# **BENEFITS GUIDE**













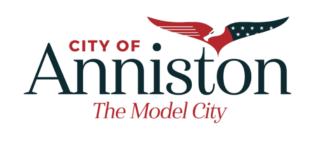
















## **Welcome To Your Benefits**

At City of Anniston, we truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a City of Anniston employee, you have access to a comprehensive, quality benefits package that offers flexibility and security.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. City of Anniston's health care benefit year begins

January 1st and ends December 31st. You may also enroll or change your benefits during the annual Open Enrollment period, starting in November for a January 1st effective date.

You may not enroll again until the next Open Enrollment period unless you experience a qualifying life event. To have coverage, you must confirm your benefit choices by the deadline. You must make your elections during the specified enrollment window to do any of the following:

- Make changes to your medical, dental, or vision coverage for the upcoming year plan
- Contribute to a Healthcare FSA
- Make changes to your income protection benefits (STD, LTD, Worksite Benefits)

\*City of Anniston has made every attempt to ensure accuracy of the information given in this enrollment guide. The City of Anniston reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and City of Anniston share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with City of Anniston.



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## **Eligibility & Enrollment**

Full-time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in the City of Anniston's benefits up to age 26 regardless of full-time student status on the medical, dental, and vision plans.

Eligible dependents include:

- · Your spouse
- Child(ren) up to age 26
- Child(ren) up to age 26 or older if disabled and incapable of self-support

# Company-Paid Benefits & Employee Discounts for which no enrollment is required:

- Vision (employee only)
- Basic Life & AD&D
- Free Aquatic & Fitness Center Memberships for City employees & dependents enrolled in the City's BCBSAL Health Plan
- Special discounted rates for annual membership at the Anniston Museum of Natural History & Berman Museum (does not apply towards daily admissions)

# Benefits that can be selected as a New Hire or during the annual Open Enrollment Period:

- Medical/ Dental
- Flexible Spending Account
- Vision (family coverage option available)
- Voluntary Short-Term Disability (Subject to Evidence of Insurability)
- Voluntary Long-Term Disability (Subject to Evidence of Insurability)
- · Voluntary Worksite Benefits

## **New Hire Benefits Waiting Period:**

All full-time employees will become eligible to participate in benefits upon the first day of the month following date of hire.

#### **Making Changes to Your Benefits**

Outside of your initial new hire or the Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your or your spouse's work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for coverage
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact Human Resources. Documentation may be required.

#### **Termination of Coverage**

Benefits coverage is terminated as follows:

- If you leave, Medical, Dental, & Vision coverage will terminate on the last day of the month following the termination or resignation date.
- When a covered dependent reaches age 26, their coverage will terminate on the last day of the month following their date of birth.



## **Medical Benefits**

City of Anniston offers medical coverage through Blue Cross Blue Shield of

Alabama. These plans allow you to use in-network or out-of-network benefits.



However, you will be responsible for paying the difference between the allowed amount and what the office may charge, also known as "balance billing" when you visit an out-of-network provider. To see the most current provider listing, you may access the website at www.bcbsal.com. Refer to the full plan description for detailed coverage information.

BlueCross BlueShield of Alabama	In-Network	Out-of-Network	
Annual Deductible – Per Person	\$100	\$200	
Annual Deductible – Family	\$200	\$400	
Annual Maximum Out of Pocket - Individual	\$4,000	Unlimited	
Annual Maximum Out of Pocket - Family	\$8,000	Unlimited	
Coinsurance (Member Pays / Plan Pays)	0% / 100%	80% / 20%	
Primary Care	\$20 copay	80% after deductible	
Specialist	\$20 copay	80% after deductible	
Urgent Care	\$20 copay	80% after deductible	
Virtual Care	\$20 copay	Not covered	
Emergency Room	\$150 copay	\$150 copay	
Inpatient Services	\$150 copay	\$150 copay	
Outpatient Surgery	\$150 copay	\$150 copay	
Prescription Tier 1 (30-day supply)	\$10 copay	Not covered	
Prescription Tier 2 (30-day supply)	\$30 copay	Not covered	
Prescription Tier 3 (30-day supply)	\$60 copay	Not covered	
Prescription Tier 4 (30-day supply)	\$60 copay	Not covered	

## **Telehealth**

Teladoc Telehealth virtual consultations are offered if you are enrolled in BCBS AL medical and are subject to a \$20 copay per visit. To enroll in the telephone and online video consultations program, go to

<u>www.AlabamaBlue.com/Teleconsultation or call 1-855-477-4549</u>. Telephone and online video consultations are available to diagnose, treat, and prescribe, medications (when necessary) for certain medical issues.



