

CITY OF ALBANY

BENEFITS ENROLLMENT GUIDE

2021

HEALTHY ISN'T A
GOAL. IT'S A
WAY OF LIVING



OFFICE OF HUMAN RESOURCES



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options 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 Guide is structured to provide you with plan highlights and detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

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

Please review the plans contained in the Employee Benefits Guide and see how these plans can work for you and your eligible dependents. Your participation in each plan is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the **City of Albany's leave policies and retirement plans**. **The plan year is in effect from January 1, 2021 to December 31, 2021.**

This Employee Benefits Guide is intended for enrollment 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 24 for more details.

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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).

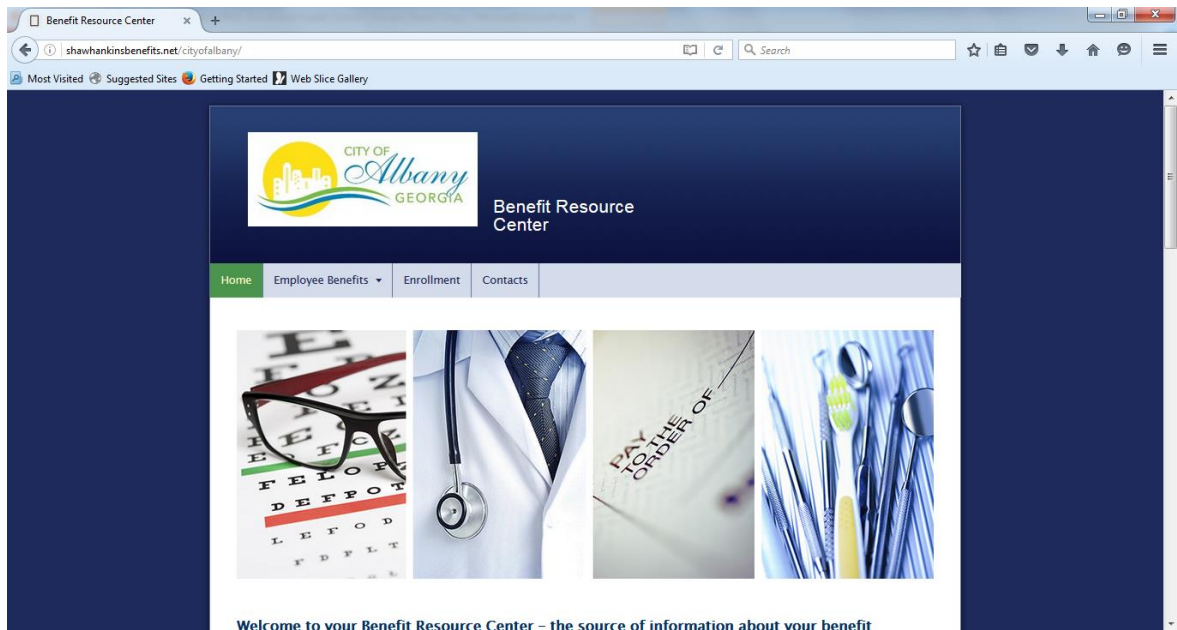
If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

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 NFP.

Benefit Resource Center

NFP 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, Universal Life, Critical Illness, Accident, 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 NFP service center at 800-994-7429.



Before You Enroll – Things to Know

Annual Enrollment Period:

Begins November 2, 2020 and ends at midnight on November 13, 2020.

Spouses that are offered medical insurance elsewhere are NOT eligible to participate in the City of Albany's group medical plan.

You are REQUIRED to **provide the below information/documentation** for all newly added dependents. The addition of new dependents will go into a "pending" status until documents are submitted to HR or your enroller. You will have until the last day of the enrollment to submit dependent verification documentation. Non-verified dependents will be removed.

