



CITY OF MONTGOMERY

2019 EMPLOYEE BENEFITS BOOKLET



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MONTGOMERY
BICENTENNIAL



This Benefits Booklet is Not a Contract

This booklet was developed to provide you with general information about benefits available to City of Montgomery employees and eligible dependents. This booklet is not to be interpreted as a complete disclosure of plans, nor is it intended to indicate entitlement to any of the benefits described. If any inconsistencies occur between the contents of this benefits booklet and the contracts, rules, or laws regulating administration of the various benefits, the benefit contract terms and/or appropriate legislation supersede this booklet.

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Important Contact Information

Benefits Division 334-625-3692 Fax: 334-625-4410 Questions about this booklet, your benefits, and benefit deductions.	Payroll Division 334-625-2115 Fax: 334-625-4423 Questions about your online paystub, direct deposit, and tax deductions.	Retirement Department 334-625-2018 Fax: 334-625-2110 retirementstaff@montgomeryal.gov Questions about your retirement plan and contributions.
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City Hall
103 N Perry St.
Montgomery, AL 36104
www.montgomeryal.gov/work/city-employee-resources

Colonial Benefits Counselor - Tracey Harris - 334-356-0243 - visityouville.com/montgomeryal

Core Benefits Providers

Benefit	Provider	Phone Number	Website
Medical / Dental	Blue Cross Blue Shield of Alabama	1-800-828-6451	www.bcbsal.org
Teladoc	Teladoc	1-800-835-2362	www.teladoc.com/Alabama
Prescription Drug Coverage	Employer Health Options (EHO)	1-800-650-1817	www.ehorx.com
International Drug Program	PreferenceRx	1-866-444-8761	www.preferenceRx.com
Employee Assistance Program (EAP) / Mental Health / Substance Abuse	American Behavioral	1-800-925-5327	www.americanbehavioral.com
Basic Life Insurance	MetLife	1-800-275-4638	www.metlife.com
Vision Coverage	Vision Service Plan (VSP)	1-800-877-7195	www.vsp.com
Flexible Spending Accounts	Alliance Insurance Group (AIG)	334-396-3960	www.allianceinsgroup.com
Wellness Centers	CareHere	1-877-423-1330	www.carehere.com
YMCA Wellness Partnership	YMCA of Greater Montgomery	334-269-4362	www.ymcamontgomery.org
Deferred Compensation	Nationwide Retirement Solutions (Jeremy White)	334-689-0947	www.nrsforu.com

Voluntary Benefits Providers

Aflac	1-800-992-3522	www.aflac.com
Colonial Life Insurance	334-356-0243	www.coloniallife.com
Liberty National	1-866-441-3018	www.libertynational.com



Letter from the Mayor

Dear Friends and Colleagues,

Serving alongside you to build an even brighter future for the Capital of Dreams has been one of the pleasures of my life. Our residents, visitors and businesses are directly impacted by your extraordinary efforts. Regardless of department or division, your diligent daily service moves our city forward and enhances quality of life in our community.



In the coming year, our community will celebrate Montgomery's bicentennial! Several events, concerts and exhibits will commemorate the occasion at venues across the city – including the opening of a time capsule sealed decades ago and stored in the depths of the State Archives. We also anticipate the continued boom for tourism as new hotels and attractions have put Montgomery on the map as one of the nation's best bets for travel. Thanks to your hard work, these visitors share the good news about Montgomery with their friends and neighbors back home, which then leads to even more visitors to discover all we have to offer. We are proud of premiere cultural and historic tourist destination, but we are also focused on the future.

The past decade of vibrancy, growth and revitalization has positioned Montgomery for its next phase of development. In fact, several of our teammates are already adopting high-tech programs to better serve our citizens and position Montgomery as a leader in the Smart Cities movement. Not only will this help preserve limited resources, like valued staff time and budgets, but it will be key to opening even more opportunities for our community. Becoming a Smart City takes smart employees who make smart decisions – including everyday steps to healthy, active lifestyles! Not to mention, a healthy lifestyle means a longer life to enjoy the fruits of our efforts!

The City wants to again stress the impact of overall health, wellness and fitness on your quality of life. That's why we will continue providing discounts for health care coverage to our employees who signed affidavits stating they will not use tobacco as well as those of us who undergo a health risk assessment. We'll also look for new ways to challenge our employees to pursue – or continue – a healthy lifestyle, whether it's spirited competition in events like Scale Back Alabama and the Dragon Boat Race & Festival or taking advantage of our discounted YMCA memberships. Thanks to our pristine park facilities, you can even choose to join an adult amateur sports league, play tennis or hit the links!

Your benefits booklet is a great tool to make sure you and your family take advantage of all the tools we offer. Resources listed here will help you reach your goals of living a healthier life, while exploring all the benefits available to you and eligible dependents. Of course, a healthy diet, active lifestyle and regular check-ups are the foundations for success!

Without each and every one of you, it would be impossible to attain our shared vision of a safe, vibrant and growing Montgomery in its entirety – a place we are all proud to call home. Let's renew our pledge to continue building on our progress together, and city leadership will provide all the benefits needed for you and your family to thrive!

Sincerely,

Todd Strange
Mayor of Montgomery



What's New?

◆ Health & Benefits Fair

Come Ask, Learn, and Engage at the Health & Benefits Fair on May 15, 2019 at the Multiplex at Cramton Bowl from 10am to 3pm. On-site vendors will be available to help answer benefit questions, promote healthy lifestyles, and provide free door prizes.

◆ Flexible Spending Accounts

Annual Healthcare Flexible Spending Account amounts will increase from \$2,650 to \$2,700 beginning September 1, 2019. The Dependent Care will not change and is still \$5,000. These accounts must be enrolled in each year during Open Enrollment; they do not automatically renew.

◆ VSP Premium Increase

VSP increased premium amounts for the Standard and Premier plans by 24% beginning October 1, 2019. Vision benefits and coverage will not change.

◆ YMCA Rate Increase

The YMCA increased their monthly membership rate by \$1.00 in January 2019. Membership rates are now \$24 for Individual and \$36 for Family.

◆ Basic Life Insurance Provider Change

Metropolitan Life Insurance Company (MetLife) is the City's new provider for Basic Life and Dependent Life Insurance as of January 2019. Benefits and coverage remain the same.

◆ Substance Abuse Provider Change

American Behavioral announced it would take over and manage Substance Abuse coverage instead of Bradford Health Services in January 2019. Patients may still visit the Bradford Health facility but referrals must come through American Behavioral.

NOTICE

Some documents and fillable forms have been placed on the Benefits Division webpage on the City website. These documents include EHO Prescription Drug Formulary, PreferenceRx Fax Order form, Private Physician form, Tobacco Attestation form, and beneficiary form. To view these documents, type www.montgomeryal.gov in your web browser, click on **City Employees** at the very top, then click on **Benefits Division** on the left-hand side.

Employee Benefits

You are eligible for benefits through the City of Montgomery if you are a full time employee or work an average of 30 or more hours a week.

The City of Montgomery offers a competitive benefits package composed of Core benefits offered to you by the City and voluntary benefits through Colonial Life & Accident Insurance Company.

Core Benefits

- Group Health Plan (*Medical, Dental, Prescription, Mental Health/Substance Abuse*)
- Basic Life Insurance
- Dependent Life Insurance
- Vision Insurance
- Healthcare/Dependent Care Flexible Spending Accounts
- YMCA Membership
- Deferred Compensation

Voluntary Benefits

- Group Specified Disease Insurance
- Life Insurance (*Term & Whole*)
- Dental Insurance
- Disability Insurance
- Cancer Insurance
- Hospital Confinement Indemnity Insurance
- Accident Insurance

Enrollment In Your Benefits

New Employees

All newly hired employees must attend a mandatory New Hire Orientation. The orientation is held the 1st Wednesday of each month in the Montgomery City/County Personnel building. After attending the orientation, you are contacted by a Colonial Life Benefits Counselor to enroll in your benefits. All Core and Voluntary benefits are enrolled in at this time with the exception of the Group Health Plan.

You will either enroll or waive the Group Health Plan when you sign all new hire paperwork either with your

department or with the Payroll Division. There is a 30-day waiting period from date of hire before health insurance is effective. Health insurance can start immediately only if you provide a Proof of Coverage Letter showing there had been no more than a 63-day gap in insurance coverage.

After the 30 days has passed, you will have to wait until Open Enrollment to make any changes. The only time, outside of Open Enrollment, you will be allowed to make changes to benefits is if you have a qualifying event.

Open Enrollment

Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying event. During Open Enrollment, you can choose to add coverage for the first time, cancel coverage, change plans, and add or remove dependents.

The Open Enrollment period is generally held each year in May and June with an October 1st effective date (Flexible Spending Accounts effective September 1st). You will attend group presentations to learn about your benefit options and One-on-One Enrollment sessions to make any changes. The Colonial Life Benefit Counselors administer enrollment and changes to all of your Core and Voluntary benefits except for the Group Health Plan. Changes to the Group Health Plan are done with Erika Levett 625-2674 in the Benefits Division.

Open Enrollment is also the time to check on other payroll deducted policies you may have through Aflac or Liberty National.

Qualifying Events

If you decline to enroll or make changes to your benefits as a New Hire or during Open Enrollment, the only time you will be permitted to enroll, cancel, or make a change to your benefits will be due to a Qualifying Event. Qualifying events consists of loss/gain of coverage, marriage, divorce, death, or birth/adoption of a child.

All qualifying events are subject to proper documentation that must be provided to the Benefits Office within 30 days of the event.

See chart on next page.

Section 125 of the Internal Revenue Code (IRS) provides guidelines for a Qualifying Event status change. Employees are required to provide documentation within 30 days.

Qualifying Events	Required Documents
Loss/Gain of Coverage	Proof of Coverage Letter
Marriage	Marriage Certificate & SSN
Divorce	Final Divorce Decree
Birth of a Child	Birth Certificate & SSN
Adoption of a Child	Court-Ordered Placement Papers
Death of a Dependent	Death Certificate

Dependent Eligibility

As part of our ongoing efforts to offer high quality benefits and control healthcare costs for you and your family, the City requires that all employees provide dependent verification before any dependents are considered to be eligible for coverage. Furthermore, it is your responsibility to notify the City within 30 days once a dependent is no longer eligible (i.e. divorced ex-spouse).

Who Is Eligible?

You can enroll the following family members in your benefit plans:

- Your spouse
- A child (*biological, stepchild, adopted, or any child for whom the employee has permanent custody*) under the age of 26 married or unmarried, and if no employee-sponsored health insurance is available
- An unmarried, incapacitated child who 1) is age 26 and over; 2) is not able to support himself; and 3) depends on you for support, if the incapacity occurred before age 26

Who Is Not Eligible?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, siblings, aunts/uncles, nieces/nephews, and grandchildren
- Divorced spouses
- Former stepchildren as a result of divorce
- Children over the age of 26

About Your Benefits

Payroll Deductions

Employee benefit premiums are paid bi-weekly through payroll deduction. All benefits are on a 24-pay period cycle except Flexible Spending Accounts and Nationwide Deferred Compensation which are on a 26-pay period cycle. Any missed premium is expected to be paid within 30 days of that missed premium or will risk cancellation.

Change of Address

You must submit a change of address to your Department Administrative Clerk to update City of Montgomery payroll and benefit plan records.

ID Cards

The only benefits with ID cards are your Health Plan and Flexible Spending Accounts (FSA)/Health Reimbursement Account (HRA).

Health Plan cards (BCBS and EHO) are automatically generated to the address on file after you have submitted your Application for Enrollment. You may request more cards through the BCBS website, mobile app, or by calling Erika Levett 625-2674. All BCBS cards have the employee's name only. As long as a dependent is listed on the contract, he/she can use any card. Each dependent will have his/her own EHO prescription card. Call the Benefits Division 625-2510 to request new EHO cards.

FSA cards are automatically mailed to the address on file after enrollment. HRA cards are automatically mailed to the address on file after the employee has met his/her health plan threshold. You may request a new card by contacting AIG 396-3960.

Cancellation of Coverage

Open Enrollment is the only time you can cancel a benefit without providing documentation. Cancellation of benefits during the plan year can only be done subject to the Qualifying Event rules.

Benefits end either on the 15th or last day of the month depending on when the last premium was paid. If coverage ends due to termination, the employee will be notified of his/her rights to COBRA for continuation of health coverage.