## **Dental Benefits**

City of Anniston offers dental coverage through Blue Cross Blue
Shield of Alabama for preventative and basic care. This plan allows
you to use in-network or out-of-network benefits. However, you will
be responsible for paying the difference between the allowed amount
and what the dentist may charge, also known as "balance billing" when you visit an out-of-network
provider. To see the most current provider listing, you may access the website at <a href="https://www.bcbsal.com">www.bcbsal.com</a>.
Refer to the full plan description for detailed coverage information.

BCBS Dental Plan Features	<b>In-Network</b> You Pay:		
Annual Deductible (Individual / Family)	\$50 / \$150		
Annual Maximum Per Person	\$1,000		
	Network Plan Pays:		
<b>Diagnostic and Preventive Services</b> – No deductible <i>X-rays, cleanings, exams</i>	100%		
Basic and Restorative Services — Subject to Deductible Fillings, simple extractions, emergency treatment	100%		
Basic and Supplemental Services — Subject to Deductible Oral surgery, anesthesia, root canal	80%		
Major Services* — Subject to deductible Periodontic, reconstruction	50%		
Prosthetic** — Subject to deductible Full/partial dentures, bridges, inlays/onlays, crowns	50%		
Orthodontia (For dependents up to age 26) Lifetime Max	50% \$1,500		

<sup>\*</sup>No coverage for late enrollees until the member has been covered for a continuous 365 days.

<sup>\*\*</sup>No coverage for all enrollees until the member has been covered for a continuous 365 days.



## **Medical & Dental Employee Rates**

2024 HEALTH Insurance Bi-Weekly Premiums					
Tobacco User Rates					
Plan Type Medical & Dental Medical Only					
Employee	\$97.30	\$94.70			
Employee & Dependent	\$134.74	\$127.84			
Employee & Spouse	\$170.92	\$165.73			
Family	\$194.25	\$184.18			

2024 HEALTH Insurance Bi-Weekly Premiums					
Non-Tobacco User Rates					
Plan Type Medical & Dental Medical Only					
Employee	\$87.30	\$84.70			
Employee & Dependent	\$124.74	\$117.84			
Employee & Spouse	\$160.92	\$155.73			
Family	\$184.25	\$174.18			

2024 DENTAL Insurance Bi-Weekly Premiums				
Dental Only				
Employee \$10.38				
Employee & Dependent	\$27.57			
Employee & Spouse	\$20.76			
Family	\$40.30			



## **Non-Tobacco User Affidavit**

Signature



Date

## **City of Anniston**

## AFFIDAVIT OF NON-TOBACCO USER FOR REDUCED MEDICAL CONTRIBUTIONS

o qualify for Non-Tobacco reduced medical contributions, you must submit this form or request an alternative standard. Any alternative tandard will accommodate the recommendation of your personal physician.	
,, recognize and acknowledge that, City of Anniston is dedicated to promoting a healthy	,
ifestyle for our employees. Our reasons for focusing our efforts on tobacco use and smoking cessation are simple	
. Economics	
Employers spend an average of \$3,391 per year more in medical costs for a tobacco user than for a non-tobacco user. Additionally, \$68 bill nedical costs are spent in the United States for tobacco deaths alone.	ior
. Productivity	
Tobacco users miss an average of two more workdays per year than their non-user colleagues do. • Tobacco users account for a total annual alue of lost productivity and disability time worth \$47 billion per year in the United States.	al
. Prevention and Objectives	
It is important that we demonstrate healthy behaviors by our actions and through our policies. Beginning in 2022, we determined that tobaccisers will be charged the Tobacco User Rates.	CO
<u>AFFIDAVIT</u>	
\$10 per pay period (\$20 per month) tobacco surcharge will be applied if an employee or any enrolled family member uses or has used	b
ny tobacco product during the last 12 months. Tobacco products are defined as any product made with or derived from tobacco that is	
ntended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to,	
igars, cigarettes, chewing tobacco, snuff, and other tobacco products as well as Non-Food and Drug Administration (FDA) approved	
icotine-based products such as e-cigarettes, nicotine gels, and dissolvable tobacco.	
obacco products do not include FDA approved tobacco cessation aids such as skin patches, chewing gum, lozenges, and prescription	ı
icotine replacement products (Nicotrol, Chantix, or Zyban). City of Anniston encourages employees to qualify for non-tobacco user rate	es.
you or a family member are interested in becoming tobacco free, please contact your doctor and/or Blue Cross Blue Shield of Alabama	а
or assistance. See your ID card for BCBSAL contact information.	
s such, I, and/or any covered dependents will be expected as one condition of eligibility for the Non-Tobacco User Reduced Contribution	on
Rates, to be tobacco-free upon Enrollment and to remain tobacco-free throughout the duration of the year to maintain this Eligibility	
Requirement. My signature below acknowledges that I am tobacco-free as set forth in this document. I further acknowledge and	
nderstand that the Benefits Program and my enrollment in the program is entirely voluntary.	
acknowledge that as an employee of the City of Anniston, I am expected to adhere to city policies. This document is deemed to be an	
fficial record, falsifying official records or documents may be cause for disciplinary action, up to and including termination. I understand	ı
nat any breach of this Agreement, intentional or unintentional, may result in disciplinary action, including immediate termination of my	
imployment with City of Anniston. Finally, this Agreement is not an expressed or implied contract of employment or a guarantee of my	
ontinued employment with City of Anniston for any definite duration.	
My signature below certifies that all of the above requirements have been explained to me, that I was afforded the opportunity to ask	
uestions about such requirements, and that I agree to be bound by the terms of the Agreement.	





