2012 Employee Benefits Guide

It's More Than a Day's Pay

Important Information About Your Benefits

Medical
Vision
Dental
Life Insurance
Disability
FLEXTRA
Wellness

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The City of Austin is committed to compliance with the Americans with Disabilities Act.

Call Human Resources Department at 974-3400 (Voice) or 800-735-2985 (Relay Texas TTY Number) for more information.

The Human Resources Department would like to thank the employees who allowed us to use their photographs in this publication. Photo credits: Sheree Bailey and Jim Linton, Human Resources Department, Shannon Wisner, Public Works Department.

Contact Information

City of Austin
Human Resources Department
Employee Benefits Division

Benefits staff are available to answer any questions you have about your benefits.

Phone Number: 512-974-3284
Outlook Email: HRD, Benefits
Internet Email: HRD.Benefits@austintexas.gov
FAX: 512-974-3420

Employees should make an appointment before they visit our office.

Office Hours: 7:30 a.m. to 5:00 p.m.
Office Location: 505 Barton Springs, Suite 600

Online Resources

You can access benefits information by visiting: http://cityspace, the City's intranet website, or on the internet at: www.cityofaustin.org/benefits/enrollment

You can also view eligibility requirements, plan choices, print the City's employee and retiree benefits guides, and find information about the City's wellness, childcare, commuter, and other valuable benefits.

UnitedHealthcare HMO and PPO

Medical Plans

Medical Phone Number: 800-430-7316
Medical Providers: www.myuhc.com
Prescription Information: www.myuhc.com or www.365wellst.com
Vision Providers: www.uhcvision.com
Vision Phone Number: 800-203-4317
Mental Health Providers: www.ubhprovider.com

To find a medical provider go to ***View Directory*** at the main page of the UHC website, www.myuhc.com. Click on "Find Physician or Facility" and follow the steps. Be sure you select ***UnitedHealthcare Choice*** for the HMO or ***UnitedHealthcare Choice Plus*** for the PPO from the drop down menu.

You must register at www.myuhc.com to print a temporary ID card or print an explanation of benefits.

1. Click the ***Register Now*** button.
2. Enter ID card information *or* your Social Security Number and birth date as requested.
3. Enter the UnitedHealthcare group number – **704244**
4. Enter email address or sign up for a free email account.
5. Create a ***User Name*** and ***Password*** – then start using the www.myuhc.com website.

Contact each benefits provider directly for identification cards, claims, benefits, and coverage information.

Davis Vision

Vision Plan

Toll-Free Number: 888-445-2290

Vision benefits offered through the Davis Vision plan are in addition to the vision benefits offered under your UHC medical plan. Members can verify eligibility and benefits, locate a provider, place an order, check claim status, and download forms online at: www.davisvision.com

To register, follow these steps:

1. From the main page, select the ***Members*** link.
2. Click the ***Register Now*** button.
3. Enter the policy holder's information.
4. Create a ***username***, ***password***, and ***security question***.
5. Click the ***Register*** button.

CompuSys/Erisa Group Inc. (Erisa)

Dental Assistance Plan
FLEXTRA Health Care Account & Benefits Card
FLEXTRA Dependent Care Account
COBRA Administration

The programs above are managed by the City's third party administrator, Erisa. If you have questions contact Erisa at:

Phone Number: 512-250-9397
Toll-Free Number: 800-933-7472
Fax Number: 512-250-2937

FLEXTRA Health Care Benefits Card

FLEXTRA Health Care Account participants can view account activity and balances online by registering at: www.benefitspaymentsystem.com

Follow these steps to register:

1. From the main page, click the ***Participant Login*** link.
2. Click the ***Create Account*** link.
3. Enter policy holder's information and benefits card number.
4. Create a ***User ID*** and ***Password***.
5. Click the ***Submit*** button.

Texas Legal Protection Plan

Prepaid Legal Services

Phone Number: 512-327-1372

To find an attorney or for more information on available legal services, go to: www.tlpp.org

Alliance Work Partners

Employee Assistance Program

Phone Number: 512-328-1144
Toll-Free Number: 800-343-3822 (24/7)
Relay Texas: 800-448-1823
Toll-Free Teen Helpline: 800-334-8336
Website: www.alliancewp.com

Email Address: coamember@alliancewp.com
For first time log in use password: **AWP4me**

Benefits Guide Information

City of Austin employees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time. These benefits are not a guarantee of your employment with the City.

This Guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage, or contract), and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern.

For detailed information about the plans, refer to each plan instrument or contact the vendor or the Employee Benefits Division of the Human Resources Department.

City Benefits Philosophy

The City is concerned for the health and welfare of its employees and is committed to providing cost-effective benefits that assist employees in being physically and mentally healthy. The benefits provided to employees may range from reimbursement plans to educational programs, but all benefits plans require employees to assume responsibility for the choices they make and to be informed on how to use their benefits effectively.

As part of this philosophy, the City is committed, as resources permit, to making available a comprehensive benefits program that includes plans for:

- Health care
- Wellness
- Disability income
- Income replacement
- Death benefits
- Education and training
- Paid time away from work
- Childcare

In keeping with this philosophy, the City will explore other areas of benefits to the extent they fill a need of a major portion of the workforce and to the extent they can be provided cost effectively and efficiently on a group basis.