Cost Of Your Benefits

The charts below show the bi-weekly employee rates for the various benefit plans effective October 1, 2019 - September 30, 2020

Group Health Plan (Blue Cross Blue Shield of Alabama, EHO, & American Behavioral)

Plan	Employee Only	Employee + Family
PPO Plan	\$95.50	\$210.50
HMP Plan	\$43.00	\$123.00
PPO Plan *(School Patrol Employee)	\$143.25	\$315.75
HMP Plan *(School Patrol Employee)	\$64.50	\$184.50

Rates include coverage for Medical, Dental, Prescription, and Mental Health/Substance Abuse
PPO Plan is only available for employees hired before May 23, 2014

Vision Plan (VSP - Vision Service Plan)

Plan	Employee Only	Employee + 1	Employee + Family
Standard Plan	\$5.54	\$9.27	\$13.38
Premier Plan	\$6.33	\$10.59	\$15.28
Standard Plan *(School Patrol Employee)	\$8.31	\$13.91	\$20.07
Premier Plan *(School Patrol Employee)	\$9.50	\$15.89	\$22.92

Basic Life Insurance (MetLife Insurance Company)

Coverage Type	Premium	Benefit
Employee Life Insurance	No Cost	1 times Annual Salary up to \$50,000
Dependent Life Insurance	\$1.15	Eligible Dependent Children up to Age 24 - \$5,000 Spouse (Non-City Employee) - \$10,000
Dependent Life Insurance *(School Patrol Employee)	\$1.73	

* School Patrol rates are based on 16 pay periods for the 2019 - 2020 plan year

Voluntary products through Colonial Life do not have group rates. Rates may vary for each individual based on age and level of coverage.



Medical Plans

The City of Montgomery Group Health Plan provides you with comprehensive medical coverage through Blue Cross Blue Shield of Alabama. Employees hired before May 23, 2014 have the option of both plans: Traditional PPO Plan and the Health Management Plan (HMP). Employees hired May 23, 2014 and after can only enroll in the HMP Plan. Both plans provide Minimum Essential Coverage and meet Minimum Value Standards as required by the Affordable Care Act. Contact Erika Levett 625-2674 or BCBS 1-800-828-6451 for questions about your plan.

Traditional PPO Plan

The PPO Plan offers you access to a large network of physicians who agree to discount their fees for services. Under this plan, you can access different physicians and specialists at your own discretion. While you may go to any doctor or hospital each time you need care, your copay will be lowest when you go to an in-network PPO provider. As long as you use providers who participate in the network, your care will be covered at the highest benefit level - 100% after deductible for most services.

Outpatient Doctor Visit

- Primary Doctor - \$50 copay
- Specialist - \$60 copay

Inpatient Hospital Admission - \$300 per admission with \$60 copay for days 2-5

Emergency Room Visit Facility Copay for Medical Emergency - \$150 copay

Outpatient Surgery Facility Copay - \$175 copay

HMP Plan

The HMP Plan is a high deductible health plan that combines a Health Reimbursement Account (HRA) with traditional medical coverage. This plan offers the same access to a large network of physicians like the PPO Plan but it has a higher annual deductible that must be met before benefits are paid by the plan. After the deductible is met, the plan pays 80% for most in-network services.

Your HRA is administered by Alliance Insurance Group (AIG) and is funded by the City of Montgomery to help you meet your deductible. These funds will be placed on an AIG debit card.

Meeting your deductible is a 3-part process.

- Single Coverage - \$1,500 Deductible**
- Family Coverage - \$3,000 Deductible**

1. Employee Threshold must be met before the HRA becomes active:

- Single Coverage - \$250 Threshold**
- Family Coverage - \$500 Threshold**

2. Once the Employee Threshold has been met, the HRA will pay up to the maximum contribution amounts:

- Single Coverage - \$750 HRA**
- Family Coverage - \$1,500 HRA**

** HRA has a rollover feature which allows an employee to rollover to the next calendar year any unused amount up to a maximum of the contributed amount.*

** HRA funds are normally reimbursed to you through a check from AIG the month after claims are processed. You can also log on to allianceinsgroup.com to elect reimbursement through direct deposit.*

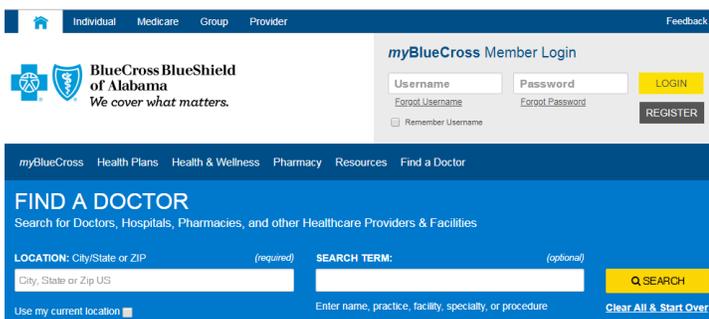
3. After the HRA funds provided have been expensed, the employee is responsible for the remainder of the calendar year deductible:

- Single Coverage - \$500 Remaining**
- Family Coverage - \$1,000 Remaining**

Find A Doctor

Blue Cross Blue Shield's Find a Doctor tool online makes it easy to find in-network healthcare providers in your area.

1. Visit bcbsal.org and select "Find a Doctor"
2. Enter a location or use your current location. Enter a search term when you are wanting specific results
3. Narrow your search with the filters on the left



Medical Plans Comparison Chart

Effective 10/1/2019 - 9/30/2020

The chart below provides a side-by-side comparison of key features and benefits under the two Health Plans: Traditional PPO Plan and HMP Health Management Plan. The Summary of Benefits and Coverage (SBC) can be found on the Benefits webpage.

Benefit	Traditional PPO Plan (Optional for employees hired before May 23, 2014)		HMP Health Management Plan (Only option for employees hired May 23, 2014 & after)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	Individual - \$300 Family - \$900		Individual - \$1500 Family - \$3000	Individual - \$3000 Family - \$6000
Out-of-Pocket Maximum	Individual - \$2500 Family - \$5000		Individual - \$4000 Family - \$8000	No out-of-pocket maximum for out-of-network services
	All deductibles, copays, and coinsurance for in-network services apply to the out-of-pocket maximum. Out-of-network services do not apply to the out-of-pocket maximum. After you reach your individual Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for remainder of calendar year.		For family coverage, once an individual member reaches the individual deductible amount, benefits will begin for that member. The in-network and out-of-network calendar year deductibles are separate and do not apply to each other. After you reach the Calendar Year Out-of-Pocket Maximum, applicable expenses are covered at 100% for remainder of calendar year.	
INPATIENT HOSPITAL FACILITY SERVICES				
Precertification is required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 for precertification.				
Inpatient Hospital	100% of the allowance after \$300 per admission deductible & \$60 copay per day for days 2-5	65% of the allowance after \$500 per admission deductible.	Covered at 100% after deductible	Covered at 60% after deductible
OUTPATIENT HOSPITAL SERVICES				
Outpatient Surgery (Including Ambulatory Surgical Centers)	100% of the allowance, subject to a \$175 facility copay	65% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room (Medical Emergency)	100% of the allowance, subject to a \$150 facility copay	100% of the allowance, subject to a \$150 facility copay & the calendar year deductible	Covered at 80% after deductible	Covered at 80% after deductible
Emergency Room (Accidental Injury) If you have a medical emergency as defined by the plan after 72 hours of an accident, refer to Medical Emergency above	100% of the allowance with no deductible or copay required	100% of the allowance with no deductible or copay	Covered at 80% after deductible	Covered at 80% after deductible for services rendered within 72 hours; thereafter, covered at 60% after deductible
Emergency Room Physician Fees	100% of the allowance subject to a \$60 copay	100% of the allowance subject to a \$60 copay & the calendar year deductible	Covered at 80% after deductible	Covered at 80% after deductible
Outpatient Diagnostic Lab, X-Ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	100% of the allowance with no deductible or copay	65% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
PHYSICIAN BENEFITS				
Office Visits & Consultations	100% of the allowance subject to a \$50 copay for Primary Physician; \$60 copay for Specialist	65% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
Surgery & Anesthesia	100% of the allowance with no deductible or copay	65% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible

Benefit	Traditional PPO Plan (Optional for employees hired before May 23, 2014)		HMP Health Management Plan (Only option for employees hired May 23, 2014 & after)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Second Surgical Opinions	100% of the allowance with no deductible or copay	65% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
Maternity	100% of the allowance with no deductible or copay	65% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible
PREVENTIVE CARE SERVICES Visit www.bcbsal.org/preventiveservices for a listing of the specific immunizations and preventive services				
Routine Immunizations & Preventive Services	100% of the allowance with no deductible or copay.	Not Covered	Covered at 100%; no deductible	Not Covered
Additional Preventive Services	100% of the allowance with no deductible or copay. Urinalysis (when necessary) CBS (when necessary) TB skin test (when necessary) Bone density test (one per calendar year for female employees and dependents age 50 and older)	Not Covered	100% of the allowance; no deductible. Urinalysis (when necessary) CBS (when necessary) TB skin test (when necessary) Bone density test (one per calendar year for female employees and dependents age 50 and older)	Not Covered
BENEFITS FOR OTHER COVERED SERVICES				
Allergy Testing & Treatment	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Ambulance Service	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Participating Chiropractic Services	Covered at 80% of the allowance, after calendar year deductible	Covered at 80% of the allowance, after calendar year deductible. In Alabama: 50% of the allowance, after calendar year deductible	Covered at 80% after deductible	Covered at 60% after deductible. In Alabama: 50% after deductible
Durable Medical Equipment (DME)	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Physical Therapy	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Occupational Therapy Limited to certain services related to the hand and lymphedema	Covered at 80% of the allowance, after calendar year deductible		Covered at 80% after deductible	Covered at 60% after deductible
Home Health & Hospice	100% of the allowance with no deductible or copay.	65% of the allowance after calendar year deductible. In Alabama: Not Covered	Covered at 80% after deductible	Covered at 60% after deductible. In Alabama: Not Covered
HEALTH MANAGEMENT BENEFITS				
Individual Case Management	Coordinates care in the event of a catastrophic or lengthy illness or injury. For more information, call 1-800-821-7231.			
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.			
Baby Yourself Program Call 1-800-222-4379 or visit www.behealthy.com for more information.	Maternity program. Member must enroll before 24 weeks gestation. After completion, both inpatient per admission deductible and per day copay are waived when the member is admitted to the hospital for the delivery of the baby.		Maternity program. Member must enroll before 24 weeks gestation. After completion, \$300 will be added to your Health Reimbursement Account to be used towards any allowed prenatal care services.	

Other Health Benefits

Teladoc (Only for members on the HMP Plan)

Teladoc gives you access 24 hours, 7 days a week to U.S. board-certified doctors through the convenience of phone, video or mobile app visits in the comfort of your own home as opposed to a crowded waiting room. This program eliminates the questionable coinsurance amount you pay when going to a doctor's office or emergency room because each telephone consult is only **\$10**. Teladoc providers can also prescribe medication if medically necessary for your condition. You may register online www.teladoc.com/Alabama or by calling 1-800-835-2362 to get started.

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!



Baby Yourself Program



Baby Yourself Program helps ensure expectant mothers and their babies receive the best possible healthcare during pregnancy. Expectant mothers should enroll in the program by 24 weeks gestation. The program is completely free and mothers will receive an incentive after completion of the program.

Benefits:

- Support and educational material from a Blue Cross registered nurse, experienced in prenatal care, labor and delivery, and newborn care
- A personal nurse that you can call with any questions or concerns throughout your pregnancy
- Care coordination, including the arrangement of home health services when indicated, for high-risk pregnancies
- Useful gifts that support healthy habits, highlight the importance of prenatal care, and address the changes and challenges that accompany pregnancy

Incentives:

PPO Plan Incentive - Inpatient deductible (currently \$300) is waived when admitted for delivery of the baby.

HMP Plan Incentive - \$300 added to your HRA to help pay for any out-of-pocket prenatal expenses.

Call 1-800-222-4379 or visit www.behealthy.com to enroll or for more information.





Dental Plan

Another component of the Group Health Plan is dental coverage, also provided through Blue Cross and Blue Shield of Alabama. This National Dental Program offers access to dental providers in many areas throughout the United States and is designed to promote quality and cost effective dental care. Currently, approximately 64,000 dentists nationwide participate in the National Dental program through Blue Cross' partnership with DenteMax. Contact Erika Levett 625-2674 or BCBS 1-800-828-6451 for questions about your plan.

GENERAL PROVISIONS

Deductible	\$25 deductible per member per calendar year; maximum of 3 deductibles per family each calendar year
Maximum	\$1,000 per member each calendar year

DIAGNOSTIC AND PREVENTIVE (Exams and Cleanings)

Covered at 100%, not subject to the deductible.