- Copy of Marriage License (spouse Only)
- Copy of Birth Certificate (children only)
- Completed spousal affidavit (when adding eligible spouse to medical plan)

HOW TO ENROLL

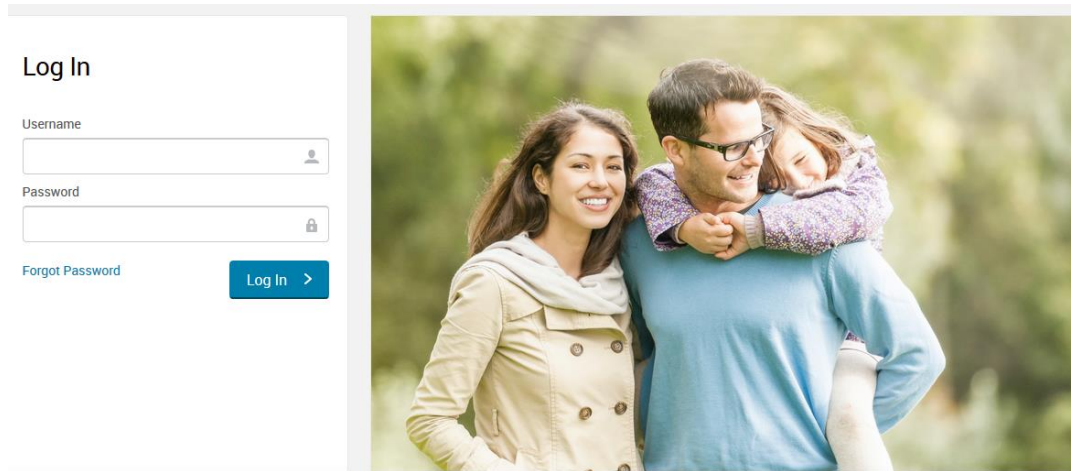
Go to www.cityofalbany.bswift.com.

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.



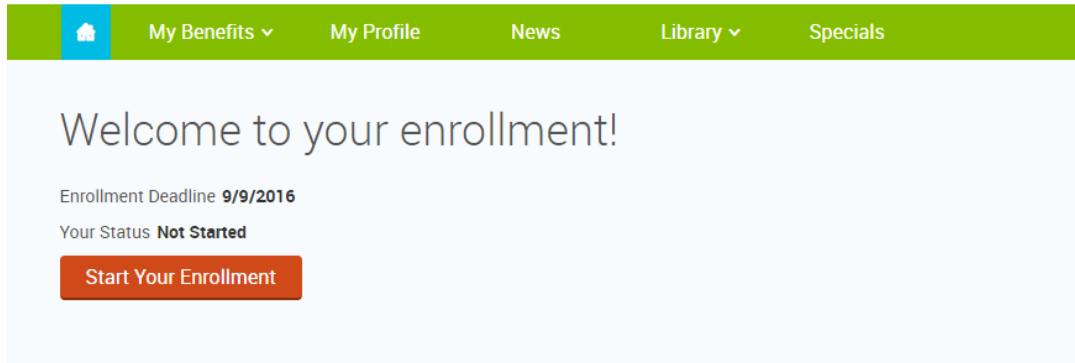
The image shows a screenshot of the login page for the City of Albany enrollment website. On the left, there is a "Log In" section with two input fields: "Username" and "Password". Below the "Password" field is a "Forgot Password" link. A blue "Log In" button with a right-pointing arrow is positioned to the right of the "Password" field. To the right of the login form is a photograph of a smiling family: a woman in a tan coat, a man in a blue shirt with glasses, and a young girl with her arms around the man's neck.

Please contact NFP at 833-783-6389 to speak with a Benefits Consultant if you need assistance with your enrollment.

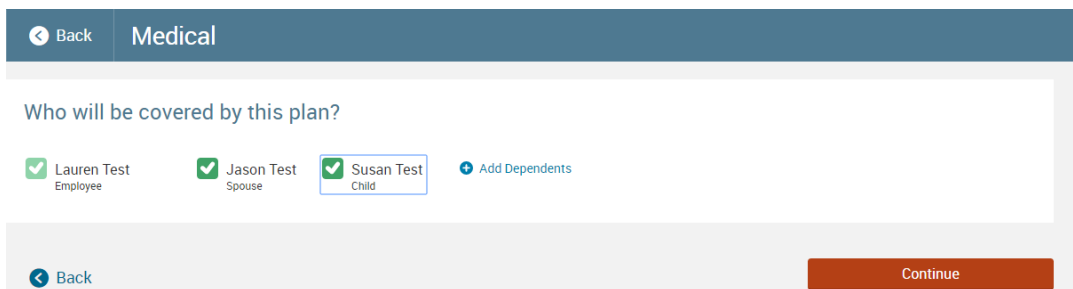
How To Enroll

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 understand how your medical benefit plans work. Also, your plan makes available an SBC that summarizes your pharmacy plan.