Cost

Since rising health care costs affect both the City and its employees, the City will continue to study new coverage options that help control health care costs. The program is designed to be cost effective, for both the short term and the long term.

The cost of the program is determined in a realistic fashion and does not vary with short term financial considerations. Employee contributions are required to help finance the cost of parts of the program.

Administration

The overall administration of the benefits program is re-evaluated and revised periodically to ensure it is simple, efficient, cost effective, and satisfies overall goals.

Mark Washington, Director Human Resources

Communications

A variety of media is used to communicate the benefits program to employees and their dependents. Methods used include presentations, newsletters, the City's website, video on demand, and *CitySource Today*. In addition, benefits staff are available by phone or in person to discuss benefits issues with employees and their families. Communication goals of the benefits program include:

- Educating employees on how to use their benefits.
  - ❖ Employees should understand their responsibility for the choices they make and for following the requirements of the plans.
- Educating employees on how to be better consumers of all benefits.
  - ❖ Employee choices should be appropriate for their needs.
  - ❖ Employees should contribute to the fiscal integrity and cost effectiveness of the plans by making informed choices when using their benefits.
- Increasing employee understanding of the value of their benefits.

Frequently Asked Questions

Eligibility Questions

Q. If I am not sure how to access my benefits or who to call, where should I begin?

A. If you need assistance with any of the benefits offered by the City of Austin, call the Employee Benefits Division at 974-32 and ask to speak with a Benefits representative.

Q. How do I enroll my newborn in my medical plan?

A. Call the Employee Benefits Division at 974-3284 within 31 days of your child's birth to schedule an appointment with a Benefits representative even if you have other children enrolled. You must provide a certified birth certificate, the complimentary birth certificate, or a Verification of Birth Facts issued by the hospital and complete a Benef Enrollment Form.

Q. My daughter is graduating from college next week, and will turn 21 next month; do I have to drop her from my insurance?

A. No. Your dependents may continue coverage until age 26, as long as they meet the eligibility requirements.

Q. How do I add or remove my domestic partner from my benefits?

A. Call the Employee Benefits Division at 974-3284 to schedule an appointment with a Benefits representative. Documentation is required.

Q. I am resigning my position from the City of Austin, how can I continue my coverage?

A. COBRA is offered to you and your covered dependents when coverage has ended. You will receive a COBRA information letter after your separation. For more information, call Erisa, the City's COBRA Administrator at 250-9397.

Benefits Questions

Q. I just signed up for benefits. When can I expect to receive my ID cards?

A. You should receive your ID cards within four to six weeks of enrolling or making changes to your benefits.

Q. If I need to see a doctor or have a prescription filled prior to receiving my ID card, what should I do?

A. *You will need to pay for the services out-of-pocket, then submit a claim form and your receipt to UnitedHealthcare. You will receive reimbursement for these expenses, minus the required copay. If you are enrolled in the PPO and utilize a non-network doctor or facility, the amount will be applied toward your out-of-network deductible. If you are enrolled in the HMO you must use network providers.*

Q. How do I begin the process for Short Term and/or Long Term Disability?

A. Call the Employee Benefits Division at 974-3284.

Q. How do I check my FLEXTRA Health Care balance?

A. Go to: www.benefitspaymentsystem.com *or call Erisa at 250-9397.*

Q. Can I make changes to my benefits during the year?

A. Yes, within 31 days of a qualifying life event, such as adding a newborn, marriage/divorce, loss of other coverage, or when you receive coverage from another insurance company. For a complete list, see the Coverage Information section in this guide.

Q. If I am called for military duty, what steps should I take concerning my benefits?

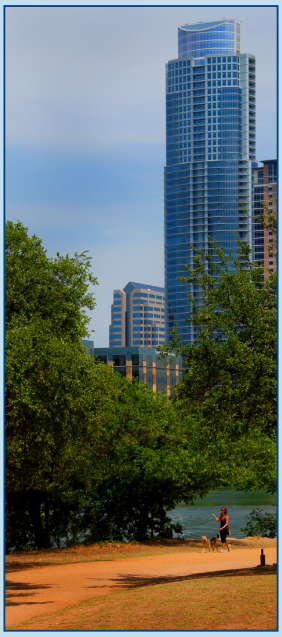
A. Call the Employee Benefits Division at 974-3284.

Q. I will be out on leave without pay. What should I do to make sure that my benefits continue?

A. Call the Employee Benefits Division at 974-3284 to make arrangements to pay your benefits premiums.

Benefit Eligibility

- Employee Eligibility
- Dependent Eligibility
- Persons Not Eligible
- Documentation
- Coverage Information



Employee Eligibility

As a City employee, including any person in the six-month probationary period, your work status is full-time, part-time, or temporary. As a Full-time or Part-time employee, you may choose any combination of the benefits listed below:

Full-time Employees – 30 or more hours per week

If you are in a regular budgeted position scheduled to work at least 30 hours per week, you are considered full-time and are eligible to participate in:

- HMO & PPO Medical
- Vision
- Dental
- Life Insurance
- Short Term Disability
- Long Term Disability
- FLEXTRA Health Care
- FLEXTRA Dependent Care
- Wellness Program
- Employee Assistance Program
- Commuter Program
- Prepaid Legal Services
- Deferred Compensation
- Retirement (Mandatory)
- Childcare Programs

As a full-time employee, you are eligible for four types of coverage that do not require you to pay a premium:

- PPO Medical - Employee Only
- Dental - Employee Only
- Basic Life Insurance
- Short Term Disability

Part-time Employees – 20 to 29 hours per week

If you are in a regular budgeted position scheduled to work 20 – 29 hours per week, you are considered part-time and are eligible to participate in:

- Medical
- Vision
- Dental
- Life Insurance
- Short Term Disability
- Long Term Disability
- FLEXTRA Health Care
- FLEXTRA Dependent Care
- Wellness Program
- Employee Assistance Program
- Commuter Program
- Prepaid Legal Services
- Deferred Compensation

Part-time employees who work 20 – 29 hours per week, are enrolled for Short Term Disability coverage at no cost to the employee.