Includes:

- Dental exams up to twice per benefit period
- Full mouth x-rays, one set during any 36 consecutive months
- Bitewing x-rays, up to twice per benefit period
- Other dental x-rays, used to diagnose a specific condition
- Routine cleanings, twice per benefit period
- Tooth sealants on teeth numbers 3, 14, 19, and 30, limited to one application per tooth each 48 months. Benefits are limited to a maximum payment of \$20 per tooth. Limited to the first permanent molars of children through age 13
- Fluoride treatment for children through age 18 twice per benefit period
- Space maintainers (not made of precious metals) that replace prematurely lost teeth for children through age 18

RESTORATIVE (Fillings and Root Canals)

Covered at 80%, subject to the deductible.

Includes:

- Fillings made of silver amalgam and synthetic tooth color materials
- Simple tooth extractions
- Direct pulp capping, removal of pulp and root canal treatment
- Repairs and removable dentures
- Emergency treatment for pain

SUPPLEMENTAL (Oral Surgery and Anesthesia)

Covered at 80%, subject to the deductible.

Includes:

- Oral surgery for tooth extractions and impacted teeth
- General anesthesia given for oral or dental surgery. This means drugs injected or inhaled for relaxation or to lessen pain, or to make unconscious, but not analgesics, drugs given by local infiltration, or nitrous oxide
- Treatment of the root tip of the tooth including its removal

PROSTHETIC (Crowns and Dentures)

Covered at 50%, subject to the deductible.

Includes:

- Full or partial dentures
- Fixed or removable bridges
- Inlays, onlays, or crowns to restore diseased or accidentally broken teeth, if less expensive fillings are not adequate

PERIODONTICS (Gum Disease)

Covered at 80%, subjected to the deductible.

Includes:

- Periodontics exams twice each 12 months
- Removal of diseased gum tissue and reconstructing gums
- Removal of diseased bone
- Reconstruction of gums and mucous membranes by surgery
- Removing plaque and calculus below the gum line for periodontal disease

Prescription Drug Coverage



Also a part of the Group Health Plan is a retail prescription drug plan for covered employees and their dependents through Employer Health Options (EHO). Contact the Benefits Division 625-2510 or EHO 1-800-650-1817 for questions.

WHAT IS MY GROUP NUMBER?

Your Group # is 00015500

COVERAGE DETAILS

Calendar Year Deductible - \$250 (Maximum of 3 deductibles per family) Deductible starts over each January.

3-Tier Copay Structure

Tier 1 (Generic) - \$10 copay

Tier 2 (Preferred Brand) - 25% of the cost of the drug

Tier 3 (Non-preferred Brand) - 25% plus \$20 copay

A copy of the plan formulary can be found on the Benefits Division webpage.

Prescription drug costs are also included in your health plan Out-of-Pocket Maximum (OOPM). Once the OOPM is met for the year, all covered prescriptions are covered at 100%.

WHAT PRESCRIPTION QUANTITY CAN I GET?

A maximum of a 30-day supply or 100 units is allowed for all covered medications. A 90-day supply is allowed for defined maintenance medications.

RESTRICTIONS

Pain killers and sleep aids have restrictions placed on them under our plan. For members who are having these drugs prescribed for the first time, your first prescription will be filled for a 14-day supply. You will receive a letter along with a protocol form that must be filled out and signed by your doctor and sent to EHO.

WHAT IS NOT COVERED BY THE PLAN?

Accutane, Anorexic-Anti-Obesity Drugs, Cosmetic Drugs, Dental Agents, Growth Hormones, Injectibles (other than Insulin, Lovenox, Sandimmune, and Zostavax), Medical Devices, Medical Supplies, Multiple Vitamins, Opiate Partial Agonist, Norplant, Retin-A, Smoking Deterrents, and Over-the-Counter Products.

WHAT PHARMACY CAN I GO TO?

This plan recognizes any willing provider. Any pharmacy that agrees to meet the plan's conditions and electronically submit your prescriptions can fill it for you. Thousands of pharmacies across the USA have already agreed to do this. However, if your personal pharmacy is not a member of the EHO Network, the pharmacy can call the toll-free number on your membership card and immediately arrange to process your prescriptions. This plan gives any qualified pharmacy desiring to participate the opportunity to do so. Please have them call 800-650-1817 with any questions.

PRIOR AUTHORIZATIONS

For medication needing prior authorization, your provider may go online to www.ehorx.com, click on *Group Health*, and download the Prior Authorization Form.

International Drug Program

The City allows all employees and dependents enrolled in the Group Health Plan the option of ordering certain brand name medication from international sources. This program is through PreferenceRx and there is no copay or deductible for drugs ordered through this program.

Medications eligible under this program may be available for dispensing from multiple international pharmacies, located in multiple countries (regions): **Canada, India, New Zealand, Singapore, Australia, Turkey, the United Kingdom, or Mauritius**

Only medication on the Eligible Drug List are available under this program. Medications that are readily available in generic form from the United States, injectable, and temperature sensitive or labeled as controlled substances are not eligible under this program.

Placing An Order

- Complete the New Patient form and Customer Agreement (found on the Benefits Division webpage).
 - Place region you wish to receive prescription from in space provided under “Shipped From Country” on your New Patient form.
- Place order by either of the following. **Your order must include New Patient form, Customer Agreement, copy of driver license or passport, and prescription.**
 - By Mail - Canada Online Healthlink
Suite # 109-7938 128th Street
Surrey, BC Canada V3W 4E8
 - By Fax - 1-866-815-3069
 - Print out the form and fax it to PreferenceRx along with their prescription and copy of driver license or passport.
 - **Original prescription is still required to be mailed.**
 - By Phone - 1-866-444-8761
 - Hours of operation are Mon - Fri (8a - 10p CST) and Sat & Sun (9a - 7p CST).
- Online orders through the website are not available.

⇒ *You will receive your first prescription order in 5 weeks. All orders thereafter will take 2-4 weeks to receive.*

⇒ *Prescriptions can be sent directly from your doctor's office but it must include the doctor's signature and your date of birth.*

⇒ *If the prescription is sent by your doctor, you will not need to send the original prescription.*

See next page for the current eligible drug list. The fax order form can be found on the City Benefits webpage or you may log into PreferenceRx at www.preferenceRx.com or call 1-866-444-8761 for more information.

Username - montgomery. Password - Password1.

PreferenceRx International Drug Program Eligible Drug List

Medication Name	Strength
Acuvail	0.45%
Advair Diskus	500-50, 250-50, 100-50
Afinitor	2.5, 5, 10mg
Alimta	500mg
Alomide	0.10%
Alrex	0.20%
Alvesco	80, 160mcg
Amitiza	8mcg
Ampyra	10mg
Apriso	0.375g
Asmanex	200mcg
Atopiclair	noDose
Atripla	600/200/300mg
Avandamet	1mg/500mg
Avandia	2, 4, 8mg
Azilect	0.5, 1mg
Azor	5/20, 10/40mg
Banzel	200, 400mg
Benicar	20, 40mg
Besivance	0.60%
Biltricide	600mg
Brilinta	90mg
Bystolic	2.5, 5, 10, 20mg
Canasa	1000mg
Cetrotide	0.25mg
Combigan	0.2/0.5%
Corlanor	5, 7.5mg
Crixivan	400mg
Cuprimine	125, 250mg
Daliresp	500mcg
Dexilant	30, 60mg
Dipentum	250mg
Divigel	0.25, 0.5, 1mg
Durezol	0.05%
Dymista	137/50mcg
Dysport	500iu
Edarbyclor	40/12.5, 40/25mg
Edecrin	25mg
Edex	10, 20, 40mcg
Effient	5, 10mg
Eldepryl	5, 10mg
Elidel	1% CR
Eliquis	2.5, 5mg

Medication Name	Strength
Emend	80, 125mg
Elmiron	100mg
Enablex	7.5, 15mg
EpiCeram	noDose
Epzicom	600/300mg
Erythrocin	250mg
Estring	2mg
Exjade	125, 250, 500mg
Factive	320mg
Fareston	60mg
Farxiga	5, 10mg
Flarex	0.10%
FML	0.10%
Fosrenol	250, 500, 750, 1000mg
Frova	2.5mg
Gelnique	10%
Gilenya	0.5mg
Gleevec	100, 400mg
Glumetza	500, 1000mg
Glyset	25, 50mg
Hepsera	10mg
Hyalgan	20mg/2mL
Invega	3, 6, 9mg
Invirase	200mg
Invokana	100, 300mg
Isentress	400mg
Istalol	0.50%
Jalyn	0.5/0.4mg
Janumet	50/500, 50/1000mg
Januvia	25, 50, 100mg
Jardiance	10, 25mg
Jublia	10%
Kaletra	200/50mg
Kazano	12.5mg/1000mg
Kemadrin	5mg
Latisse	0.03%
Latuda	20, 40, 60, 80, 120mg
Lialda	1.2g
Linzess	145, 290mcg
Livalo	1, 2, 4mg
Lovaza	1gm
Lysodren	500mg
Reyataz	150, 200, 300mg

Malarone	62.5/25, 250/100mg
Menopur	75IU
Myleran	2mg
Myrbetriq	25, 50mg
Neupro	1, 2, 3, 4, 6, 8mg
Nevanac	0.10%
Nexavar	200mg
Noxafil	40mg/mL
Nuvaring	120/15mcg
Onglyza	2.5, 5mg
Oracea	40mg
Oralair	300IR
Orthovisc	15mg/mL
Otezla	10/20/30mg
Otezla	30mg
Paragard	noDose
Pataday	0.20%
Pentasa	500mg
Potaba	500mg
Pradaxa	75, 110, 150mg
Premarin	0.3, .625, 1.25mg
Prempro	2.5/0.625mg
Prempro	5/0.625mg
Prezista	600mg
Pristiq	50, 100mg
Prolensa	0.07%
Ranexa	500mg
Rapaflo	4, 8mg
Rapamune	1, 2mg
Relpax	20, 40mg
Renagel	800mg
Renvela	800mg
Restasis	0.05%

Rheumatrex	2.5mg
Ridaura	3mg
Rimso	50%
Sancuso	3.1mg/24hours
Savella	25, 50mg
Savella	25, 50mg
Spiriva Cap	18mcg
Strattera	10, 18, 25, 40mg
Strattera	60, 80, 100mg
Stribild	150/150/200/300mg
Sustiva	200, 600mg
Tykerb	250mg
Uceris	9mg
Uloric	80mg
Vascepa	1g
Vesicare	5, 10mg
Vigamox	0.50%
Viibryd	10, 20, 40mg
Vimovo	375/20, 500/20mg
Viracept	250, 625mg
Vytorin	10/10, 10/20mg
Vytorin	10/40, 10/80mg
Welchol	625mg
Xarelto	10, 15, 20mg
Xeljanz	5mg
Xerese	5/1%
Xifaxan	200, 550mg
Xifaxan	200mg
Xtandi	40mg
Zetia	10mg
Zoladex	3.6mg
Zortress	0.25, .75mg

This is a list of the drugs and drug strengths that are most commonly used by plan members.

(Drugs that are commonly available generically in the US are not eligible for mail-order, as they are less costly in the US retail network using your benefit card.)

Although generally of common manufacture, and being exact chemical equivalents, some International products may differ from a USA product in color, dosage form (tablet vs. capsule), or markings on the product. To help alleviate concerns, prescriptions may be shipped in their original manufacturer's container, and/or physical differences will be noted on the "patient information sheet" that will accompany your order.

Mental Health & Substance Abuse Coverage



The Group Health Plan also includes Mental Health & Substance Abuse Coverage through American Behavioral for all insured employees and dependents. All benefits are based on the appropriate level of care and medical necessity guidelines.

Benefits	In-Network			Out-of-Network		
	Limitations	Coverage	Copay	Limitations	Coverage	Copay
Inpatient Hospital Services 1 Partial = 1 Day	Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	100% of Allowed Amount *	Days 1-3: \$100 per day; Days 4-19: full coverage; Days 20-30: \$25 per day.	Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	50% Copay	
Pre-Authorization	Pre-Authorization is Required For All Services. Emergency Admissions Require Notification Within 24 Hours of Admission. For Pre-Certification, Call 205-871-7814 Or 800-677-4544					
Anesthesia <i>(In conjunction with ECT)</i>		80% of Allowed Amount *	20% of Allowed Amount *		80% of Allowed Amount *	20% of Allowed Amount*
Ambulance Services		80% of Allowed Amount *	20% of Allowed Amount *		80% of Allowed Amount*	20% of Allowed Amount*
Inpatient Physician Services	Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	100% of Allowed Amount *		Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	50% Copay	
Outpatient Services	Up to 30 Visits/Sessions/Group Therapy (or any combination thereof) total for Outpatient care (<i>Mental Health Treatment</i>) each contract year.	100% of Allowed Amount *	Visits 1-5: \$5 per visit; Visits 6-20: \$20 per visit; Visits 21-30: \$35 per visit.	Up to 30 Visits/Sessions/Group Therapy (or any combination thereof) total for Outpatient care (<i>Mental Health Treatment</i>) each contract year.	50% Copay	
Psychological Testing	Falls under outpatient benefit.	100% of Allowed Amount *		Falls under outpatient benefit.	50% Copay	
Emergency Department		100% of Allowed Amount *	\$100 Copay		80% of Allowed Amount*	
Electroconvulsive Therapy	Applied toward the Inpatient Mental Health Treatment Benefit.					
NOTATION	In-network and out-of-network days/visits/units shall not be combined so that the combination exceeds the total number of days/visits/units available in the In-Network section of the <i>Mental Health Benefits Summary</i> .					

