

2020

Benefits Guide

Health - Financial - Work-Life

January 1 – December 31, 2020



WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers 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/or his/her children, where applicable by state law
- 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.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1—December 31, 2020.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life 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.

Medical Plan



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	\$25	Up to \$40 Reimbursement
Bifocal	\$25	Up to \$60 Reimbursement
Trifocal	\$25	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

Vision Exam

If you do not enroll in the Vision Plan, you still have an opportunity to get an annual eye exam for a \$10 copay at a participating provider or receive up to \$40 reimbursement at a non-participating provider.

Flexible Spending Accounts (FSA)

City of Angleton provides you with an opportunity to participate in a Flexible Spending Account (FSAs) administered through Flores. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care expenses. Because that portion of your income is not taxed, you pay less in federal income tax, Social Security tax, and Medicare tax.

Health Care FSA

For 2020, you may contribute up to \$2,750 to cover eligible health care expenses incurred by you, your spouse, and your children up to age 26. For a complete list of eligible health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf

· Health Care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will NOT be returned to you or carried over to the following year.

- You must file your 2020 claims by March 14, 2001

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	\$10,000
Spouse	\$2,000	\$2,000
Family Member Coverage Cost	\$1.37	

OR

Benefit Option		Guarantee Issue*
Employee	Up to \$500,000 - \$10,000 increments	\$150,000
Spouse	Up to \$250,000 - \$5,000 increments	\$50,000
Child(ren)	Up to \$10,000 - \$1,000 increments	\$10,000

*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- Per Month

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.

Medical Coverage	City Contribution	Employee Contribution
Employee	\$937.23	\$0.00
Employee + Spouse	\$1,134.99	\$739.48
Employee + Child(ren)	\$1,087.94	\$411.64
Employee + Family	\$1,233.87	\$1,109.22

Dental Coverage	City Contribution	Employee Contribution
Employee	\$26.22	\$0.00
Employee + Spouse	\$26.22	\$35.65
Employee + Child(ren)	\$26.22	\$21.45
Employee + Family	\$26.22	\$62.09

Voluntary Vision Coverage	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Voluntary Vision	\$4.55	\$9.72	\$10.26	\$16.14

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

Age	30 or under	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 or over+
Employee + Spouse	\$0.082	\$0.082	\$0.116	\$0.175	\$0.243	\$0.388	\$0.651	\$1.008	\$1.569	\$2.487	\$4.391
Child	\$0.20 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 Linda Gonzales or Colleen Martin in Human Resources at lgonzales@angleton.tx.us 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.