Part-time Employees – Less than 20 hours per week

If you are in a regular budgeted position scheduled to work less than 20 hours per week, you are considered part-time and are eligible to participate in:

- Medical
- Vision
- Dental
- Life Insurance
- FLEXTRA Health Care
- FLEXTRA Dependent Care
- Wellness Program
- Employee Assistance Program
- Commuter Program
- Prepaid Legal Services
- Deferred Compensation

Temporary Employees

Temporary employees can participate in the following programs:

- Wellness Program
- Employee Assistance Program
- Commuter Program
- Deferred Compensation

Dependent Eligibility

Enrolling Dependents for Benefits

If you are a full-time or part-time employee, your dependents are eligible for:

- Medical
- Vision
- Dental
- Life Insurance
- FLEXTRA Health Care
- FLEXTRA Dependent Care
- Wellness Program
- Employee Assistance Program
- Prepaid Legal – ***Children, unmarried and under age 25***

Eligible Dependents

Your dependents who meet the descriptions listed below can be enrolled for benefits.

- **Spouse:** Your legally married spouse, including a declared common-law spouse. Only one spouse or domestic partner may be covered at any time.
- **Domestic Partner:** The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a City employee if, under Texas law, the individual would not be prevented from marrying the employee on account of age, consanguinity, or prior undissolved marriage to another. A domestic partner may be of the same or opposite gender as the employee. Only one spouse or domestic partner may be covered at any time.
- **Children:** Your biological children, stepchildren, legally adopted children, children for whom you have obtained court-ordered guardianship or conservatorship, qualified children placed pending adoption, grandchildren, and children of your domestic partner if you also cover your domestic partner for the same benefit. Your children must be under 26 years of age.
- **Dependent Grandchildren:** Your unmarried grandchild must meet the requirements listed above, and must also qualify as a dependent (as defined by the Internal Revenue Service) on your or your spouse's Federal income tax return.
- **Disabled Children:** To continue City coverage past the age limit, your disabled child must otherwise meet the requirements for eligible dependents and must also meet the following definitions:
  - ❖ A disabled child is a child who, due to a mental or physical disability, is incapable of earning a living at the time he or she would otherwise cease to be a dependent, if the child is covered as a dependent at that time, and if at that time he or she depends on you for principal support and maintenance.
  - ❖ A disabled child continues to be considered an eligible dependent as long as the child remains incapacitated, unmarried, dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the date he or she otherwise would lose dependent status.
  - ❖ A dependent child who loses eligibility and later becomes disabled is not eligible to be covered. A disabled child who was not covered as a dependent immediately prior to the time he or she would otherwise cease to be a dependent is not eligible to be covered.

City of Austin skyline, 2011

Covering dependents who are not eligible for the City's insurance programs unfairly raises costs for the City, as well as for all participants in the programs.

Persons Not Eligible

Dependents do not include:

- Individuals on active duty in any branch of military service (except to the extent and for the period required by law).
- Permanent residents of a country other than the United States.
- Parents, grandparents, or other ancestors.
- Grandchildren who do not meet the definition of dependent grandchildren and who are not claimed on your or your spouse's Federal tax return.

An individual is not eligible to be covered:

- As both a City employee and a City retiree, for the same benefit.
- As both a City employee or City retiree and as a dependent of a City employee or City retiree, for the same benefit.
- As a dependent of more than one City employee or City retiree, for the same benefit.

Documentation

To provide coverage for a dependent under any of the City's benefits programs, you must submit documentation that supports your relationship to the dependent.

Acceptable documents are listed below for the following dependents:

- **Spouse:** A marriage certificate or declaration of informal (common-law) marriage, which has been recorded as provided by law.
- **Domestic Partner:** A Domestic Partnership Affidavit and Agreement form must be signed by the employee and domestic partner. Also a Domestic Partnership Tax Dependent Status form must be signed by the employee.
- **Child:** A certified birth certificate, complimentary birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship, or qualified medical child support order, or be the subject of an Administrative Writ.
- **Child of a Domestic Partner:** The domestic partner must be covered in order to cover a child of a domestic partner for the same benefit. A certified birth certificate, complimentary birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship.
- **Stepchild:** A certified birth certificate, complimentary birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship, and a marriage certificate or declaration of informal marriage indicating the marriage of the child's parent and stepparent.
- **Dependent Grandchild:** A certified birth certificate, complimentary birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship for your child and grandchild and (if applicable) a marriage certificate or declaration of informal marriage that supports the relationship between you and your grandchild.
- **Disabled Child:** A certified birth certificate, complimentary birth certificate, Verification of Birth Facts issued by the hospital, or court order establishing legal adoption, guardianship, or conservatorship. A completed Dependent Eligibility Questionnaire verifying an ongoing total disability. Written documentation from a physician verifying an ongoing total disability may be required.
- **Qualified Child Pending Adoption:** For children already placed in your home, an agreement executed between you and a licensed child-placing agency or TDFPS, which meets the requirements listed in Dependent Eligibility.