## **SmartConnect**<sup>™</sup>

### WHAT IS SMARTCONNECT?

SmartConnect helps employees, retirees, and their family members compare their current health insurance to Medicare by identifying the most cost-effective option. They also provide enrollment assistance and support for employees who elect Medicare.

#### WHO CAN USE SMARTCONNECT?

Medicare-eligible employees, retirees, spouses, children, parents, neighbors, and friends.

#### **HOW MUCH DOES IT COST?**

Nothing! This is a no-cost service for everyone. You will only pay your monthly premium to your insurance provider. No hidden fees, no extra costs.

# IN WHICH STATES ARE YOUR AGENTS LICENSED?

Agents are licensed and appointed in all 50 states.

# WHEN SHOULD YOU CALL SMARTCONNECT TO SPEAK WITH A LICENSED AGENT?

Right now! They are available to help eligible people understand their options, compare existing coverage, and assist retirees who want to transition onto Medicare.

#### WHY SMARTCONNECT?

SmartConnect is an exclusive service for you and your family members to explore all that Medicare has to offer, including great benefits and potential savings. This no-cost service is available 365 days a year with no obligation to enroll in a plan. You can move to Medicare at any time! Even if you are enrolled in group coverage, you can still explore and enroll in a Medicare plan with no penalty.

## **HOW TO CONNECT:**

Call: (833) 919-4281 | TTY: 771 Mon - Fri, 7:30AM - 5PM CT

Schedule a Consultation: smartconnectplan.com/schedule





## Flexible Spending Account

City of Anniston offers Flexible Spending Accounts (FSAs) through Medcom Benefit Solutions. FSAs help you pay for eligible medical, dental, and vision out-of-pocket costs by allowing you to set aside pre-tax contributions. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Healthcare FSA funds are available to use as of January 1st, even money you have not contributed yet.

#### **How It Works**

- Estimate your eligible healthcare expenses for the upcoming year
- Determine how much money you want set aside from your pay to go into your FSA to pay for your eligible healthcare expenses for the coming year
- The money you elect you're your FSA will be automatically deducted from your paycheck on a pre-tax basis and credited to your FSA over the course of the year through payroll deduction
- When you have an eligible expense, you can submit a claim to be reimbursed from your FSA
- For healthcare FSA claims, you can be reimbursed even if your FSA balance does not have enough to cover your claim at the time of submission
- You must re-enroll each year to continue funding the account(s), and you can incur expenses only during
  the plan year you are enrolled. Unused healthcare amounts over \$640 will be forfeited, so estimate
  wisely.

#### **Contribution Limits**

You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

#### For 2024, the FSA contribution limits are as follows:

Health Care FSA: \$3,200

#### **Eligible Expenses**

Use your Health Care FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, supplies, appliances, and some OTC items.

Visit irs.gov/forms-pubs/about-publication-502 to see a complete list of IRS-qualified healthcare expenses.