***Allowed amount: The amount of a provider's/facility's charge that American Behavioral recognizes for payment. This is based on the payment method used by American Behavioral where services are received. The allowed amount shall be determined by American Behavioral using pre-established fee schedules and/or per diem rates in every situation possible.**

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is available to all City of Montgomery employees regardless of participation in the City's Group Health Plan. The EAP is designed to provide assessment, brief counseling and referral services for eligible employees and dependents. It is a confidential service to assist you in identifying and resolving common problems of every day life.

Counseling Services

- Grief and loss
- Coping with change
- Marital/family issues
- Interpersonal relationship difficulties
- Stress-related problems
- Referrals to other professionals when necessary

Up to six (6) free face-to-face sessions provided for issues such as:

Both face-to-face and telephonic counseling sessions are available through the EAP.

Personal Advantage

Personal Advantage is an online tool that contains more than 20,000 articles and interactive modules involving work/life topics such as emotional well-being, family life, health, financial, legal, personal growth, and stress. Some popular items on the website include downloadable will kits, financial calculators, and parenting articles. Visit www.americanbehavioral.com and use company name *Montgomery* to create your username and password.

Exclusions

The following are excluded from your EAP services:

- Services that are not pre-authorized
- Services by an out-of-network provider
- Assessment or other services beyond the noted limits
- Psychological testing Career aptitude and placement services
- Outplacement counseling and services

An employee's use of the EAP is voluntary except when elected officials/appointing authorities, managers and/or department heads have reason to believe that a referral to EAP would improve job performance or job management issues, they may initiate a formal management referral.

Contact Faye Gamble 625-2692 or American Behavioral 334-396-9323 for referrals to covered facilities.

Basic Life Insurance



The City provides Basic Life Insurance to all full-time employees. This insurance is currently underwritten by MetLife at no cost to the employee. Contact Faye Gamble 625-2692 for life insurance claims or Erika Levett 625-2674 to update your beneficiary.

Your Basic Life coverage amount is 1 times your base annual earnings, rounded to the next higher \$1,000, up to a maximum benefit of \$50,000. In addition to this, you have Accidental Death and Dismemberment insurance which means if you suffer a covered fatal accident, off duty or on duty, you have an additional 1 times your annual base earnings rounded to the nearest thousand also subject to \$50,000 maximum.

Example:

Annual Salary	Coverage
\$25,560	\$26,000
\$75,000	\$50,000

Dependent Life Insurance Coverage

Employees may cover their eligible dependents for a small cost of \$1.15/bi-weekly.

Spouse - \$10,000

Each Child Under 26 - \$5,000 (*A child age 20 - 26 must be enrolled in school*)

If you are married to another City employee, you cannot take the insurance out on each other and only one spouse may take out the insurance to cover any eligible dependent children. When you retire, your spouse coverage under the plan is automatically terminated.

Retirees Basic Life Coverage

Effective October 1, 2017: Once you retire, you will have the following Basic Life Insurance coverage:

If your Annual Salary before Retirement is:

Under \$30,000 - your coverage amount is \$8,000

Over \$30,000 - your coverage amount is \$10,000

MetLife Advantages

MetLife Advantages is a comprehensive suite of valuable services for support, planning and protection when you need it most at no cost to you. These services include Will Preparation, Funeral Discounts and Planning Services, Digital Legacy, Travel Assistance, Grief Counseling with Funeral Assistance, and much more.

Visit www.metlife.com/insurance/life-insurance/metlife-advantages/ for more information. Your group number is 219725.

IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR BENEFICIARIES ARE KEPT UP TO DATE!

BENEFICIARY FORMS CAN BE FOUND ON THE BENEFITS WEBPAGE OR COMPLETED AT ANY TIME IN THE BENEFITS OFFICE (CITY HALL).



Vision Plan

The City offers voluntary vision coverage through VSP (Vision Service Plan) with the option of two plans - Standard and Premier. VSP is a paperless company so you do not have member cards. Your membership ID is your social security number. Upon retirement, you will no longer be eligible for VSP. Contact Faye Gamble 625-2692 or VSP directly 1-800-877-7195 for questions about coverage.

Benefit	Description	Copay		
Well Vision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10		
Prescription Glasses		\$10		
	<table border="1"> <thead> <tr> <th>Standard Plan</th> <th>Premier Plan</th> </tr> </thead> </table>	Standard Plan	Premier Plan	
Standard Plan	Premier Plan			
Frame	<table border="1"> <tbody> <tr> <td> <ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 COSTCO frame allowance </td> <td> <ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 COSTCO frame allowance </td> </tr> </tbody> </table>	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 COSTCO frame allowance 	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 COSTCO frame allowance 	Included in Prescription Glasses
<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 COSTCO frame allowance 	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 COSTCO frame allowance 			
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses		
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$55 \$95-\$105 \$150-\$175		
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	\$0		
Diabetic Eye Care Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details As needed 	\$20		
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam. 			
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam. 			
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 			
Your Coverage with Out-of-Network Providers				
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.				
Exam.....	up to \$45	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	
Frame.....	up to \$70	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105	
Single Vision Lenses.....	up to \$30			

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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VSP, VSP Vision care for life, eyeconic.com and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company



Flexible Spending Accounts

A Flexible Spending Account is an employer-sponsored benefit that allows you to pay for eligible expenses on a pre-tax basis. The contributions you make to an FSA are deducted from your pay before your federal, FICA and state taxes are calculated and are never reported to the IRS. If you expect to incur medical or dependent care expenses that won't be reimbursed by another plan, FSA's are a great way to save money while covering those costs. This FSA plan year is from September 1, 2019 - August 31, 2020. Contact Faye Gamble 625-2692 or AIG 396-3960 for questions.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses include medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$2,700 for the year.



Rollover

You are allowed to rollover a maximum of \$500 of unused funds to the next plan year. The rollover amount can be used to pay or reimburse healthcare expenses incurred during the entire plan year to which it is carried over.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

You can set aside up to \$5,000 for qualified Dependent Care. This benefit uses pre-tax contributions to cover dependent day care expenses for children up to age 13 and for elder dependents (like aging parents) who live in your home. You and your spouse must work or attend school full time to be eligible for the Dependent Care FSA.

Unlike Healthcare FSA's, Dependent Care FSA's are not "pre-funded"; you can only spend up to the amount that has been deducted from your paycheck.

Online access instructions and a list of some eligible expenses are on the following pages.

IMPORTANT CONSIDERATIONS

- You must re-enroll in flexible spending accounts each year.
- Elections cannot be changed during the plan year, unless you have a qualifying event such as marriage or birth of a child.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by you and your family even if you are not covered on the City's Health Plan.
- If you terminate employment, participation in your FSA is also terminated. This means that only expenses that were incurred prior to your termination date are eligible for reimbursement.



FSA Online Access Instructions

With the flexible benefits plan (Healthcare FSA, Dependent Care FSA, and HRA), you will have online access to your account. Once you have created your account, you will be able to view your balance, transactions and reimbursements. You will also have the option to upload your receipts for manual reimbursement requests. Below, you will find the instructions on how to get started.

Please follow these steps to log on to the FSA website.

Go to: www.allianceinsgroup.com

- Click on *FLEX Login* tab
- Click on **REGISTER** and follow the steps

You will need the Employee ID - this is the employee's social security number (no dashes) or a number assigned to the employee and the Employee's Card Number. If you are unsure of the Employee ID, please contact Alliance Insurance Group.

The user id must be between 5-10 characters - **Please be sure the USER ID is very unique.**

This is a nationwide system and it will not allow the same user id to be used on more than one account.

Password must contain an instance of at least three of the following four types of characters:

- An upper case character such as A
- A lower case character such as a
- A special character: ~ ! @ # \$ % ^ & * () _ + = ` < > ? / \ - ; : " ' { } []
- A number such as 9

Passwords expire every 90 days. You will be notified when it is time to reset the password when you login to the system. This is a security measure and cannot be changed. Once you change the password, close the webpage and log back in using your new information.

You may also file a manual claim reimbursement request by uploading the receipt to your account or printing the claim form and return by mail, email or fax to us for processing.

Should you ever have any questions about creating your account, resetting your password or any other functions with the system, please do not hesitate to contact us.

MOBILE APP

From the App Store on your device, please search using the following key words:

- iOS system: **Alliance Insurance Group FSA**
- Android system: **Alliance Ins FSA**

(You can only use the mobile app once you have created your account through the website)

Phone: 334.396.3960 or Toll Free: 866.396.3967

Office hours: Monday - Friday 8:00am-4:30pm (CST)

After hours and weekends: fsa@allianceinsgroup.com

Website: www.allianceinsgroup.com

Mailing Address: PO Box 240518

Montgomery, AL 36124

FSA Eligible Expense Examples

Acne treatments (Over the counter- RX needed)	Dental Care (including implants)/Non-Cosmetic	Nasal sprays & strips (Over the counter- RX needed)	Smoking cessation gum or patches (Over the counter- RX needed)
Acupuncture	Dentures, bridges, etc.	Norplant insertion or removal	Speech therapy
Allergy & sinus medicine and products (Over the counter- RX needed)	Diabetic monitor, test kits, strips and supplies	Occupational therapy (related to a medical condition or disability)	Spermicidal (RX)
Alcoholism Treatment	Diagnostic services	OB/GYN fees	Sterilization
Allergy medication (RX)	Diaper rash ointments and creams (Over the counter- RX needed)	Occlusal guards to prevent teeth grinding	Student health fees billed for actual services received (dental, medical, prescription, vision)
Ambulance and emergency health services	Drug addiction treatment	Operations (for non-cosmetic purposes)	Sunglasses (RX only)
Anesthesia (for non-cosmetic purposes)	Drugs (prescription)	Operations for dental	Sunscreen with SPF 15+ and "broad spectrum", sunburn creams & ointments
Antacid (Over the counter- RX needed)	Ear drops and wax removal (Over the counter- RX needed)	Operations for vision	Surgery (for non-cosmetic purposes)
Antibiotic ointment (Over the counter- RX needed)	Eye drops and treatments (Over the counter- RX needed)	Optometrist / ophthalmologist fees	Teeth grinding prevention devices
Aspirin or other pain reliever (Over the counter- RX needed)	Eye examinations	Organ transplants (recipient and donor)	Therapy (for treatment of a medical condition)
Asthma medicines or treatments (Over the counter- RX needed)	Eye surgery or treatment to correct vision	Ortho keratotomy	Transportation, parking & related travel expenses (essential to receive eligible care)
Athletic treatments/braces	Eye glasses (Over the counter- RX needed)	Orthodontia (braces and retainers)	Tubal ligation
Bandages and related items (over-the-counter)	Fertility treatment (for employee, spouse or dependent)	Orthopedic & surgical supports	Urological products
Birth control (over-the-counter)	First aid kit (over-the-counter)	Over-the-counter bandages	Vaccinations
Birth control (RX)	Flu shots	Over-the-counter health care products (Rx needed)	Varicose vein removal surgery (for medical care)
Blood pressure monitor	Gastrointestinal medication (Over the counter- RX needed)	Over-the-counter drugs and medicines (including for motion sickness, sleep aids and sedatives) (Rx needed)	Vasectomy
Body scans	Hearing aids and batteries	Over-the-counter products for dental, oral and teething pain (RX needed)	Viagra and similar prescription medications
Breastfeeding classes	Hospital services and fees	Over-the-counter vision medications (Rx needed)	Vision co-insurance
Breast pumps (for a lactating woman)	Immunizations	Ovulation monitor (over-the-counter)	Vision co-payment
Canker & cold sore treatments (Over the counter- RX needed)	Incontinence supplies	Oxygen	Vitamins (prescription only)
Chest rubs (Over the counter- RX needed)	Infertility treatment (for employee, spouse or dependent)	Physical exams	Walking aids (canes, walkers, crutches and related supplies)
Chiropractic office visit or treatment	Insulin, testing materials and supplies	Physical therapy	Wart removal treatments (Over the counter- RX needed)
Cholesterol test kits and supplies	Laboratory fees	Pregnancy tests (over-the-counter)	Weight loss drugs (for treatment of a medical conditions) (RX Only)
Co-insurance (dental, medical, RX, vision)	Lactose intolerance (Over the counter- RX needed)	Prescription drugs (for non-cosmetic purposes)	Wheelchair and repairs
Cold & flu medicine (Over the counter- RX needed)	Laser eye surgery/LASIK	Prosthesis	X-ray fees (dental, medical)
Condoms	Laxatives (Over the counter- RX needed)	Psychiatric care	
Contact lenses and solutions	Learning disability treatments	Psychologist fees	IMPORTANT REMINDER: For each expense, you must be able to submit documentation from the provider or a third party that includes Date of Service/ Amount/ Provider/Type of Expense Some expenses may require additional documentation to establish eligibility such as a physicians statement or RX
Contraceptives (Over the counter- RX needed)	Lice treatment (Over the counter- RX needed)	Radial keratotomy (Rx)	
Corn and callus remover (Over the counter- RX needed)	Listening therapy	Reading glasses (over-the-counter)	
Corneal keratotomy	Mastectomy-related special bras	Removal of benign mole, cyst or tumor	
Cough drops, cough syrup, sore throat lozenges (Over the counter- RX needed)	Medical abortion (letter required)	Retin-A (for non-cosmetic purposes)	
Crutches, canes, walkers or like equipment (purchase or rental)	Medical equipment (for treatment of medical condition) and repairs	Sales tax, shipping and handling fees (for any eligible expenses)	<i>Over the counter MEDICATIONS require a Prescription in order to be eligible for reimbursement</i>
Deductibles for dental, medical, prescription and vision plans	Monitors & test kits (over-the-counter)	Smoking cessation (programs, counseling, RX)	