Coverage Information

Changing Coverage

To change coverage you must call the Employee Benefits Division to schedule an appointment with a Benefits representative.

You may only request changes to your coverage throughout the year at the following times:

- During annual Open Enrollment.
- Within 31 days of the date you initially become eligible for coverage.
- Within 31 days of a qualifying life event or HIPAA special enrollment period.

If you do not complete an enrollment form within the time frames listed above, you must wait until the next annual Open Enrollment. To drop coverage for dependents who no longer meet the eligibility requirements, you must contact the Employee Benefits Division to complete a Benefits Enrollment Form.

Qualifying Life Events

During the plan year, when you have a qualifying life event such as marriage, birth of a child, divorce, death, establishing a committed living arrangement as domestic partners, dissolution of domestic partnership, or loss of coverage – you may make changes to your coverage within 31 days of the event.

You must contact the Employee Benefits Division within 31 days of the event to complete a Benefits Enrollment Form and provide the following supporting documentation:

- Certified birth certificate, complimentary hospital certificate, or Verification of Birth Facts issued by the hospital for the birth of a child.
- Marriage license or a signed Domestic Partnership Affidavit and Agreement Form.
- Divorce decree signed by a judge showing the date the divorce was final or a notarized Domestic Partnership Dissolution Affidavit.
- Documentation from the employer or health insurance carrier confirming the date other coverage became effective or was lost.

Coverage Effective Dates

Coverage is effective for you and your dependents as follows, providing you complete a Benefits Enrollment Form, submit required documentation, and pay any premiums owed:

- If you enroll within 31 days of the date you are first eligible, coverage for you and any dependents you enroll will be effective on the date you are first eligible.
- If you enroll during annual Open Enrollment, coverage for you and any dependents you enroll will be effective on January 1 of the following year.
- If you enroll within 31 days of a qualifying life event, except for the birth of a child or the court-ordered adoption, placement for adoption, guardianship, or conservatorship of a child, coverage for you and any dependents you enroll will be effective either the first day of the following pay period or the first day of the month following the date you submit the enrollment form.
- Medical coverage is temporarily effective on the date of birth for any child born while you are a covered employee. This includes an eligible grandchild born to your covered dependent. Coverage will extend past the 31 days only if you visit the Employee Benefits Division within the first 31 days of birth, complete a Benefits Enrollment Form, and pay any required premiums. You must complete an enrollment form to add the newborn as a covered dependent, even if you have family coverage.
- If you enroll within 31 days of the court-ordered adoption, placement for adoption, guardianship or conservatorship of a child, coverage for you and any dependents you enroll will be effective on the date of the adoption, placement for adoption, guardianship, or conservatorship. You must complete an enrollment form to add the child, even if you have family coverage.

Rebecca Turrubiarte, Parks and Recreations Department

Coverage Ending Dates

Coverage for you and your dependents will end on the earliest of the following:

- The date the plan in question is terminated.
- The date the coverage in question is terminated or reduced.
- The date the plan is amended to end coverage for you or your class of dependents.
- The last day of the pay period in which you voluntarily terminate your or your dependents' class of eligibility coverage.
- The last day of the pay period in which you or your dependents no longer meet eligibility requirements.

Jessica Clayton, Austin Bergstrom International Airport

Waiving Coverage

If you are a full-time employee declining or dropping medical and/or dental coverage for yourself, you must:

- Provide proof of other insurance for the coverage you are declining or dropping.
- Complete a Benefits Enrollment Form.
- Sign a waiver indicating you are aware that medical and/or dental coverage is available at no cost to you through the City.

If you later decide you want to be covered, you will not be able to enroll for coverage until the next Open Enrollment, except within 31 days of a qualifying life event.

Premium Information

For full or part-time employees, the City pays a portion of your dependent's medical and dental premiums. The amount paid by the City is not taxable to you if your dependent is a qualified dependent as defined by the Internal Revenue Service (IRS). You are responsible for determining whether your dependent meets the IRS dependent definition.

Taxable Fringe

If you choose benefits coverage for a dependent who does not qualify to be claimed on your Federal income tax return, you may have to pay taxes on the amount of money the City contributes for his or her medical and/or dental benefits. This money is considered taxable income, and must be reported to the IRS. The City refers to this money as taxable fringe. A spouse is never subject to taxable fringe.

If at least one of the children for whom you have elected medical and/or dental coverage is a child you claim as a dependent on your Federal income tax return, the City's contribution will not be considered taxable income.

Premium Deduction Errors

It is your responsibility to verify that the premium deductions taken from your paycheck are correct. Any deduction errors must be reported ***immediately*** to the Employee Benefits Division at 974-3284.

Enrollment Form Errors – It is your responsibility to ensure that information on the Benefits Enrollment Form is correct. If a premium deduction error occurs, notify the Employee Benefits Division ***immediately***. If an underpayment occurs due to an error you made on the Benefits Enrollment Form, the City has the right to collect any additional premiums owed.