## **Vision Benefits**

City of Anniston offers vision coverage through Humana Vision. This plan provides in-network access to optometrist, ophthalmologists, and licensed opticians throughout the country. You will be responsible for paying expenses at the time of service when using out-of-network



providers. To locate a provider or for questions, please visit **HumanaVisionCare.com** or call **1-866-537-0229**. Refer to the full plan description for detailed coverage information.

	Humana Vision Network				
Plan Features	In-Network	Out-of-Network			
	Exam with Materials				
Routine Eye Exam Once every 12 months	\$10 copay	Up to \$30			
Contact Lenses	\$130 allowance – 15% off balance over \$130 (100% covered if medically necessary)	\$104 allowance (\$200 allowance if medically necessary)			
Frames Once every 24 months	\$130 allowance – 20% off balance over \$130	\$65 retail allowance			
Lenses Once every 24 months Single / Bifocal & Trifocal	\$15 copay / \$15 copay	\$25 allowance / Up to \$60 allowance			
Frames	\$150 allowance after \$10 copay	Reimbursement up to \$45			

Vision Insurance Employee Premium				
<b>Biweekly Premium</b> (No deductions will be taken for 3 <sup>rd</sup> payroll in a month)				
Employee Only	\$0 (Employer-paid)			
Family	\$3.50			

#### **ADDITIONAL PLAN DISCOUNTS**

- · Members receive additional fixed copayments on lens options including anti-reflective & scratch-resistant coatings
- Members also receive a 20% retail discounts on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses
- · After copay, standard polycarbonate available at no charge for dependents less than 19 years old

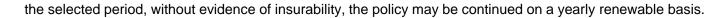


## **Voluntary Term Life Insurance**

City of Anniston offers the option to purchase Voluntary Term Life

Insurance through Colonial Life. This plan offers protection that remains

level for the period of time you select - 10, 20, or 30 years. At the end of





Voluntary Term Life Insurance					
10-year level term 20-year level term 30-year level term	<ul> <li>Face amounts range from a minimum of \$10,000 to unlimited maximum</li> <li>Provides coverage for 10, 20, or 30 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability</li> </ul>				
Accelerated Death Benefit Provision	<ul> <li>Automatically included in the base policy at no additional premium. If the insured is diagnosed with a terminal illness and has less than 12 months to live, they can request up to 75% of the death benefit, to a maximum of \$150,000</li> </ul>				
Issuing Ages 10-year term 20-year term 30-year term	<ul> <li>Ages 15 to 75</li> <li>Ages 15 to 65</li> <li>Ages 15 to 45</li> </ul>				
Spousal Coverage	The spouse term life insurance policy offers guaranteed premiums and level death benefits equivalent to those available to employees – whether or not eh employee buys a policy				
Convertible to Cash Value Plan	The policy can be converted to a Life Cash Value life insurance policy any time through age 75				

		Term Life Pay Period Premiums - Non-Tobacco Employee Rates							
	10-year Term Base Plan			20-year Term Base Plan			30-year Term Base Plan		
Age	\$25,000	\$50,000	\$100,000	\$25,000	\$50,000	\$100,000	\$25,000	\$50,000	\$100,000
15	\$3.42	\$4.84	\$7.67	\$3.52	\$5.04	\$8.09	\$3.94	\$5.88	\$9.75
25	\$3.42	\$4.84	\$7.67	\$3.52	\$5.04	\$8.09	\$3.94	\$5.88	\$9.75
35	\$3.42	\$4.84	\$7.67	\$3.91	\$5.81	\$9.63	\$4.87	\$7.73	\$13.46
45	\$5.11	\$8.21	\$14.42	\$6.58	\$11.15	\$20.29	\$9.31	\$16.63	\$31.25
55	\$9.29	\$16.59	\$31.17	\$13.55	\$25.11	\$48.21			
65	\$21.48	\$40.96	\$79.92	\$33.18	\$64.35	\$126.71			



## **Disability Insurance**

Whether you are disabled and unable to work due to an accident or illness, City of Anniston offers both Short- & Long-Term Disability benefit options through **Hartford Life Insurance Company**. Disability is insurance



For your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

#### **Voluntary Short-Term Disability**

The City of Anniston offers you the opportunity to purchase Voluntary Short-Term Disability (STD) coverage at group rates through payroll deductions. Voluntary STD insurance helps replace lost income due to a disabling injury or illness. Since you pay 100% of the Voluntary STD premiums, your payment will not have taxes deducted. All work-related injuries must be filed under the City of Anniston's Workers Compensation Policy. The Short-Term Disability will not cover work-related injuries. Please review your Certificate of Coverage for more detailed information.