All SBCs are available on the City of Albany website at www.albanyga.gov under City Departments/Human Resources/Benefits Administration.

A paper copy may be picked up free of charge in Human Resources or by calling 229-302-1541. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

Benefit Card Memo

BENEFIT ID CARDS

Medical ID Cards:

Carrier: BCBS

Group Name: City of Albany

Group Policy #: 005000005

Phone #: 800-441-2273

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: Blue Cross and Blue Shield

Group Name: City of Albany

Group Policy #: 005000005

Phone #: 800-627-0004

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: Blue Cross and Blue Shield

Group Name: City of Albany

Group Policy #: 005000005

Phone #: 866-723-0515

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	\$1,500	\$1,500	\$ 750	\$ 750
Family	\$4,500	\$4,500	\$2,250	\$2,250
Coinsurance:				
Plan Member	Plan pays 70%, Member pays 30%	Plan pays 60%, Member pays 40%	Plan pays 80%, Member pays 20%	Plan pays 70% Member pays 30%
Out-of-Pocket Maximum:				
Single	\$ 6,400	\$ 12,800	\$ 5,500	\$ 11,000
Family	\$15,800	\$ 38,400	\$14,500	\$33,000
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 + 30%	\$200 copay + deductible + 20%	\$200 copay + deductible + 20%
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%; 30 visit max	Deductible + 40%; 30 visit max	Deductible + 20%; 30 visit max	Deductible + 30%; 30 visit max
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
Mail Order Prescriptions- 90 day supply	2 x retail copay		2 x retail copay	

Per Pay Period Deductions without Surcharges (24)

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:

\$20.32 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. (\$40.63 monthly)

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 influenzae 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.

Preventative Care Benefits continued

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 preventative 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 preventative 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.

•Getting Started with Home Delivery from Express Scripts Pharmacy®

•Online access to savings and convenience

•Whether you are viewing the member website or using the Express Scripts® mobile app,¹you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your prescription claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more



Forms & cards

To mail in a prescription your doctor has already written:

- 1 Print a mail order form by [clicking here](#).
- 2 Mail your prescription(s) along with completed form to the address provided on the mail order form.

To access the member website ...

Log in at [express-scripts.com](https://www.express-scripts.com) (Register if it is your first visit. Just have your member ID or SSN handy.)

If you have a NEW prescription ...

- **Get started** by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts Home Delivery
- **Or** print a form by selecting **Forms** (or **Forms & Cards**) from the menu under **Benefits**, then print a mail order form and follow the mailing instructions.
- **Or** call us and we'll contact your doctor for you.
- *Please allow 10 to 14 days for your first prescription order to be shipped.*

•If you already have a prescription ...

- **Check order status** online or using our app to view details and track shipping.
- **Transfer retail prescriptions to home delivery.** Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

Recent Order Status			Go to full order status
Toprol XL 200 mg tablet 200 mg, brand View details	Rx #: 123	Chris	Address Verification Required
Harvoni 90-400 mg tablet 90 mg - 400 mg, brand View details	Accredo Rx #: 297-44	Shipped on XX/XX/XXXX Tracking # 9376820116460069281680	

Prescriptions You Can Order Today			Find a prescription not listed below	View Rx Archive
Chris				
Omeprazole dr 10 mg capsule 10 mg, generic View details	Rx #: 123 90-day supply 2 refills remaining	Refill past due You may be running low on this medication	<input checked="" type="checkbox"/>	Prescription in cart

• **Refill and renew prescriptions** for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals are included, and take care of the rest.