YMCA Corporate Partnership



The City of Montgomery and the YMCA of Greater Montgomery have joined together to offer a great wellness benefit to all City employees and their family members. During the Open Enrollment period, join the YMCA and enjoy a waived one-time joining fee (\$100). The City will subsidize your membership at the rate of \$20 per month if you agree to join the YMCA for a minimum of 12 months as well as use the YMCA 8 times per month.

With this benefit, your direct cost is: **Individual Membership** - \$24/month **Family Membership** - \$36/month.

New Hires have the opportunity to take part in this discount by visiting the YMCA within the first 60 days of employment and completing a membership form.

YMCA members who are currently not taking advantage of this discount can complete a new payroll deduction form, during Open Enrollment, at any YMCA location to receive the City discount.

This Open Enrollment offer will expire June 28, 2019!

BENEFITS:

- 12 Convenient Locations
- Over 100 group wellness classes
- 2 indoor pools & 10 outdoor pools
- 1 indoor walking track
- State-of-the-art wellness centers
- Youth wellness centers
- Summer & afterschool programs
- Personal trainers available
- Adult and youth sports

CONTACT THE YMCA OF GREATER MONTGOMERY FOR MORE INFORMATION

PH: 334-269-4362 WEBSITE: ymcamontgomery.org

Montgomery Locations:

Bell Road YMCA

2435 Bell Road

Cleveland Ave YMCA

1201 Rosa L Parks Ave

Downtown YMCA

761 South Perry St

East Family YMCA

3407 Pelzer Ave

Kershaw YMCA

2229 W Fairview Ave

Southeast YMCA

3455 Carter Hill Road

James W. Wilson Jr YMCA

1445 Wilson Park Dr

Y's UP @ Hampstead

5272 Hampstead High St, Unit 100

Y's UP @ Westminster

2948 Carter Hill Road

Wetumpka Location:

Wetumpka YMCA

200 Red Eagle Dr

Millbrook Location:

Grandview Family YMCA

4700 Camp Grandview Rd

Greenville Location:

Greenville Family YMCA

177 Academy Drive



Primary Care & Wellness Centers



The City of Montgomery, Montgomery County Commission, and the Montgomery Sanitary Water and Sewage Board joined forces to provide Primary Care and Wellness Centers - CareHere!

Why Choose CareHere?

CareHere offers free medical care and extensive wellness services for all active employees, spouses, and dependent children age 7 and up on the City's Health Plan.

When seeing a CareHere doctor, there is a 5-minute average wait time. Since CareHere will not overbook the doctor's time, patients will not only be seen promptly, but also for the full amount of time they deserve, based on each patient's individual needs.

In addition, CareHere can dispense 180+ generic medications for free, offers free health coaching, a 24/7 nurse hotline, quick and easy scheduling of appointments, and confidential medical recordkeeping.

Certified Health Coaching Services

The foundation of CareHere Wellness is our enhanced coaching process. CareHere's Certified Health Coaches will partner with you to help you achieve your wellness goals including healthy eating, physical activity, tobacco cessation, and stress management.

Connect to your health coach by calling 1-877-423-1330 or emailing support@carehere.com.

Mail Order Program

CareHere offers a 90-Day Prescription Mail Order Program for chronic medications for free.

- Prescriptions are mailed directly to your home
- Less time needed for provider appointments

Be sure to ask your CareHere doctor if you are a good candidate for this program.

Hours & Locations:

Mon-Fri 7:30a - 5:00p (*hours may vary on certain days*)

300 S. Hull Street

3845 Interstate Court (Perry Hill Center)

2549 Bell Road (Thursdays Only)

Registration

Registration and Appointments can be made either online or by calling toll-free 1-877-423-1330

Visit www.carehere.com

Click **Members Login**

Access Code: **CMTG6**

Enter your personal information

Schedule An Appointment

Click **Appointments**

Click **More Selections**

Customize your **When, What, Where, & Who** and **Confirm Your Appointment**

No Show Policy

The City has a No Show Policy for employees and dependents using the CareHere centers. This policy states that anytime an employee or their dependent(s) fail to attend a scheduled appointment or is more than 10 minutes late, that individual will be counted as a No Show.

Each month, the Benefits Division is sent a report of employees and dependents who were no shows for the prior month. The 1st No Show, for either an employee or dependent, a warning letter will be sent to the employee.

The next no show occurrence and any thereafter will result in \$25 deducted from the employee's paycheck.

You are able to cancel an appointment up to 10 minutes before your appointment online or by calling CareHere.

Contact the Benefits Division 625-2510 for any questions.

Wellness Program Participation

In an effort to promote and support the health and wellness of employees, the City of Montgomery imposes a \$12.50 bi-weekly surcharge to employees (on the City's Health Plan) who are tobacco users and who do not get their annual Health Risk Check-Up (HRC). This surcharge is separate so for an employee who uses tobacco and does not complete their HRC, that employee will pay \$600 annually. Contact the Benefits Division 625-2510 with questions about these deductions.

TOBACCO ATTESTATION

Employees on the Health Plan will be charged \$12.50 per pay period for being a tobacco user. All employees are required to have a signed Tobacco Attestation Form on file in the Benefits Division. This form certifies that the employee either does or does not use tobacco products, including cigarettes, snuff, chewing or dipping products, cigars, or pipes. If an employee begins using tobacco products, he must notify the Benefits office within 3 business days to discontinue the tobacco-free credit. You can find this form on the Benefits Division webpage on the City website.

Failure to make timely notification or signing the attestation under false pretenses is subject to disciplinary action up to and including termination of employment and/or repayment of \$25 per month for the entire time you received the tobacco-free credit. Employees are also subject to nicotine testing at any time.

Tobacco Cessation Program

CareHere offers a "Be A Quitter" Tobacco Cessation Program for all insured employees who wish to break free from tobacco. This program empowers participants through education and research-based strategies to quit for life.

With an 80% success rate, members benefit from a multi-faceted approach to tobacco cessation and are working with an entire CareHere Wellness team.

For more information, contact your CareHere medical provider who will schedule you a tobacco health coach appointment.

HEALTH RISK CHECK-UP

Employees on the Health Plan are required to complete their annual HRC during their birth month or will risk a \$12.50 charge per pay period each year until the HRC is completed in their birth month.

You will receive a letter a month prior to your birth month to serve as a reminder to set up an appointment to complete your HRC during your birth month. There are two options for completing the HRC:

Private Physician

Choosing to go to your private doctor means you may have to pay the charges associated with your visit. Your doctor must complete a private physician form and it ***is your responsibility to make sure the Benefits Division receives this form by the end of your birth month.*** This form can be found on the Benefits Division webpage.

CareHere

Choosing to go to CareHere means your office visit is free. There is a two-step process: Blood Draw and Follow-Up. On the day of your visit, your blood will be drawn and you will be asked to schedule a follow-up visit with CareHere. You must attend your follow-up visit to get credit for completing your HRC. Follow-up visits can also be a telephone consultation but you must make sure you answer your phone at the time you request the phone call from the doctor. Missed phone calls may count as a no-show.

You can also check the status of your HRC Compliance by visiting the CareHere website.

Depending on your HRC results, your CareHere provider may ask to enroll you in the CareHere Connect 2.0 Wellness Program. This program consists of educational reading material and videos designed to aid you in improving your health.

Deferred Compensation



The City offers a Deferred Compensation Plan [457(b)] through Nationwide Retirement Solutions to allow employees to put aside money from each paycheck toward retirement. A deferred comp plan can help bridge the gap between what you have in your pension and Social Security and how much you'll need in retirement.



Deferred compensation can supplement your pension and help you have a more comfortable retirement.

What is deferred compensation?

A deferred compensation plan is a supplement retirement-savings program that offers a tax-advantaged way to invest for potentially more retirement income. Pre-tax contributions and any earnings are taxed as ordinary income when withdrawn.

Why join a deferred compensation plan?

By investing through your employer's deferred comp plan, you may be able to fill a potential gap between what your pension provides and income you may need. Consider this: A 65-year-old couple retiring this year may need \$275,000 (in today's dollars) to cover medical expenses throughout retirement.

How do you put money in your account?

That's the easiest part! Your contributions are automatically deducted before taxes from your pay, contributed to your deferred comp plan account, and then invested as you direct.

Deferred com is designed for long-term investing. However, if you leave employment with your deferred comp plan sponsor, you can withdraw

money without paying a 10% penalty. That should be considered if you're thinking about early retirement.

What about the risks of investing?

Investing involves market risk, including possible loss of principal. But you also face several other risks. Although your Nationwide Retirement Specialist cannot offer investment, tax or legal advice, we'll help you put the various risks into perspective and explain strategies that may help you deal with them.

How do I get started in a deferred compensation plan?

Contact Nationwide Representative Jeremy White to ask questions, review your account, or to join.

334-689-0947
jeremy.white@nationwide.com
www.nrsforu.com

Retirement Planning

If you're thinking about retiring, this page will highlight information you may want to consider concerning your employee benefits after retirement.

EMPLOYEE BENEFITS ELIGIBILITY

Retirees are eligible for insurance benefits with:

10 Years of Service & Eligible for Retirement Based on Age*

**Speak with a member of the Retirement Department to determine your age requirement for retirement.*

If you are not eligible for benefits, all benefits will end either the 15th or last day of the month depending on your payout check. You will have 60 days from last day of employment to enroll in COBRA.

Once retired, you are able to keep all benefits listed in this booklet except the Flexible Spending Accounts and Vision coverage. Certain voluntary benefits through Colonial may not transfer over so be sure to speak with a Colonial representative about those benefits.

Group Health Plan

If you go to work for another employer who offers health insurance, you will no longer be allowed to carry the City's Group Health Plan as primary. You may elect to drop the City's Group Health Plan or carry the plan as secondary without a reduction in your monthly premium.

You can only reduce a coverage, not increase coverage. (i.e. go from Family Coverage to Single Coverage)

Once you turn 65, you must enroll in Medicare Part B. Contact the Social Security Office www.socialsecurity.gov or 1-800-772-1213 to enroll or for more information about Medicare visit www.medicare.gov.

Life Insurance Benefits

If you retire making less than \$30,000, your beneficiary benefit will be \$8,000. If you retire making more than \$30,000, your beneficiary benefit will be \$10,000. If you have Dependent Life Insurance, your spouse coverage is dropped and there is a \$5,000 benefit for each eligible child under 26. You may cancel this benefit at any time.



Group specified disease insurance helps pay for non-medical and out-of-pocket medical expenses upon diagnosis of a specified critical illness. This plan may also include a benefit for the treatment of cancer.

Whole life insurance provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family’s way of life.

Term life insurance offers a predictable way to provide peace of mind for you and your family. It can help you supplement your existing life coverage to protect your loved ones during high-need years.

Disability insurance replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

Dental insurance covers a wide range of treatments and provides a fixed benefit amount for covered dental procedures and services. You can see any dentist you want, but you’ll receive discounted services if you choose an in-network dentist.

Cancer insurance helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most plans don’t cover. This coverage also provides a benefit for specified cancer-screening tests.