Data Entry Error/Delay – If a data entry error occurs or if data entry is delayed, it will not invalidate the coverage on your Benefits Enrollment Form. Upon discovery, an adjustment will be made to reflect the correct premium deduction. If underpayment of a premium occurs, the City has the right to collect any additional premiums owed by you. If overpayment occurs, the City will reimburse you any amount overpaid up to a maximum of 28 days (two pay periods) of premiums.

Notes

Plan Choices

- Medical
- Vision
- Dental
- Life Insurance
- Disability
- FLEXTRA
- Prepaid Legal Services

Medical Plans: HMO and PPO

UnitedHealthcare provides HMO (Choice) and PPO (Choice Plus) medical coverage. As an employee, you may choose the medical plan that best meets your needs. Provider information is available online at: www.myuhc.com

- Select UnitedHealthcare Choice for the HMO and UnitedHealthcare Choice Plus for the PPO.
- UnitedHealthcare Group No: **704244**

Things to consider when choosing a medical plan:

- Amount of out-of-pocket expenses
- Amount of copays for Specialists
- Predictability of inpatient hospital expenses
- Mail Order copays for Prescription Drug coverage

Do you need treatment before your ID card arrives?

You will need to pay for the services out-of-pocket, then submit a claim form and your receipt to UnitedHealthcare. You will receive reimbursement for this expense, minus the required copay. If you are enrolled in the PPO and utilize a non-network doctor or facility, the amount will be applied toward your out-of-network deductible. If you are enrolled in the HMO you must use network providers.

my**Nurse**Line

The UnitedHealthcare my**Nurse**Line is a resource for employees and dependents covered by a City medical plan. This 24-hour service is designed to help you save time and money by helping you access the nearest and best level of medical care. When you call my**Nurse**Line you speak to a registered nurse who can guide you to the appropriate medical facility based on your immediate needs.

For your convenience enter the my**Nurse**Line number into your phone: 877-440-6011. This service is available 24 hours a day, seven days a week.

HMO Rates – Per Pay Period

	Full-time 30+ hours per week	Part-time 20 – 29 hours per week	Part-time Less than 20 hours per week
Employee Only	$ 2.50	$ 88.59	$ 245.65
Employee & Spouse or Domestic Partner	$ 138.50	$ 292.62	$ 551.23
Employee & Children	$ 102.69	$ 238.90	$ 470.66
Employee & Family or Domestic Partner & Children	$ 230.83	$ 431.09	$ 758.57

PPO Rates – Per Pay Period

	Full-time 30+ hours per week	Part-time 20 – 29 hours per week	Part-time Less than 20 hours per week
Employee Only	$ 0.00	$ 86.09	$ 226.99
Employee & Spouse or Domestic Partner	$ 136.00	$ 290.12	$ 509.34
Employee & Children	$ 100.19	$ 236.40	$ 435.00
Employee & Family or Domestic Partner & Children	$ 228.33	$ 428.59	$ 701.01

Consumer Tips

Understanding a Formulary

A formulary is a list of prescription drugs created by an insurance company, which lists the drugs covered under the plan and the level of coverage provided. Most formularies provide three categories of coverage, often referred to as "tiers."

- Tier One – Low copay for generic and some brand name drugs.
- Tier Two – A higher copay for preferred or brand name drugs.
- Tier Three – The highest copay for the most expensive brand name drugs (non-preferred).

Some drugs are excluded from formularies altogether. Make sure you review your enrollment materials to understand the costs of your prescription medication. To price a medication, go to: www.myuhc.com

Generic Drugs

Generic drugs can save you money and are as effective as name brands. The Food and Drug Administration (FDA) regulates generics, just as it does name brands, to ensure safety and quality. Today, generics are available for about half of all prescription drugs. Talk to your doctor about whether a generic drug is right for you. Refer to the Prescription Drug Benefits section in the Schedule of Benefits for a comparison of prescription copays.

Getting Information About Generic Drugs

Consumer Reports Best Buy Drugs – www.crbestbuydrugs.org provides information about prescription medication available to treat specific illnesses and diseases, the differences among them, and their costs. Always ask your doctor about whether a particular medication is right for you. Remember you can use your FLEXTRA Health Care Benefits Card to purchase these medications. Finally, talk to your doctor about the role that dietary and lifestyle changes can play in helping to alleviate your condition.

What Your Medical Plan Does for You

As the cost of medical care and prescription drugs increases, medical plan copays change. However, City medical plans still provide valuable protection from the real costs of medical products and services. The charts below show examples of how the plans provide financial protection for some commonly-used products and services.

Medical Services	Cost Without Insurance	Employee Cost	
		HMO	PPO
Primary Care Visit	$107	$25	$25
Specialist	$166	$45	$35
Inpatient Hospital (4 days)	$28,700	$1,000	$3,000
MRI Scan	$1,803	$100	$100
Ambulance Service	$1,246	$100	$612

Prescription Drugs			
	Cost Without Insurance	HMO	PPO
Tier 1	$31	$10	$10
Tier 2	$135	$35	$30
Tier 3	$210	$55	$50

For your share of the cost of medical and prescription drug expenses, use your FLEXTRA Health Care Account for tax savings and your FLEXTRA Health Care Benefits Card for added convenience.