¹ You can search for "Express Scripts" in your app store and download it for free. Then register, if first visit, or log in. ^ 2020 Express Scripts. All Rights Reserved. Express Scripts and "E" Logo are trademarks of Express Scripts Strategic Development, Inc.

FS2006_003410A (CRP2006_003410.1)

Registering with Express Scripts

Online access to savings and convenience

Manage your medications anywhere, any time with [express-scripts.com](https://www.express-scripts.com) and the Express Scripts® mobile app

Register now so you can experience:

- **More savings.**
 - Compare prices of medications at multiple pharmacies. Get free standard shipping¹ from Express Scripts Pharmacy®.
- **More convenience.**
 - Get up to 90-day supplies of your long-term medication sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
 - Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medication, including possible side effects and interactions.
- **More flexibility.**
 - Download the Express Scripts mobile app to manage your medications, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://www.express-scripts.com) and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,² select **Communication Preferences** from the menu under **Account**. Select your preferences and click **Submit Changes**. Preferences can only be selected via the member website.

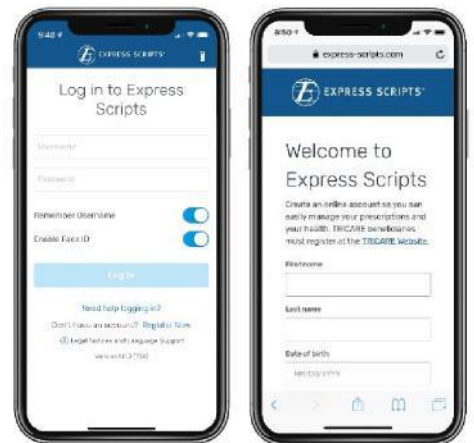
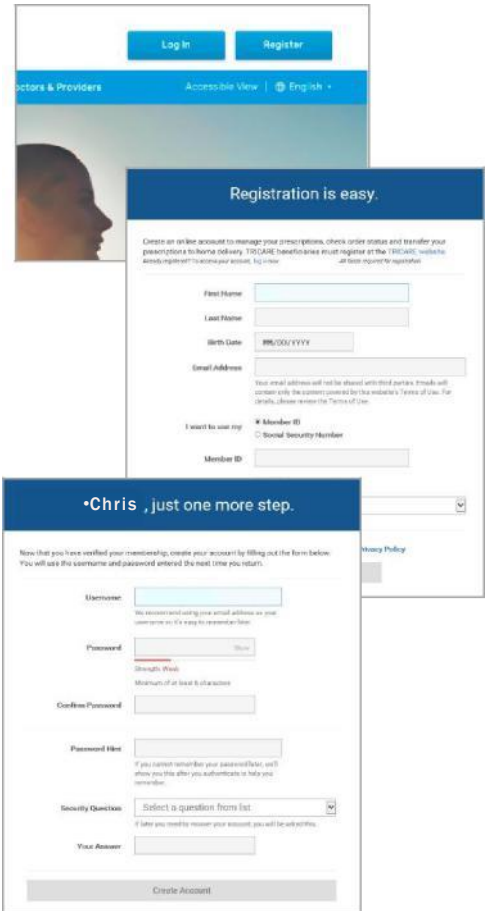
•Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

- 1 Standard shipping costs are included as part of your prescription plan.
- 2 Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

•The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

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Dental Benefits

City of Albany offers Dental coverage through Blue Cross and Blue Shield.

	Base Plan (Current)	Buy Up Plan (New)
Benefit		
Annual Deductible		
Single	\$50	\$50
Family Max	\$150	\$150
Annual Benefit Max	\$1,250 calendar year	\$2,500 calendar year
Preventive Services (Type 1)	100% coverage No Deductible	100% coverage No Deductible
Basic Treatment (Type 2)	80% (subject to deductible)	80% coverage (subject to deductible)
Major Treatment (Type 3)	50% coverage (subject to deductible)	50% Coverage (subject to deductible)
Orthodontia (Adult & Child)	50% coverage to lifetime maximum of \$1000 per person	50% coverage to lifetime maximum of \$1500 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. Your 2021 Dental Plans pay at an enhanced 95th percentile for out-of-network dentists.