Hospital confinement indemnity insurance provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help cover co-payments and deductibles that are not covered by most major medical plans.

Accident insurance helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

With most Colonial Life insurance products:

- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage with no increase in premium when you retire or change jobs.
- You’re paid regardless of any other insurance you may have with other insurance companies.
- Coverage is available for your spouse and dependent children.

**Contact Tracey Harris
at (334) 356-0243**

with any questions regarding
Colonial Life voluntary products.

**For more information, go to
www.visityouville.com/montgomeryal**

Group Critical Illness Insurance

Plan 2 Basic



If you're diagnosed with a covered critical illness or cancer, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness and Cancer Group Specified Disease Insurance.

Face amount: \$ _____

For more information,
talk with your
benefits counselor.

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coronary artery bypass graft surgery/disease ²	25%

Subsequent diagnosis of a different critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease².

ColonialLife.com

Diagnosis of cancer benefit

Covered cancer benefits	
For this condition: ¹	The amount payable is:
Diagnosis of cancer (internal or invasive)	100% of the face amount
Diagnosis of carcinoma in situ	25% of the face amount
Skin cancer	\$500

Cancer vaccine benefit: \$50

This benefit is payable if you or your covered family members incur a charge for any FDA-approved cancer vaccine while your certificate is in force.



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1 Please refer to the certificate for complete definitions of covered conditions.

2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.

3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while you are covered under the policy, and who are continuously covered from the date of birth or adoption.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

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Group Critical Illness Insurance

Plan 3 Basic



If you're diagnosed with a covered critical illness, group critical illness insurance* from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

*The policy name is Critical Illness Group Specified Disease Insurance.

Face amount: \$ _____

Critical illness benefit

For the diagnosis of this covered critical illness condition: ¹	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Coronary artery bypass graft surgery/disease ²	25%

For more information,
talk with your
benefits counselor.

ColonialLife.com

Subsequent diagnosis of a different critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with a different critical illness, the original percentage of the face amount is payable for that particular critical illness.

Subsequent diagnosis of the same critical illness³

If you receive a benefit for a critical illness, and later you are diagnosed with the same critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/coronary artery disease².



ColonialLife.com

- 1 Please refer to the certificate for complete definitions of covered conditions.
- 2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.
- 3 Dates of diagnoses of a covered critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

Insureds in MA must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

This is not an insurance contract and only the actual certificate provisions will control. Applicable to certificate form GCC1.0-C (including state abbreviations where used, for example: GCC1.0-C-TX). The certificate or its provisions may vary or be unavailable in some states. Please see your Colonial Life benefits counselor for details.

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The facts about critical illnesses

You never know when you or someone you care for may be affected by a critical illness. The good news is that more people are surviving critical illnesses thanks to improved treatment options and lifestyle changes.

Learn the facts so that if you or your loved ones experience a critical illness, you can fight back financially during recovery.



Every year, about 790,000 Americans have a heart attack – 580,000 for the first time.

Every 40 seconds, someone in America will have a coronary event.

American Heart Association, Heart Disease and Stroke Statistics — 2017 Update: A Report from the American Heart Association, March 7, 2017.

Are you at risk?

- high blood pressure
- high cholesterol
- smoking

are major risk factors of stroke that can be changed or treated.

American Heart Association, Let's Talk About Risk Factors for Stroke, 2017.

Common critical illnesses

Critical illnesses may include conditions such as heart attack, stroke, major organ failure and cancer.

- 85% of heart attack victims survive.¹
- Stroke is a leading cause of serious long-term disability.²
- Every 10 minutes, someone is added to the organ donation waiting list.³
- 30 million people or 15% of U.S. adults are estimated to have chronic kidney disease.⁴
- Inherited genetic factors play a major role in only about 5 to 10% of all cancers.⁵

Risk factors

Fortunately, we know more about what causes many critical illnesses, and many Americans are more conscious about their health.

- Heredity is just one stroke risk factor; others include age, gender, ethnicity and even some medical conditions.⁶
- Diabetes and hypertension are the leading causes of kidney failure.⁴
- Up to 80% of strokes are preventable.⁷

MEDICAL COSTS



Over half of Americans say they worry about not being able to pay medical costs for an illness or accident.

Gallup, Americans' Financial Anxieties Ease in 2017, 2017.

CANCER RISK



The probability of developing cancer during a person's lifetime is about one in three.

American Cancer Society, Cancer Facts & Figures 2018.

Colonial Life
The benefits of good hard work.®

ColonialLife.com

Importance of financial protection

Many working Americans aren't financially prepared for critical illness treatment and recovery.

- More than half of Americans (57%) have less than \$1,000 in savings.⁸
- 16% of people under 65 were in families having problems paying medical bills.⁹

Protect your way of life

To help with critical illness costs that medical insurance may not cover, Dr. Marius Barnard, a South African heart surgeon, created critical illness insurance.¹⁰

Critical illness insurance may help with costs such as:

- **Lost income**
You, your spouse or another family member may need to take time away from work to help with treatment and recovery.
- **Travel and lodging**
You may need to travel to a specialty treatment center and stay for an extended period of time.
- **Medical expenses**
You could have out-of-pocket expenses, such as co-pays and deductibles.
- **Rehabilitation**
While recovering, you may require additional assistance, such as speech therapy or physical therapy.

Talk with your benefits counselor to learn more about how critical illness insurance can help protect what you work so hard to build.

1 American Heart Association, Heart Disease and Stroke Statistics—2017 Update (2017) cited in CDC, Know the Signs and Symptoms of a Heart Attack, 2017.

2 American Heart Association, Heart Disease and Stroke Statistics — 2017 Update: A Report from the American Heart Association, Circulation, 2017.

3 U.S. Department of Health and Human Services, <https://optn.transplant.hrsa.gov/>, accessed 2018.

4 Centers for Disease Control and Prevention, National Chronic Kidney Disease Fact Sheet, 2017. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2017.

5 National Cancer Institute, The Genetics of Cancer, cancer.gov/about-cancer/causes-prevention/genetics, updated to 2017.

6 American Stroke Association, http://www.strokeassociation.org/STROKEORG/AboutStroke/UnderstandingRisk/Understanding-Stroke-Risk_UCM_308539_SubHomePage.jsp, accessed 2018.

7 National Stroke Association, <http://www.stroke.org/understand-stroke/what-stroke/stroke-facts> (accessed 2018).

8 GOBankingRates, <https://www.gobankingrates.com/saving-money/savings-advice/half-americans-less-savings-2017/>, accessed 2018.

9 National Center for Health Statistics, Problems Paying Medical Bills Among Persons Under Age 65: Early Release of Estimates From the National Health Interview Survey, 2011–June 2017, Dec. 2017.

10 J. R. Jordan, Critical Illness Insurance and The Long Journey To The USA, ProducersESource.com, accessed 2017.

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Whole Life Insurance

You can't predict your family's future, but you can be prepared for it.

You like to think that you'll be there for your family in the years to come. But if something happened to you, would your family have the income they need?

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with Colonial Life's Whole Life Insurance.

What is whole life insurance?

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit as long as premiums are paid, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan and use the money for emergencies. The loan should be repaid to protect the policy's value.

What are the advantages of Colonial Life's Whole Life Insurance?

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- A guaranteed purchase option means you can purchase additional whole life coverage — without having to answer health questions — at three different points in the future.
- With the accelerated death benefit, you can request up to 75 percent of your benefit to a maximum of \$150,000 if you are diagnosed with a terminal illness.*
- An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.



**30% of Americans
(70 million) know they
need more life insurance.**

Facts About Life, LIMRA 2015



**Your cost will vary based on the
level of coverage you select.**

Talk with your Colonial Life benefits counselor for information about what level of coverage would work best for you.

Benefits worksheet

For use with your Colonial Life
benefits counselor

HOW MUCH COVERAGE DO YOU NEED?

YOU \$ _____
FACE AMOUNT

Select the option:

- Paid-up at age 65
- Paid-up at age 95

SPOUSE \$ _____
FACE AMOUNT

Select the option:

- Paid-up at age 65
- Paid-up at age 95

JUVENILE \$ _____
FACE AMOUNT

Select any optional riders:

- Spouse term life rider
\$ _____ face amount
for _____-year term period
- Children's term life rider
\$ _____ face amount
- Waiver of premium benefit rider
- Accidental death benefit rider

To learn more,
talk with your Colonial Life
benefits counselor.

ColonialLife.com

Product options

Paid-up at age 65 or paid-up at age 95

These two plan design options allow you to select what age your premium payments will end. You can choose to have your policy paid up when you reach age 65 or 95.

Guaranteed purchase option

If you are age 55 or younger when you purchase the policy, you have the option to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

Additional coverage options

Spouse whole life policy

This policy offers a guaranteed death benefit, guaranteed level premiums and guaranteed cash value accumulation – whether or not you buy a policy on yourself.

Spouse term life rider

You can purchase term life coverage for your spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available, based on the policy you select. You can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

Juvenile whole life policy

You can purchase a policy while children are young and premiums are lower – whether or not you buy a policy on yourself. You may also increase the coverage when the child is 18, 21 and 24 without providing proof of good health. The plan design is paid-up at age 65.

Children's term life rider

You may purchase up to \$10,000 in term life coverage for each of your eligible dependent children and pay one premium. You can later convert this coverage to a cash value life insurance policy – without having to answer health questions. You can add this additional coverage to either the primary or the spouse policy, but not both.

Waiver of premium benefit rider

Your premiums on the whole life policy and any riders attached to it will be waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. You must resume premium payments once you are no longer disabled.

Accidental death benefit rider

This rider pays an additional benefit if you die as a result of an accident before age 70. The benefit doubles if the accident occurs while you are a fare-paying passenger. An additional 25% of the accidental death benefit will be paid if you die due to an injury sustained while driving or riding in a private passenger vehicle and you are wearing a seat belt.

*Any payout would reduce the death benefit.

EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms:

ICC08-WL-GPO-95/ WL-GPO-95/ WL-GPO-95-rev/ICC12-WLGPO-95
ICC07-WL-NGPO-65/ WL-NGPO-65/ WL-NGPO-65-rev/ICC12-WL-NGPO-65
ICC07-WL-NGPO95/ WL-NGPO-95/ WL-NGPO-95-rev/ ICC12-WL-NGPO-95
ICC08-WL-GPO-65/ WL-GPO-65/WL-GPO-65-rev/ ICC12-WL-GPO-65
ICC16-WL1000J/WL1000J and applicable state variations.

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Juvenile Whole Life Insurance

A lower rate for life

The whole life insurance you buy for a child or grandchild can begin a lifetime of protection at affordable rates.

Juvenile whole life insurance offers you a way to help protect your children against higher insurance rates they may face as adults. You can feel good knowing you provided them with a base of coverage they can carry into adulthood.

Why get juvenile whole life insurance?

Each year without a whole life policy, the monthly cost for coverage increases. The younger children are when you get them coverage, the lower the base rate will be for the life of the policy.

This also protects them against the chance that an unexpected accident or illness could make life insurance more expensive – or even unavailable – later on.

Coverage features

- Each policy covers one child. You can purchase this coverage until the child turns 26.
- The policy accumulates cash value at a guaranteed rate over the life of the coverage.
- The policy stays in force as long as you continue making payments.
- You can add the accidental death benefit rider at any time.
- After your child's 18th birthday, you can:
 - Pass ownership to your child.
 - Enhance the coverage with other optional riders.



45% of those who purchase juvenile life insurance do so to lock in a low rate.

LIMRA, 2015 Insurance Barometer Study, 2015



Your cost will vary based on the amount of coverage you select.

Talk with your Colonial Life benefits counselor for information about how much coverage would work best for you.

GIVE A GIFT THAT LASTS A LIFETIME



CHILDHOOD

They grow up so fast. Get them off to a great start.

18TH BIRTHDAY

Give them ownership of their policy as they take more control of their future.



FIRST JOB

Provide a base to build on as they establish themselves.

WEDDING

They can purchase coverage on a new spouse.



CHILDREN

They can extend coverage as their family grows.

RETIREMENT

As years go by, know they're protected by the coverage you purchased.



To learn more,
talk with your Colonial Life
benefits counselor.

ColonialLife.com

Additional features

Paid-up at age 65

The premium payments for the juvenile policy stop at age 65 even though coverage continues on the insured child up to age 100.

\$3,000 immediate claim payment

This payment can help meet immediate needs, such as funeral costs, by providing an initial death benefit payment of \$3,000 to the designated beneficiary.

Accelerated death benefit

If the insured child is diagnosed with a terminal illness, you can often request up to 75 percent of the policy's death benefit, up to \$150,000.