How To Use Mail Order

Each medical plan has a mail order prescription drug benefit that offers home delivery and, in some instances, can save you money. Generally, these programs are designed to cover drugs used to treat chronic conditions and/or medications taken for more than 30 days.

To begin using mail order:

- Have your doctor write a prescription for a 90-day supply of your medication (ask for three refills).
- Complete the mail order form.
- Attach your prescription.
- Provide a check or credit card information.
- Mail this information to the medical plan's pharmacy.

Within 7 to 14 days, your prescription will be delivered to you, postage paid. UnitedHealthcare **PPO** participants can receive 90 days of medication for ***two*** copays. UnitedHealthcare **HMO** participants receive 90 days of medication for ***three*** copays.

If your doctor allows you to take a generic drug, this should be indicated on the prescription. The mail order pharmacy will then fill your prescription using a generic form of your medication.

Three weeks before your mail order supply runs out, you will need to request a refill.

For information about your plan's mail order pharmacy benefit or to order forms, call UnitedHealthcare at 800-430-7316.

Diabetic Bundling – What Your Medical Plan Does for You

Participants who are required to take insulin, can realize significant savings if they utilize the mail order services offered through the PPO and HMO. If you submit a 90-day prescription for the insulin and related diabetic supplies at retail pharmacies, you will incur a copay for ***each*** 30-day prescription.

However, if you submit the 90-day prescriptions through the mail order program, you will incur only ***two*** copays if enrolled in the PPO Plan or ***three*** copays if enrolled in the HMO Plan. The copay incurred is for the insulin prescription; the other supplies are included at no cost to you.

PPO Plan Example

Refer to the chart below for an example of the cost savings.

Item (90-day supply)	Total Cost	Plan Pays	You Pay PPO
Insulin (Tier 2)	$ 1,100	$ 1,040	$ 60
Lancets	$ 65	$ 65	$ 0
Syringes/Needles	$ 110	$ 110	$ 0
Test Strips	$ 850	$ 850	$ 0
Total	$ 2,125	$ 2,065	$ 60

Schedule of Benefits - UnitedHealthcare

	HMO	PPO	
		In-Network	Out-of-Network
Individual Deductible	None.	$500 per covered person per calendar year.	$1,500 per covered person per calendar year.
Family Deductible Maximum	None.	Three individual deductibles.	Three individual deductibles.
Out-of-Pocket Maximum	$3,500 per covered person or, $7,000 per family, per calendar year.	$3,000 per covered person, per calendar year. Includes deductible.	$12,000 per covered person, per calendar year. Includes deductible.
Lifetime Maximum	Unlimited.	Unlimited.	Unlimited.
Maximum Allowable Charge	The maximum allowable charge is the maximum fee for a particular service or supply that the Plan will consider eligible for payment.	The maximum allowable charge is the maximum fee for a particular service or supply that the Plan will consider eligible for payment. In the case of Out-of-Network benefits, the covered person may be responsible for paying charges in excess of the maximum allowable charge in addition to any deductible, coinsurance, copays, or facility fee required by the Plan.	
Selection of Doctor	Members must select a network doctor.	Members select an in-network doctor.	Members select an out-of-network doctor.
Service Locations	Services are provided at in-network doctors' offices, hospitals, and other facilities. If a required service is not available in-network, pre-approval is required.	Services are provided at in-network doctors' offices, hospitals, and other facilities. If a required service is not available in-network, pre-approval is required otherwise the service will be paid as an out-of-network expense.	Services are provided in out-of-network doctors' offices, hospitals, and other facilities.
Residency Requirements	Must live or work in the service area (Bastrop, Blanco, Burnet, Caldwell, Hays, Travis, and Williamson counties). Children for whom you have been court-ordered to provide medical support are not required to live in the service area.	None. UnitedHealthcare is a national network; contact UnitedHealthcare directly for a list of doctors and/or facilities in your area.	None.
Out-of-Network Benefits	None, except in case of a medical emergency.	$1,500 deductible. Plan pays 60%, up to maximum allowable charge. Out-of-Network benefits are subject to in-network benefit plan limits and pre-approval and pre-notification requirements. In addition to the above, Outpatient Surgical Facility subject to a $250 facility fee, Inpatient Hospital Services subject to a $250 per day facility fee.	