Finding a dentist is easy

- To select a dentist by name or location.
- Go to www.bcbsga.com or the website listed on the back of your ID card.
- Call the toll-free number listed on the back of your ID card.

Tier of Coverage	Base Plan	Buy Up Plan
Employee Only	\$3.26	\$5.75
Employee + Spouse	\$7.06	\$12.45
Employee + Child(ren)	\$7.40	\$13.06
Family	\$11.50	\$20.31

Vision Benefits

The Vision insurance is offered through Blue Cross and Blue Shield.

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$15 Copayment	Up to \$35 allowance	Once every calendar year
Contact Lenses	Allowance	Max Amount	
Conventional	\$0 Copay; \$105 allowance	Up to \$105 allowance	Once every calendar year
Disposables	\$0 Copay; \$105 allowance	Up to \$105 allowance	
Medically Necessary	\$0 Copay; Paid in Full	Up to \$280 allowance	
Frames	\$110 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every 2 calendar years
Standard Plastic Lenses	Copayment	Max Amount	
Single Vision	\$20 copay	Up to \$33 allowance	Once every calendar year
Bifocal	\$20 copay	Up to \$50 allowance	
Trifocal	\$20 copay	Up to \$65 allowance	

Optional Savings Available from Blue View Vision providers

Retinal Imaging

At member's option can be performed at time of eye exam for discounted cost.

Eyeglass lens upgrades

When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lens at a discounted cost. Eyeglass lens copayment applies.

Additional pairs of Eyeglasses

Anytime from any Blue View Vision provider at discounted cost.

Eyewear accessories

Lens cleaning supplies, contact lens solutions, eyeglass cases, etc.

Contact lens fit and follow-up

- A contact lens fitting and up to two follow-up visits are available to you at a discounted cost once a comprehensive eye exam has been completed.
- Contact lens allowance must be used at one time; no amount will be carried forward.

Vision Cost Per Pay Period (24)

Tier of Coverage	Employee Cost
Employee Only	\$ 2.38
Employee + Spouse	\$ 4.83
Employee + Child(ren)	\$ 4.51
Family	\$ 7.39

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:

- Less than 10 years service = \$30,000
- More than 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><u>New Hires:</u> You will have a guarantee issue amount of \$300,000 or 7 times annual salary.</p> <p><u>Current employees:</u> During each annual enrollment employees may elect up to \$40,000 up to the maximum allowed amount as a guaranteed issue with no health questions.</p> <p>Amounts above this 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><u>New Hires:</u> Spouse elections over \$50,000 will require Evidence of Insurability.</p> <p><u>Late Entrants</u> 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 26.</p> <p><u>Late Entrants</u> are subject to Evidence of Insurability.</p>

It is the employee's responsibility to contact HR 30 days in advance of child turning age 26.

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 elect an additional \$40,000, up to plan maximum, 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 \$2,000 (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 covers 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	\$5,000 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 (if salary exceeds \$8,333.33, then use \$8,333.33)	_____
	Monthly Salary
Step 2: Divide monthly salary amount in step 1 by 100	_____
Step 3: Multiply Step 2 by your rate in the above chart	_____
	Monthly premium
Step 4: Multiply monthly premium in Step 4 by 12 and divide by 24	_____
	per pay period premium

Universal Life – Administered by AFLAC

While Term Life Insurance is an important benefit to maintain through your working years, Universal Life Insurance can also provide you with an additional level of Life Insurance coverage.

Don't leave your family unprotected – provide for them now with universal life insurance.

Many employees choose our universal life insurance products because they offer the flexibility to meet a variety of personal needs. With universal life insurance plans, employees have a choice of benefit and premium amounts that fit their paychecks and lifestyles.

Employees also have access to the cash value accumulated in their plans and may use these savings for loans or withdrawals. And with our voluntary plans, employees own their coverage and can keep them in force even when they retire or change employers.

FLEXIBILITY TO MEET YOUR NEEDS

Employee coverage amounts are available up to \$100,000 Guarantee Issue, \$150,000 with modified Guarantee Issue and \$300,000 with Simplified Issue.