Optional rider

Accidental death benefit rider

When you purchase this rider, it pays an additional benefit if the insured dies as a result of an accident before age 70. The benefit doubles if the accident occurs while the insured is a fare-paying passenger. An additional 25% of the accidental death benefit will be paid if the insured dies due to an injury sustained while driving or riding in a private vehicle and wearing a seat belt.

Additional options available at age 18

(or after policy ownership has been passed to child)

Guaranteed purchase option

When you purchase the policy, your child has the option to purchase additional whole life coverage – without having to answer health questions – at age 18, 21 and 24. They may purchase up to the initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

Spouse term life rider

Your child can purchase term life coverage for a spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available. They can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

Children's term life rider

Your child may purchase up to \$10,000 in term life coverage for all of their eligible dependent children and pay one premium. They can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon their 70th birthday or the child's 25th birthday, whichever comes first. They can add this additional coverage to either the primary or the spouse policy, but not both.

EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This product is underwritten by Colonial Life & Accident Insurance Company.

This brochure is applicable to policy forms ICC16-WL1000J/WL1000J, rider forms ICC16-WL-ACDTH/WL-ACDTH and applicable state variations.



Term Life Insurance

Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Several term period options for flexibility during high-need years
- Benefit for the beneficiary that is typically tax-free

Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness¹
- Premium savings for face amounts over \$250,000 based on your health

[1-in-3]

married/partnered consumers wish their spouse or partner would purchase more life insurance.

LIMRA, 2018 Insurance Barometer Study.



54%

of Americans would have trouble paying living expenses

immediately or within several months if the primary wage-earner died.

LIMRA, 2017 Insurance Barometer Study.

How much term life insurance do you need?

Funeral expenses
The median cost of a funeral is \$7,360.*

Outstanding debts +
(including mortgage)

Replacement income +

Education fund +

Available assets -
(savings, investments, present amount of life insurance)

Estimated amount of life insurance needed =

*Includes viewing and burial.
National Funeral Directors Association, Statistics, 2018.

To learn more,
talk with your Colonial Life
benefits counselor.

ColonialLife.com

Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

Spouse term life rider

Your spouse may receive a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

Children's term life rider

You can purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.¹ A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living.² Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.¹ A subsequent diagnosis benefit is included.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.³

- ¹ Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
- ² Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.
- ³ You must resume premium payments once you are no longer disabled.

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000-STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000-ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC and applicable state variations.

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2-19 | 101895



ONLY **48%**
of American adults say they
have enough savings to
cover three months of living
expenses in the event they're
not earning any income.¹

Talk with your Colonial Life
benefits counselor
to learn more.



More than one in four of today's
20-year-olds can expect to be out of
work for at least a year because of a
disabling condition before they reach
the normal retirement age.¹

How can you protect your income?

If you become disabled, you could be out of work for a period of time. Without your income, how would you pay for your everyday living expenses? Fortunately, Colonial Life & Accident Insurance Company offers financial protection options that can help you.

What can cause a disability?

Regardless of your age or health, a disability could keep you out of work for weeks or months.

Some of the most common conditions associated with short-term disability claims are: arthritis, pregnancy, back problems, dislocations/sprains and fractures.²

How reliable is your safety net?

While many with disabilities look to workers' compensation or Social Security Disability Insurance for help, these resources aren't always reliable. Even if they can help, you still might be unable to meet all of your financial obligations.

More than 65% of workers who apply for Social Security Disability Insurance are denied.³

At least 51 million working adults in the United States are without disability insurance other than the basic coverage available through Social Security.¹

The disability worksheet on the back can help you determine your income needs.



Colonial Life and the Council for Disability Awareness (CDA) are working together to increase awareness of the need for benefits to help protect employees' income.



ColonialLife.com

Disability needs worksheet

Use this worksheet to help figure out how much income you would need to sustain your standard of living if you were disabled. This worksheet is only meant to give you a rough estimate and may not include every expense in your budget.

		MONTHLY EXPENSES
		Round to the nearest hundred.
1	Rent or mortgage	\$
2	Transportation	\$
3	Utilities (phone, internet, electricity/gas, water, etc.)	\$
4	Food and necessities	\$
5	Other expenses	\$
Total monthly expenses (add lines 1-5 together)		\$

Help preserve your way of life

With short-term disability insurance:

- You may receive monthly benefits if you become disabled because of a covered accident or sickness.
- Partial disability could enable you to work part time and still receive 50% of the total disability benefits.
- In most cases, you can keep your coverage even if you leave your employer.

Learn more about how disability insurance can help protect your income by talking with your benefits counselor.

- 1 Council for Disability Awareness, The Crisis of Disability Coverage in America, 2018.
- 2 Colonial Life internal data, 2018.
- 3 Social Security Administration, Selected Data from Social Security's Disability Program, 2018.

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1-19 | 101165-6

Dental Insurance

Plan 3 - \$1,500, 100% | 80% | 50%



Dental insurance from Colonial Life can help preserve your smile with easy-to-use coverage that promotes overall wellness.

Benefits can help with a variety of dental costs, from routine cleanings to more advanced procedures. Coverage is available for you, your spouse and dependent children.

Plan details

The benefit year maximum for this plan is \$1,500 per person.

Class A, B and C services apply toward the benefit year maximum.

This plan has a deductible of \$50 per person.

Families only pay the deductible for a maximum of three people.

Applies only to class B and C services.

The co-insurance for this plan is:

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

Network

Our national dental network offers more than 323,000 access points.¹ Members may choose any dentist but may receive additional savings by choosing an in-network dentist. Plus, services not covered by this plan may also still be eligible for in-network savings.² Out-of-network benefits are paid at the network negotiated rate.³

For more information,
talk with your
benefits counselor.

ColonialLife.com

To locate a participating dentist, access the provider search at ColonialLifeDental.com.

See reverse for covered procedures and waiting periods.

Covered procedures and waiting periods

Preventive services (Class A): No waiting period

- Routine exams and cleanings (twice every 12 months)
 - One additional cleaning per 12 months if member is in second or third trimester of pregnancy⁴
- X-rays
 - Bitewing X-rays (up to four films; once every 12 months)
- Children's services (up to age 14)
 - Fluoride treatment (once every 12 months)
 - Sealants (once every 36 months)
 - Space maintainers (up to age 14; once every 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months)

Basic services (Class B): No waiting period

- Full mouth/panoramic X-rays (once every five years)
- Simple restorative services (fillings)
- Simple extractions
- Emergency treatment

Major services (Class C): 12-month waiting period

- Oral surgery (extractions and impacted teeth)
- Anesthesia (subject to review; covered with complex oral surgery)
- Repair of crown, denture or bridge
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in lieu of an approved three-unit bridge)

1 Internal data (2017). Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.

2 Not an insured benefit.

3 If you visit an out-of-network dentist, you may be billed for remaining amounts over the benefit amount paid, up to the billed charge.

4 Member may have one additional periodontal maintenance in lieu of an additional cleaning. Periodontal maintenance is a major service and subject to a 12-month waiting period.

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

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ColonialLife.com

Dental Insurance

Plan 4 - \$2,000, 100% | 80% | 50%



Dental insurance from Colonial Life can help preserve your smile with easy-to-use coverage that promotes overall wellness.

Benefits can help with a variety of dental costs, from routine cleanings to more advanced procedures. Coverage is available for you, your spouse and dependent children.

Plan details

The benefit year maximum for this plan is \$2,000 per person.

Class A, B and C services apply toward the benefit year maximum.

This plan has a deductible of \$50 per person.

Families only pay the deductible for a maximum of three people.

Applies only to class B and C services.

The co-insurance for this plan is:

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

Network

Our national dental network offers more than 323,000 access points.¹ Members may choose any dentist but may receive additional savings by choosing an in-network dentist. Plus, services not covered by this plan may also still be eligible for in-network savings.² Out-of-network benefits are paid at the network negotiated rate.³

For more information,
talk with your
benefits counselor.

ColonialLife.com

To locate a participating dentist, access the provider search at ColonialLifeDental.com.

See reverse for covered procedures and waiting periods.

Covered procedures and waiting periods

Preventive services (Class A): No waiting period

- Routine exams and cleanings (twice every 12 months)
 - One additional cleaning per 12 months if member is in second or third trimester of pregnancy⁴
- X-rays
 - Bitewing x-rays (up to four films; once every 12 months)
 - Full mouth/panoramic x-rays (once every five years)
- Children's services (up to age 14)
 - Fluoride treatment (once every 12 months)
 - Sealants (once every 36 months)
 - Space maintainers (up to age 14; once every 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40 or older; once every 12 months)

Basic services (Class B): No waiting period

- Simple restorative services (fillings)
- Simple extractions
- Emergency treatment
- Repair of crown, denture or bridge

Major services (Class C): 12-month waiting period

- Oral surgery (extractions and impacted teeth)
- Anesthesia (subject to review; covered with complex oral surgery)
- Periodontics (gum treatments)
- Endodontics (root canals)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in lieu of an approved three-unit bridge)

1 Internal data (2017). Access points are sites where network dentists see patients. Some dentists may be available at more than one access point.

2 Not an insured benefit.

3 If you visit an out-of-network dentist, you may be billed for remaining amounts over the benefit amount paid, up to the billed charge.

4 Member may have one additional periodontal maintenance in lieu of an additional cleaning. Periodontal maintenance is a major service and subject to a 12-month waiting period.

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

Dental plans are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC, and administered by Starmount Life Insurance Company.

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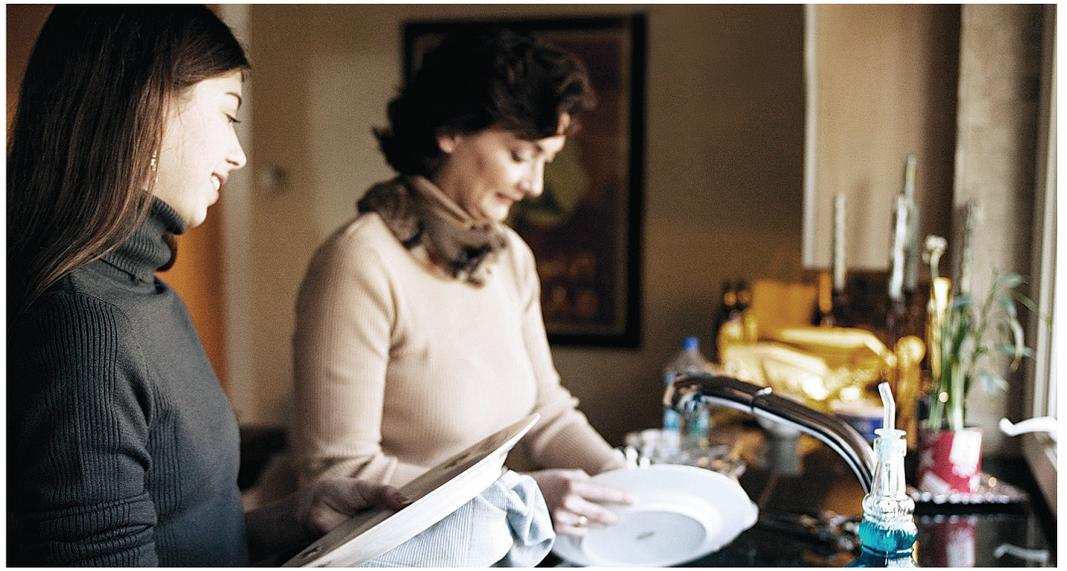
LIFETIME RISK OF
DEVELOPING CANCER

MEN
1 in 2



WOMEN
1 in 3

American Cancer Society, *Cancer Facts & Figures*, 2015



Cancer can affect more than just your health

Hopefully, you and your family will never face cancer. If you do, Colonial Life's cancer insurance can help you and your loved ones with:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Child care

If you're diagnosed with cancer, this coverage can help you focus less on your finances and more on what matters most – recovery.

Talk with your Colonial Life benefits counselor to learn more about cancer insurance and how it can help protect what you've worked so hard to build.



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LIFETIME RISK OF DEVELOPING CANCER¹



The reality of cancer

Hopefully, you and your family will never face cancer. If you do, it's important to have financial protection to help with treatment and recovery costs that typically aren't covered by most medical insurance plans.

Risk factors

Some look to family history to determine the risk of developing cancer, but that doesn't tell the whole story. While heredity and environmental factors can play a role, cancer can impact any of our lives.

[Inherited genetic factors play a major role in only about 5 to 10 percent of all cancers.³]

Treatment and recovery costs

Fortunately, more people are surviving cancer thanks to early detection and more aggressive treatments. However, America's workers are often unprepared for cancer costs and the loss of income that can occur during and after treatment.

