up to \$500 in a medical FSA with **no risk** of losing it at year's end.

Putting Money in an FSA is Smart and Safe.

Everybody has medical bills, right? Expenses for prescriptions, co-pays, doctor's office visits, glasses and contacts, and dental work add up over the course of a year. With an FSA, you can **save 30%** on these expenses by paying for them with pre-tax dollars.

Keep your money, yours.

It can be a challenge to estimate how much money to set aside each year in an FSA. But now you have a \$500 safety net! New government regulations allow you to carryover up to \$500 (if allowed by your employer) of your unused medical FSA funds from year to year.

How much will you elect this year?

Enrolling in an FSA is a savvy way to save money on health expenses. Everyone who anticipates any out-of-pocket medical expenses should take advantage of the benefits of an FSA. There is no risk to contribute at least \$500. At the end of the year, if your medical expenses are below that amount, you can carryover any amount up to \$500 and use it next year—with no cost or penalties.

If you've participated in an FSA in the past, you already know how much you can save. And now you're safe to increase your annual election by \$500, knowing if you don't use it this year, you can carryover a maximum of \$500 to the next year with **no risk of forfeiture** at the Plan Year end.

FSA contributions are deducted pre-tax from your payroll. The more you elect, the more your taxable income is reduced—which means more take-home pay!

Be Smart! Enroll in a medical FSA today.

Other FSA benefits may be offered by your employer. Ask your employer for more information.

FlexSystem® FEATURES:

- TASC Card pays for and substantiates most eligible expenses at the point of purchase.
- Reimbursements are deposited in MyCash and accessible via the TASC Card.
- Mobile App, texting, and 24-hour phone system for easy access on the go!
- Convenient account management, including online reimbursement requests.
- Dedicated customer support team.



FX-4942-111513

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from the City of Albany 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 Albany 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 Albany has determined that the prescription drug coverage offered by the City of Albany plans 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 Albany 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 Albany** benefit plan during an open enrollment period under the City of Albany 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 Albany 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 Albany 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: January 1, 2017 to December 31, 2017

Name of Entity/Sender: City of Albany

Contact Person: Maxine Ricks 229-431-2822

Disclosure Notice - CHIP

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-KIDSNOW 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 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).

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 July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	FLORIDA – Medicaid Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	GEORGIA – Medicaid Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	IOWA – Medicaid Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	NEW JERSEY – Medicaid and CHIP 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

MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WEST VIRGINIA – Medicaid Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/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, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Unless otherwise noted, a paper copy is available, free of charge, by calling ShawHankins 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.cityofalbany.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins 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 99-272, 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.cityofalbany.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins 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.cityofalbany.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins 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.cityofalbany.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

Why Would I Contact the ShawHankins 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 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 Section 125 Cafeteria Plans: We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

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

customerservice@shawhankins.com

Contacts

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	ShawHankins	www.shawhankins.com	800-994-7429
Medical Benefits	Blue Cross Blue Shield of GA	www.bcbsga.com	855-397-9267
Wellness Clinic	CareHere		877-423-1330
Dental Benefits	MetLife	www.metlife.com	800-942-0854
Vision Benefits	Humana	www.humanvisioncare.com	800-865-3676
Life and AD&D Insurance	UNUM	www.unum.com	800-421-0344
Short Term Disability	UNUM	www.unum.com	800-421-0344
Long Term Disability	UNUM	www.unum.com	800-421-0344
Group Whole Life & Long Term Care	UNUM	www.unum.com	800-635-5597
Flexible Spending Account	TASC	www.tasconline.com	800-422-4661

ShawHankins
Right Partner. Right Benefits.



shawhankins.com
1-800-994-7429