BUILDS CASH VALUE

In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return. You have access to your cash value and have the ability to make loans or withdrawals.

NO MEDICAL EXAMS REQUIRED

Employees and their families may apply for benefit amounts by answering only a few medical questions.

PORTABILITY

Take your coverage with you if you leave the company (with certain stipulations).

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

Group Critical Illness – Administered by AFLAC

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

Benefits		
COVERED CRITICAL ILLNESSES:	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100%	RENAL FAILURE (End-Stage) 100% CARCINOMA IN SITU 25% CORONARY ARTERY BYPASS SURGERY 25%
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$30,000, up to 50% of employee amount. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.	
ADDITIONAL OCCURRENCE BENEFIT	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 6 months.	
RE-OCCURRENCE BENEFIT	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 6 months, or for cancer, 12 months treatment free.	
CHILD COVERAGE AT NO ADDITIONAL COST	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.	
\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only)	An insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.	
COVERED HEALTH SCREENING TESTS INCLUDE:	<ul style="list-style-type: none"> • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) 	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL

Accident - Administered by AFLAC

The Group Accident plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

The Aflac Group Accident plan benefits:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging benefits
- An Emergency Room Treatment Benefit
- Hospital Confinement
- Fractures, Dislocations, and Burns
- A Rehabilitation Unit Benefit
- An Accidental Death Benefit
- A Dismemberment Benefit

Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Coverage is 24 hours
- Benefits are paid directly to you unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children under age 26
- Coverage is fully portable when you leave employment. That means you can take it with you if you change jobs or retire
- No reduction in benefits with age
- There is no waiting period



Tier of Coverage	Cost Per pay period
Employee	\$5.86
Employee + Spouse	\$9.81
Employee + Children	\$13.38
Family	\$17.33

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

Flexible Spending Accounts – Administered by NAVIA

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses.

Who is Eligible to Participate?

All full-time benefit eligible employees are able to participate in the flexible spending accounts.

Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

Any change to your election because of a change in family status will be effective on the first day of the month following your election.

Health Care Spending Account

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed \$2,750 during the plan year (as of January 1, 2021). You may roll over up to \$500 of unused funds at the end of the plan year. Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following examples:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair

All participants in the Health Care Spending Account will receive a debit card that can be used for eligible expenses at the time of purchase.

Dependent Care Spending Account

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year if married and file income taxes or \$2,500 if single or you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid.
- Reimbursements can only be made using the funds contributed at the time the claim is submitted.

Once enrolled, you can monitor your Flexible Spending Account balance by registering at www.Naviabenefits.com.

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).

Disclosure Notice – Continued

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

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

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

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances: A change in marital status, or A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or A change in employment status for myself or my spouse, or Open enrollment elections for my spouse, or A change in dependents eligibility, or A change in residence or worksite. Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

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

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

NEWBORNS' ACT DISCLOSURE:

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

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

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

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

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

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- KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you 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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – 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	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD CAUCO nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p1009_5.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

When to Contact the NFP Service Center...

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

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as 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.

833-783-6389

NFPseCustomerService@nfp.com

Contacts

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	NFP	www.nfp.com	833-783-6389
Medical Benefits	Blue Cross Blue Shield of GA	www.bcbsga.com	877-812-9777
Pharmacy	Express Scripts	www.express-scripts.com/NPFNPV3	877-401-2195
Wellness Clinic	CareHere	www.carehere.com	877-423-1330
Dental Benefits	Blue Cross Blue Shield of GA	www.bcbsga.com	800-627-0004
Vision Benefits	Blue Cross Blue Shield of GA	Blue View Vision www.bcbsga.com	Vision Services 1-866-723-0515 Provider Services 1-800-521-3605
Life and AD&D Insurance	UNUM	www.unum.com	800-421-0344
Long-Term Disability	UNUM	www.unum.com	800-421-0344
Short-Term Disability	UNUM	www.unum.com	800-421-0344
Group Universal Life, Critical Illness and Accident	Aflac	www.aflac.com	800-992-3522
Flexible Spending Account	Navia	CustomerService@ Naviabenefits.com	800-669-3539



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