Medical Benefits

	HMO	PPO – In-Network
Preventive Exams	Plan pays 100%, no copay.	Plan pays 100%, no copay.
Doctor's Charges for Office Visits	$25 Primary Care Physician copay per visit. $45 Specialist copay per visit.	$25 Primary Care Physician copay per visit. $35 Specialist copay per visit.
Doctor's Charges for Maternity Office Visits	$25 copay for first office visit. Plan pays 100% thereafter.	$25 copay for first office visit. Calendar year deductible applies. Plan pays 80%.
Urgent Care and Non-Hospital Minor Emergency Centers	$45 copay per visit.	$35 copay per visit.
Convenience Care Clinics	$25 copay per visit.	$25 copay per visit.
Outpatient Surgery Facility Fee Doctor's Charges Colonoscopies	 $600 copay. $25 Primary Care Physician copay. $45 Specialist copay. Plan pays 100% for preventive screenings, no copay.	Calendar year deductible applies. $75 copay. Plan pays 80%. Plan pays 100% for preventive screenings, no coinsurance.
Hospital Inpatient Facility Fee	Included in Hospital Services. $1,000 copay per confinement. Limited to semi-private room rate. Pre-notification is required unless hospitalization is the result of an emergency.	Calendar year deductible applies. Plan pays 80%. Limited to semi-private room rate. Pre-notification required unless hospitalization is the result of an emergency.
Hospital Emergency Room Services	$175 copay per visit.	$125 copay per visit.
Ambulance Service	$100 copay.	Calendar year deductible applies. Plan pays 80%.
Allergy and other covered injections	Injections are covered at 50%. Plan pays 50% for allergy serum and allergy testing. Plan pays 100% for all other injections. If charged for an office visit, office visit copays apply.	Injections are covered at 100%. Plan pays 100% for allergy serum and allergy testing. If charged for an office visit, office visit copays apply.
Immunizations	Plan pays 100%. If charged for an office visit, office visit copays apply.	Plan pays 100%. If charged for an office visit, office visit copays apply.
Physical and Occupational Therapy	$45 copay per visit.	$35 copay per visit.
Chiropractic	$45 copay per visit. Limited to 20 visits per covered person, per calendar year.	$35 copay per visit. Limited to 20 visits per covered person, per calendar year.
Speech Therapy	$45 copay per visit. Limited to rehabilitory speech therapy.	$35 copay per visit.
Registered Dietician	$45 copay per visit. Limited to three visits per covered person, per calendar year.	$35 copay per visit. Limited to three visits per covered person, per calendar year.
Acupuncture	Not covered.	$35 copay per visit. Limited to $1,000 per covered person, per calendar year.

Medical Benefits

	HMO	PPO – In-Network
Outpatient Diagnostic X-Ray and Laboratory	Plan pays 100%.	Plan pays 100%.
CT, MRI, PET Scans	$100 copay. Pre-notification required.	$100 copay. Pre-notification required.
Mental Health Care Outpatient	$25 copay per visit.	$25 copay per visit.
Mental Health Care Inpatient	$1,000 copay per confinement. Pre-notification required.	Calendar year deductible applies. Plan pays 80% per calendar year. Pre-notification required.
Chemical Dependency	$1,000 copay per confinement. Pre-notification required.	Calendar year deductible applies. Plan pays 80% per calendar year. Pre-notification required.
	Lifetime maximum benefit of three series of treatments per covered person.	
Extended Care Skilled Nursing Facility	$25 copay per day. Limited to 30 days per covered person, per calendar year. Pre-notification required.	Calendar year deductible applies. Plan pays 80%. Limited to 60 days per covered person, per calendar year. Pre-notification required.
Home Health Care	$30 copay per visit.	Plan pays 100%. Limited to 120 visits per covered person, per calendar year.
Hospice Care	Plan pays 100%. Calendar year maximum benefit of $20,000 per covered person. Pre-notification required.	Plan pays 100%. Pre-notification required.
Durable Medical Equipment	Plan pays 100%. Pre-notification required.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over $1,000.
Disposable Medical Supplies	Plan pays 80%.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over $1,000.
Prosthetic-Orthotic Devices	Plan pays 80%, Pre-notification required.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over $1,000.
Diabetic Equipment Insulin pumps and related supplies.	Plan pays 80%, Pre-notification required.	Calendar year deductible applies. Plan pays 80%. Pre-notification required for any item over $1,000.
Diabetic Supplies At a durable medical equipment provider.	Plan pays 80%.	Calendar year deductible applies. Plan pays 80%.
Diabetic Counseling	Plan pays 100%.	Plan pays 100%.
Other Covered Medical Expenses	Refer to your Medical Plan Document or contact UnitedHealthcare.	

Vision Benefits Provided by Medical Plan

	Routine Vision Network	HMO/PPO In-Network
Annual Routine Vision Exam	$25 copay for routine vision exam including contact lens fitting. Members must use the Routine Vision Network.	$45 copay Choice (HMO) $35 copay Choice Plus (PPO)
Annual Contact Lens Fitting Fee	Amount charged is due at time service is rendered. Submit a vision claim form for 100% reimbursement of contact lens fitting fee.	Included in Annual Routine Vision Exam copay.
Frames, Standard Lenses and Contact Lenses	Preferred Pricing at participating private practices. Preferred Pricing discounts at participating retail chain providers.	Not available at private practices. Retail chain providers may offer a discount.

Prescription Drug Benefits

A $50 Annual Deductible will apply for Tier 2 and Tier 3 prescription drugs per covered person. Once the deductible is met the below copays apply.

	HMO			PPO – In-Network		
Retail Pharmacy *Limited to a 30-day supply*	Generic/Preferred/Non-Preferred			Generic/Preferred/Non-Preferred		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
	$10	$35	$55	$10	$30	$50
Mail Order Pharmacy *Limited to a 90-day supply.*	$30	$105	$165	$20	$60	$100
Diabetic Supplies *See also Diabetic Equipment*	Retail Pharmacy – Supplies are covered at a participating pharmacy for the copays listed above. Mail Order Pharmacy – A participants' insulin and related diabetic supplies can be purchased through mail order with the insulin copay if prescriptions for the insulin and supplies are submitted at the same time.					

Speciality Prescription Drug – Patients who require a specialty prescription drug will be directed to a pharmacy designated by UnitedHealthcare for coverage.

