

BENEFITS

2018 - 2019

Enrollment Guide



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This brochure was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP) and their children
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

Required Notice: To show that you are not subject to a penalty, Healthcare Reform law requires you to enter the Social Security Number for all covered dependents at enrollment. The City is required to securely submit this confidential information to the IRS each year.

When Coverage Begins

You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective the 1st of the month following 30 days of hire. If you fail to enroll on time, you will not have benefits coverage (except for City-paid benefits).

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a Qualifying Event during the year. The following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

To make changes to your benefit elections, you must contact Human Resources within 30 days of the Qualifying Event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

See inside to learn more about your benefits.



Medical Plans



The City of Angleton is pleased to offer you a PPO medical plan thru United Healthcare.

The City of Angleton pays 100% of the cost for employees enrolling on the PPO plan- you have an opportunity to enroll your dependents in the United Healthcare Medical Plan.

Key Medical Benefits – United Healthcare	PPO Plan	
	In-Network	Out-of-Network
Deductible (per calendar year)		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Out-of-Pocket Maximum (per calendar year)	<i>Includes Deductible</i>	
Individual	\$3,500	\$7,000
Family	\$7,000	\$14,000
Covered Services		
Virtual Visits / Telemedicine	\$0	Not applicable
Office Visits- Children < 19	\$0	Deductible - 40%
Office Visits (physician)	\$35	Deductible - 40%
Office Visits (specialist)	\$35 Premium or \$70	Deductible - 40%
Routine Preventive Care	Covered 100%	Deductible - 40%
Basic Diagnostic Lab & X-ray	Included in Copay	Deductible / 40%
Emergency Room	\$100	\$100
Urgent Care Facility	\$50	Deductible / 40%
Inpatient Hospital Stay	Deductible / 20%	Deductible / 40%
Outpatient Surgery / Outpatient Hospital	Deductible / 20%	Deductible / 40%
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day)*copays can vary	\$10/\$35/\$60	
Mail Order (90-day) *copays can vary	\$25/\$87.50/\$150	

This is a brief summary and not a contract- please consult your Summary of Benefits and Coverages for plan details

Dental Plans



The City of Angleton pays 100% of employee cost. You have an opportunity to enroll your dependents in the United Healthcare Dental Plan.

Key Dental Benefits- United Healthcare	PPO Plan
Deductible (per calendar year)	
Individual	\$50
Family	\$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	\$1,500
Covered Services	
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia (Children <19)	50% / \$1,000 lifetime maximum

Voluntary Vision Plan



You have an opportunity to enroll you and your dependents in the United Healthcare Vision Plan.

Key Vision Benefits- United Healthcare	In-Network	Out-of-Network
Exam (once every 12 months)	\$10	Up to \$40 Reimbursement
Lenses (once every 12 months)		
	Single Vision	Up to \$40 Reimbursement
	Bifocal	Up to \$60 Reimbursement
Trifocal	Up to \$80 Reimbursement	
Frames (once every 24 months)	\$130 Allowance + 30%	Up to \$45 Reimbursement
Contact Lenses- Medically Necessary (once every 12 months; instead of glasses)	\$0 Covered in Full	Up to \$210 Reimbursement

Life/AD&D



Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

BASIC Life/AD&D (City-paid)

This benefit is provided at **NO COST** to you.

Benefit Amount	\$15,000
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VOLUNTARY SUPPLEMENTAL Life/AD&D (Employee-paid)

If you determine you need more than the City-paid Basic Life/AD&D coverage, you may purchase additional coverage for yourself and your eligible family members.

Benefit Option	Guarantee Issue*
Employee	\$10,000
Spouse	\$2,000
Family Member Coverage Cost	\$1.37

OR

Benefit Option	Guarantee Issue*
Employee	Up to \$500,000 - \$10,000 increments
Spouse	Up to \$250,000 - \$5,000 increments
Child(ren)	Up to \$10,000 - \$1,000 increments

*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier. Please refer to the Voluntary Life/AD&D rate table on the next page.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Coverage	Per Month			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
PPO	\$0.00	\$726.74	\$403.27	\$1090.11
Dental	\$0.00	\$35.65	\$21.45	\$62.09
Vision	\$2.98	\$8.15	\$8.69	\$14.57

Voluntary Life/AD&D Rate / \$1,000 of Coverage

Age	30 or under	30	35	40	45	50	55	60	65	70	75 or over+
		34	39	44	49	54	59	64	69	74	
Employee + Spouse	\$0.086	\$0.086	\$0.12	\$0.179	\$0.247	\$0.392	\$0.655	\$1.012	\$1.573	\$2.491	\$4.395
Child	\$.046 per \$1,000										

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	United Healthcare	866- 633-2446	www.myuhc.com
Dental	United Healthcare	877- 816-3596	www.myuhc.com
Vision	United Healthcare	800- 638-3120	www.umyhc.com
Life/AD&D	Dearborn National	800- 348-4512	www.dearbornnational.com

Human Resources

If you have additional questions, you may also contact Colleen Martin in Human Resources at (979) 849-4364 EXT. 2132 or cmartin@angleton.tx.us

Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** Various state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