Short-Term Disability Insurance				
Eligibility	Full-time employees working 30+ hours/week			
Benefit	60% of weekly income			
Maximum Weekly Benefit	\$1,800			
Maximum Benefit Period	11 weeks			
Benefits Begin	Accident & Illness: After 15 days			

#### **Voluntary Long-Term Disability**

The City of Anniston offers you the opportunity to purchase Voluntary Long-Term Disability (LTD) coverage at group rates through payroll deductions. Voluntary LTD insurance helps replace income when you are prevented from working for an extensive period due to disabling illness or injury. Since you pay 100% of the Voluntary LTD premiums, your payment will not have taxes deducted.

3 out of every 10 workers between ages 25 and 65 will experience an accident or illness that keeps them out of work for 3 months or longer, with nearly 60% of these injuries occurring off the job.

Long-Term Disability Insurance			
Eligibility	Full time employees working 30+ hours/week		
Benefit	60% of monthly income		
Maximum Monthly Benefit	\$7,500		
Maximum Benefit Period	No longer disabled or you reach your SSNRA (Social Security Normal Retirement Age)		
Elimination Period	90 days		



## **Worksite Benefits**

Wellness Claims can be filed by calling **1-800-325-4368** or visiting their website: www.coloniallife.com.

Information needed: type of test, date of test, doctor's name & telephone number.

## **Voluntary Critical Illness Benefit**

Critical Care coverage helps provide a financial cushion with a lump-sum benefit if you or a covered family member is diagnosed with a critical illness, such as heart attack, stroke, cancer, major organ transplant, end stage renal failure, and more. Refer to Plan Summaries to see a full list and amount of coverage. This plan includes an annual \$50 Health Screening Benefit and a one-time \$500 Skin Cancer Diagnosis Benefit.

Critical Illness Pay Period Premiums - Employee Rates								
	Non-Tobacco		Tobacco					
Age	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000		
16-29	\$4.63	\$5.53	\$6.43	\$5.62	\$7.07	\$8.52		
30-39	\$5.51	\$7.28	\$9.06	\$6.95	\$9.72	\$12.50		
40-49	\$7.41	\$11.08	\$14.76	\$9.97	\$15.77	\$21.57		
50-59	\$10.46	\$17.18	\$23.91	\$14.82	\$25.47	\$36.12		
60-74	\$14.56	\$25.38	\$36.21	\$21.67	\$39.17	\$56.67		

<sup>\*</sup>See Plan Summary to view full rates chart for covered family members.

#### **Voluntary Accident Coverage**

Accident Insurance helps offset unexpected medical expenses, which can result from a fracture, dislocation, burn, or other covered accidental injury that occurs off-the-job. Surgical care, hospitalization, transportation, and lodging assistance are among the benefits covered. The \$50 Health Screening Benefit is also included. See Plan Summary for full Group Accident Coverage.

Group Accident Coverage				
Accidental Death				
Name Insured	\$25,000			
Spouse	\$25,000			
Child(ren)	\$5,000			
Initial Care				
Ambulance	\$200			
<b>Emergency Room Treatment</b>	\$125			
Hospital Admission	\$1,000			

Group Accident per pay period				
Employee	\$8.60			
Employee + Spouse	\$14.49			
One-Parent Family	\$15.35			
Two-Parent Family	\$21.24			



## **Employee Assistance Program**

The Employee Assistance Program (EAP) is a **company-paid** benefit. The program provides you the opportunity to speak to a professional counselor confidentially about any type of personal concern that may be affecting your work or personal life.



To reach a professional counselor, simply contact New Directions at 1-800-625-5544 or online at <a href="www.ndbh.com">www.ndbh.com</a> for quick easy access to experts who can immediately point you to the right resources. EAP Resources include Assessment and Referral, Short-Term Counseling, Relationship Support, Legal & Financial Services, Health Resource Library, and much more. Upon calling, an EAP representative will get some background information from you and arrange for a counselor to talk to you in depth about your concerns to get you to the right resources for your situation. You will have access to up to three (3) face-to-face visits. Your confidentiality is protected under Federal and State laws.

You may also browse for information yourself by accessing the EAP website at www.ndbh.com.