[Over a third of cancer patients with insurance receiving anticancer therapy were billed for out-of-pocket costs that were greater than expected.⁴]

Protect your way of life

Cancer insurance offers benefits that can help you pay for cancer-related expenses that medical insurance may not cover, such as:

- Loss of income
- Deductibles and co-pays
- Out-of-network treatment
- Lodging and meals
- Child care

Cancer insurance may also provide a benefit for covered cancer screenings and wellness tests to encourage early detection.

Talk with your Colonial Life benefits counselor to learn more.

58% of cancer PATIENTS SURVEYED reported being **distressed** about their **finances** during treatment.²

1 American Cancer Society, *Cancer Facts & Figures*, 2017
 2 CancerCare, *2016 CancerCare Patient Access and Engagement Report*, 2016
 3 National Cancer Institute, *The Genetics of Cancer*, cancer.gov/about-cancer/causes-prevention/genetics, 2015
 4 Fumiko Chino, et al., "Out-of-Pocket Costs, Financial Distress, and Underinsurance in Cancer Care," *JAMA Oncology*, Aug. 2017

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

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Hospital Confinement Indemnity Insurance Plan 2



Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____

Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit

Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

Outpatient surgical procedure

■ **Tier 1** \$ _____

■ **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

For more information,
talk with your
benefits counselor.

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

■ **Breast**

- Axillary node dissection
- Breast capsulotomy
- Lumpectomy

■ **Cardiac**

- Pacemaker insertion

■ **Digestive**

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy
- Lysis of adhesions

■ **Ear, nose, throat, mouth**

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy
- Tympanotomy

■ **Gynecological**

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

■ **Liver**

- Paracentesis

■ **Musculoskeletal system**

- Carpal/cubital repair or release
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Removal of orthopedic hardware
- Removal of tendon lesion

■ **Skin**

- Laparoscopic hernia repair
- Skin grafting

Tier 2 outpatient surgical procedures

■ Breast

- Breast reconstruction
- Breast reduction

■ Cardiac

- Angioplasty
- Cardiac catheterization

■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty

■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

■ Gynecological

- Hysterectomy
- Myomectomy

■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

■ Thyroid

- Excision of a mass

■ Urologic

- Lithotripsy



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THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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Hospital Confinement Indemnity Insurance Plan 3



For more information,
talk with your
benefits counselor.

Our Individual Medical BridgeSM insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement \$ _____
Maximum of one benefit per covered person per calendar year

Observation room \$100 per visit
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement \$100 per day
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Diagnostic procedure

- **Tier 1** \$250
- **Tier 2** \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure

- **Tier 1** \$ _____
- **Tier 2** \$ _____

Maximum of \$ _____ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

Tier 1 diagnostic procedures

- **Breast**
 - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
 - Nuclear medicine test
- **Digestive**
 - Barium enema/lower GI series
 - Barium swallow/upper GI series
 - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
 - Laryngoscopy
- **Gynecological**
 - Amniocentesis
 - Cervical biopsy
 - Cone biopsy
 - Endometrial biopsy
 - Hysteroscopy
 - Loop electrosurgical excisional procedure (LEEP)
- **Liver – biopsy**
- **Lymphatic – biopsy**
- **Miscellaneous**
 - Bone marrow aspiration/biopsy
- **Renal – biopsy**
- **Respiratory**
 - Biopsy
 - Bronchoscopy
 - Pulmonary function test (PFT)
- **Skin**
 - Biopsy
 - Excision of lesion
- **Thyroid – biopsy**
- **Urologic**
 - Cystoscopy

Tier 2 diagnostic procedures

- **Cardiac**
 - Angiogram
 - Arteriogram
 - Thallium stress test
 - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
 - Computerized tomography scan (CT scan)
 - Electroencephalogram (EEG)
 - Magnetic resonance imaging (MRI)
 - Myelogram
 - Positron emission tomography scan (PET scan)



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The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
 - Axillary node dissection
 - Breast capsulotomy
 - Lumpectomy
- **Cardiac**
 - Pacemaker insertion
- **Digestive**
 - Colonoscopy
 - Fistulotomy
 - Hemorrhoidectomy
 - Lysis of adhesions
- **Skin**
 - Laparoscopic hernia repair
 - Skin grafting
- **Ear, nose, throat, mouth**
 - Adenoidectomy
 - Removal of oral lesions
 - Myringotomy
 - Tonsillectomy
 - Tracheostomy
 - Tympanotomy
- **Gynecological**
 - Dilation and curettage (D&C)
 - Endometrial ablation
 - Lysis of adhesions
- **Liver**
 - Paracentesis
- **Musculoskeletal system**
 - Carpal/cubital repair or release
 - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
 - Removal of orthopedic hardware
 - Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast**
 - Breast reconstruction
 - Breast reduction
- **Cardiac**
 - Angioplasty
 - Cardiac catheterization
- **Digestive**
 - Exploratory laparoscopy
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
 - Ethmoidectomy
 - Mastoidectomy
 - Septoplasty
 - Stapedectomy
 - Tympanoplasty
- **Eye**
 - Cataract surgery
 - Corneal surgery (penetrating keratoplasty)
 - Glaucoma surgery (trabeculectomy)
 - Vitrectomy
- **Gynecological**
 - Hysterectomy
 - Myomectomy
- **Musculoskeletal system**
 - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
 - Arthroscopic shoulder surgery
 - Clavicle resection
 - Dislocations (open reduction with internal fixation)
 - Fracture (open reduction with internal fixation)
 - Removal or implantation of cartilage
 - Tendon/ligament repair
- **Thyroid**
 - Excision of a mass
- **Urological**
 - Lithotripsy

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, war, or giving birth within the first nine months after the effective date of the policy. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000 (including state abbreviations where used, for example: IMB7000-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC
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Accidents can happen anytime, anywhere

The economic impact of unintentional injuries is about \$7,100 per household (whether directly out of pocket, through higher prices for goods and services or through higher taxes).

National Safety Council, *Injury Facts*, 2017



Every 10 minutes, nearly 775 Americans suffer an injury severe enough to seek medical help.

National Safety Council, *Injury Facts*, 2017

Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as:

- Doctor bills
- Ambulance fees
- Hospital expenses

If you suffer from a fracture, dislocation or other covered accidental injury, accident insurance can help offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments. Coverage options are available for you, your spouse and your dependent children.

Talk with your Colonial Life benefits counselor to learn how accident insurance can help protect what you've worked so hard to build.

THIS POLICY PROVIDES LIMITED BENEFITS.

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

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Mobile/Online Resources

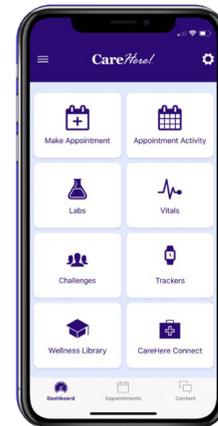
Check out the mobile and online resources available to you on-the-go!



Blue Cross Blue Shield

The Alabama Blue app helps you manage health information and your coverage - anywhere, anytime.

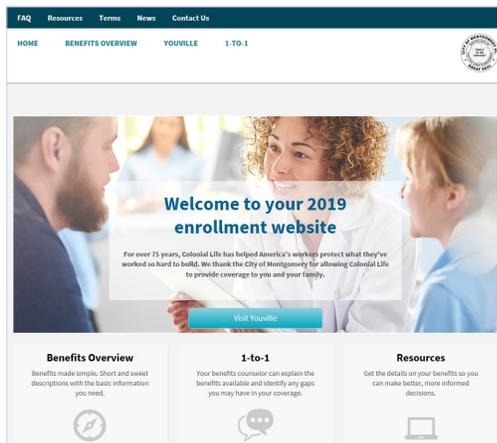
- View claim statements
- Find a doctor, hospital or dentist near you
- View and order your ID card



The All-New CareHere App

Registered CareHere patients access powerful tools in an easy to use App.

- Make, modify, & cancel appointments
- Set text & e-mail appointment reminders
- Access your health record
- Review your vitals



Youville

Youville is a benefits education website designed for you to learn more about available Colonial Life products.

- Take the Youville Quiz to learn where your financial protection needs are
- Review the Benefits Overview and Resources tab to be more prepared for your 1-to-1 benefits counseling session

www.visityouville.com/montgomeryal



Alliance Insurance Group

Get the most from your FSA, DCA, & HRA benefits with on-demand mobile access.

- Snap receipt photos and submit new claims on the go
- Get real-time account balances on the spot
- View and reconcile recent transactions
- Communicate with Alliance Insurance Group Specialists
- Receive custom SMS account alerts without missing a beat

Important Notices

Notice to Employees of Health Insurance Marketplace Coverage Options and Your Health Coverage

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins each year in October for coverage starting as early as January 1st.

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that does not meet certain standards. The savings on your premium that you’re eligible for dependents on your household income.

If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance marketplace in your area.

Information About Health Coverage Offered By The City of Montgomery

This section contains information about any health coverage offered by the City of Montgomery. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name City of Montgomery		4. Employer Identification # (EIN): 63-6001323
5. Employer Address 103 N. Perry Street		6. Employer Phone Number 334-625-2674
7. City Montgomery	8. State Alabama	9. Zip Code 36104
10. Who can we contact about employee health coverage at this job? Erika Levett		
11. Phone Number: 334-625-2674		12. E-mail Address: elevett@montgomeryal.gov

Here is some basic information about health coverage offered by the City of Montgomery:

- **The City of Montgomery offers health coverage to any employee working an average of 30 hours a week or more.**
- **Eligible dependents are allowed to be insured on the health plan. (See page 8 for eligible dependents)**
- **The City’s health coverage meets the minimum value standard, and the cost of this coverage to you is intended affordable, based on employee wages.**

Women’s Health and Cancer Rights Act Information

A member who is receiving benefits in connection with a mastectomy will also receive coverage for reconstruction of the breast on which a mastectomy was performed and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications at all stages of the mastectomy, including lymphedema.

Benefits for this treatment will be subject to the same calendar year deductible and coinsurance provisions that apply for other medical and surgical benefits.

Important Notices

Medicare Part D Creditable Coverage Notice

If you are age 65 or Medicare Part D eligible, 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 (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 Montgomery has determined that the prescription drug coverage offered by EHO 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.

EHO will not coordinate benefits with a Medicare drug plan so you will lose your prescription coverage with the City.

You should also know that if you drop or lose your current coverage with the City of Montgomery 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 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 as long as you have Medicare

prescription drug coverage. In addition, you may have to wait until the following October to join.

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 once you are eligible. You may also visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

COBRA Continuation Coverage General Notice

Under COBRA - the Consolidated Omnibus Reconciliation Act of 1985, terminated employees and their eligible dependents may continue group health plan coverage. We urge you to read this notice carefully and understand the rights and responsibilities in connection with this continuation of coverage.

COBRA is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Qualifying events for covered employees include 1) Your hours of employment are reduced, or 2) Your employment ends for any reason other than your gross misconduct. If you experience one of these qualifying events, you are eligible for COBRA up to a total of 18 months from the date of your termination of employment or reduction in hours, assuming you pay your COBRA premiums on time. The 18-month period may be extended up to an additional 11 months of COBRA if you are determined by the Social Security Administration (SSA) to be disabled and you timely notify the City of Montgomery in writing. The disability would have to have started at some time before the 60th day of COBRA and must last at least until the end of the 18-month period of coverage.

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

Questions concerning your plan or COBRA should be addressed to the City Benefits Division 625-2674.

Important Notices

Premium Assistance Under Medicaid

If you or your children are eligible for Medicaid and you're eligible for health coverage from the City, the State of Alabama Health Insurance Premium Payment (HIPP) Program can help pay for coverage, using funds from its Medicaid programs. If you or your children aren't eligible for Medicaid, 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, contact Alabama Medicaid office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid, and you think you or any of your dependents might be eligible for either of these programs, contact Alabama Medicaid office to find out how to apply.

Contact the Alabama HIPP Program at www.myalhipp.com or 1-855-692-5447 for more information.

Notice Regarding Wellness Program

The City of Montgomery Wellness Program is a voluntary wellness program available to all employees on the City's Group Health Plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk check up (HRC) that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions. You will also be asked to complete a biometric screening, which will include a blood test for blood pressure, cholesterol, blood glucose, liver function, iron, etc. You are not required to complete the HRC or to participate in the blood test or other medical examinations.

However, employees who choose not to participate in the wellness program will have \$12.50 deducted from their paycheck.

The information from your HRC with CareHere and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as free wellness coaches through CareHere. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Montgomery may use aggregate information it collects to design a program based on identified health risks in the workplace, CareHere will never disclose any of your personal information either publicly or to the City of Montgomery.



**DARING TO DREAM
CHANGING THE WORLD**

#MGM200 #MONTGOMERYBICENTENNIAL



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