Life is tricky enough – don't try to tackle it alone! Request an EAP session online or call and get started with the support you need to find your best self.





## **Additional Benefits and Services**

#### **Aquatic & Fitness Center**

Free membership for City Employees and dependents enrolled in the City's Blue Cross Blue Shield Health Plan.

Our Anniston Aquatic & Fitness Center is home to our very own Anniston Barracudas Swim Team. The aquatic area features an eight-lane, 25-yard pool with a depth ranging from 4-7ft. We offer aquatic group fitness classes throughout each day, from low impact for those with arthritis to aqua groove, a dance party in the water. Swim lessons are offered at various times during the year. The pool is also available for pool parties from 5-7PM on Friday, and from 9:30-11:30AM, 12-2PM, and 2:30-4:30PM on Saturday.



Hours of Operation: M-TH: 5:30AM-9PM; Friday: 5:30AM-7PM Saturday: 7AM-5PM; Sunday: 1PM-5PM

#### **Regional Medical Center**

All active employees and dependents ages 12 and older who are currently enrolled in the City of Anniston's Health plan with Blue Cross Blue Shield of Alabama are eligible to seek medical services through the Regional Medical Center for Health & Wellness with no out-of-pocket expense.

- · Call & schedule an appointment (walk-ins accepted)
- Present your BCBS health insurance card when signing in for treatment
- No copay
- Services include, but not limited to colds, flu, glucose screening, flu shots, conjunctivitis/pink eye, high blood pressure, minor sprains and strains, simple lacerations, acute skin conditions.



Hours of Operation: M-F: 8AM-5PM

\*For emergencies and life-threatening illnesses, please visit the nearest emergency room to you. These services are available as a benefit and not meant to replace your primary care physician.

#### Anniston Museum of Natural History, Berman Museum & Longleaf Botanical Gardens

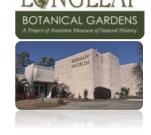
Special City Employee Annual All-Inclusive Membership Rate

Gain access to all three exciting exhibits for a one-time annual fee of \$45.

Additional Membership Benefits for Anniston Museum Members:

- > Anniston Museum (\$30 individual/\$45 family) exhibits & 1/2 price admission to special blockbuster exhibits
- > Free or lowered admission to 200+ Assoc. of Science & Tech Centers (ASTC) & museums
- > Newsletters subscription to Biologica, our award-winning newsletter & events calendar
- > Discounts on toys, books, t-shirts, gifts, etc. from Museum Store, ticketed workshops, trips & events
- > Visit Voucher option when you join or renew
- > Option to join Smithsonian Institute at a lower price
- Volunteer opportunities Share your talents & interest to help the Museum; call Community Services
   Coordinator or email gmorey@annistonmuseum.org
- > PLUS your money support natural history exhibits, gardens, & unending museum needs







## **Terms to Know**

**Premium:** The amount of money that's paid for your health insurance every month. The City of Anniston pays a portion of this amount, and you pay the rest.

**Deductible:** The amount of money you will pay outof-pocket prior to coinsurance kicking in and the insurance company begins contributing money to your health care costs.

Copayment (Copay): A pre-determined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).

Coinsurance: The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.

**Network:** The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Maximum Out-of-Pocket: Yearly amount the federal government sets as the most each individual or family can be required to pay during the plan year for covered, in-network services.

In-Network Out-of-Pocket Maximum: The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, you plan will cover 100%V of your qualified medical expenses for the plan year.

Allowed Amount: This is the maximum payment the plan will pay for a covered health service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

**Appeal:** A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).

Claim: A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or plan for items or services you think are covered.



## **Summary of Notices**

## HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

## HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

#### **COBRA - FIRST NOTICE OF COBRA RIGHTS**

This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

#### PRESCRIPTION DRUG COVERAGE AND MEDICARE

Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

#### **MEDICAL PRE-TAX PREMIUMS PLAN**

Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

## CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

#### **NEWBORNS' ACT DISCLOSURE**

Restrictions are usually not put in place for any hospital stay connected with childbirth less than 48 (96 if applicable) hours following delivery. However, law generally does not prohibit the mother's or newborn's provider from discharging the mother or newborn earlier than 48 (96 if applicable) hours. Plans and issuers may not require that a provider obtain authorization from the plan or issuer for prescribing a length of stay no more than 48 (96 if applicable) hours.

## HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

#### **WELLNESS PROGRAM DISCLOSURE - optional**

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medially inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

#### YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or are treated by an outof-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.



## **Important Contact Information**

Find more details about the benefits offered to you by contacting your insurance carrier or HR Department. Register on the insurance carrier websites to access plan information, including your ID cards, coverages,



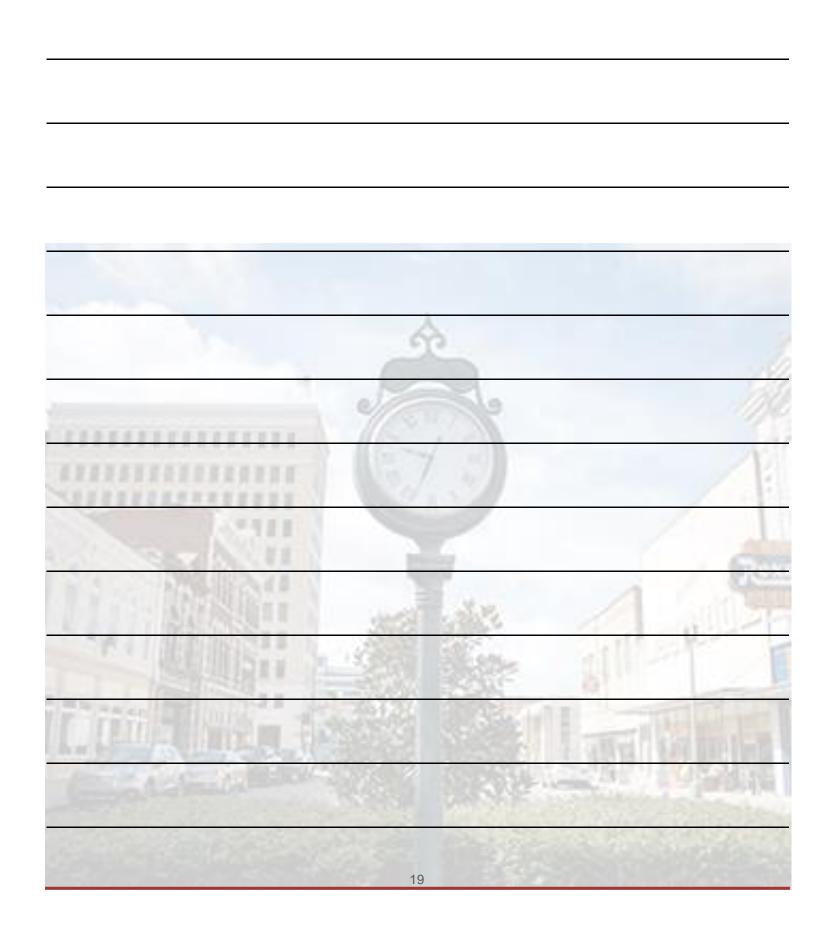
claims, network providers, and more. Search for the carrier apps on Google Play or the App Store to access your benefits information anytime, anywhere from your mobile device.

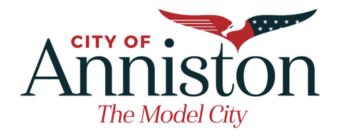
If you have questions about or need assistance with enrolling, you may contact Human Resources or our partners at McGriff Insurance.

Benefit / Contact	Carrier	Phone	Website / Email
Medical	BCBS of AL	1-800-292-8868	www.bcbsal.com
Dental	BCBS of AL	1-800-292-8868	www.Alabamablue.com
Flexible Spending Account	Medcom	1-800-523-7542	www.medcombenefits.com
Vision	Humana Vision	1-866-537-0229	www.Humana.com
Term Life Insurance	Colonial Life	1-800-325-4368	www.Colonial.com
Disability	Hartford Life Insurance	1-888-747-8819	www.HartfordLife.com
Worksite Benefits	Colonial Life	1-800-325-4368	www.Colonial.com
Teladoc Teleheath	BCBS of AL	1-855-477-4549	www.AlabamaBlue.com/Teleconsultation
Employee Assistance Program	New Directions	1-800-624-5544	www.ndbh.com
Bersheba Austin	City of Anniston, HR Director	256-231-7714	baustin@annistonal.gov
Cody Zeller	McGriff Insurance (Benefit & Claims questions)	205-581-9163	Cody.Zeller@McGriff.com



## Notes





The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this Summary, contact Human Resources.

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