Tobacco Cessation Program/Drugs – A participant can receive an FDA approved tobacco cessation drug at no cost, if the participant:

- Is covered under a City medical plan and attends one of the tobacco cessation programs.
- Obtains a prescription from his or her physician and contacts the Employee Benefits Division to receive approval.

This applies to prescription tobacco cessation drugs and over-the-counter nicotine replacement therapy (patches, gums, etc.) at a retail pharmacy or through the mail order service.

Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. The Davis Vision Plan will help you care for your sight while saving you money.

To find a Davis Vision Plan provider and for more information, go to www.davisvision.com, or call 888-445-2290. If you are not a current member, click on the Member link under the Open Enrollment/Discount Plan section and enter the client code **2481**.

Plan Design

Covered Service – In-network Benefits (limited out-of-network benefits are available)	
Comprehensive Eye Exam – $10 copay, one exam per calendar year	
Frames – in lieu of contact lenses. Once per calendar year. Up to $125 retail allowance toward provider-supplied frame plus 20% off cost exceeding the allowance*. ***OR*** Any Fashion or Designer frame from Davis Vision's exclusive Collection (with retail values up to $175), **Covered in Full**. ***OR*** Any Premier frame from Davis Vision's exclusive Collection (with retail values up to $225), **Covered in Full** after an additional $25 copay. One year eyeglass breakage warranty included at no additional cost.	**Contacts** – in lieu of frames. Once per calendar year. Up to $120 allowance toward provider-supplied contacts plus 15% off cost exceeding the allowance.* Standard Contacts – Evaluation, fitting fees, and follow-up care, $25 copay applies. Speciality Contacts – Evaluation, fitting fees, and follow-up care, up to a $60 allowance plus 15% off cost exceeding allowance.* $25 copay applies. **OR** Davis Vision Collection contact lenses, evaluation, fitting fees, and follow-up care, **Covered in Full** after $25 copay. (Up to 4 boxes of disposable lenses). **OR** Medically necessary with prior approval, **Covered in Full**.
Standard Eyeglass Lenses – Single, Bifocals, Trifocals, Lenticular, and Standard Scratch Coating. $25 copay, once per calendar year. Polycarbonate lenses for children are covered in full up to age 19.	

Lens Options	Copay		Copay
Standard progressive addition lenses	$50	Premium AR Coating	$48
Premium progressives (i.e. Varilux, etc.)	$90	Ultra AR coating	$60
Intermediate-vision lenses	$30	High-index lenses	$55
Blended-segment lenses	$20	Polarized lenses	$75
Ultraviolet coating	$12	Photochromic glass lenses	$20
Standard anti-reflective (AR) coating	$35	Plastic photosensitive lenses	$65

* **Additional Discounts** – Not available at Wal-Mart or Sam's Club.

Davis Vision Rates – Per Pay Period

Employee Only	$ 2.18
Employee and Spouse or Domestic Partner	$ 4.32
Employee and Children	$ 4.24
Employee and Family or Domestic Partner and Children	$ 6.45

Dental Assistance Plan

This plan allows you to choose your own dentist. Covered benefits are indicated by dental codes. A fixed fee schedule indicates the maximum amount paid per code. For detailed information, refer to the 2012 Employee Dental Assistance Plan Document found online at www.cityofaustin.org/benefits/enrollment or call Erisa at 250-9397.

Plan Coverage

Preventive Care	No Deductible
Basic Care	$50 Calendar Year Deductible, per covered person
Major Care	$50 Calendar Year Deductible, per covered person
Calendar Year Maximum *Includes Orthodontia expenses*	$1,800 per covered person
Lifetime Orthodontia Maximum Orthodontia Treatment	$1,800 per covered person Covered at 50% of Maximum Allowable Charge
Night Guard, splints, implants, and over dentures	Not Covered

Orthodontia Treatment

Expenses are paid only as the work progresses. Receipts are submitted for reimbursement after you receive them from your dentist at each visit. Orthodontia benefits paid by the plan are applied toward the calendar year maximum.

The amounts reimbursable for orthodontia expenses are determined as claims are incurred throughout the course of treatment. The amount reimbursable through FLEXTRA is the difference between the amount billed and the amount paid by the dental plan. This amount may not match the payment plan you have set up with your dentist.

Dental Rates – Per Pay Period

	Full-time 30 + Hours per week	Part-time 20 – 29 Hours per week	Part-time Less than 20 Hours per week
Employee Only	$ 0.00	$ 4.72	$ 16.65
Employee and Spouse or Domestic Partner	$ 18.84	$ 22.58	$ 46.62
Employee and Children	$ 18.84	$ 22.58	$ 46.62
Employee and Family or Domestic Partner and Children	$ 18.84	$ 22.58	$ 46.62

Bobby Locket, Public Works Department

Life Insurance

Basic Life Insurance

Is provided at no cost for full-time employees. You receive one times your base annual salary with a minimum coverage of $20,000. Part-time employees may purchase Basic Life Insurance.

Supplemental Life Insurance

Is paid entirely by you. You must have the City's Basic Life Insurance to buy Supplemental Life Insurance. You may purchase Supplemental Life Insurance in amounts equal to one, two, three, or four times your base annual salary. Base annual salary does not include shift differential, overtime, Service Incentive Pay, lump sum payments, or stipends.

Your Supplemental Life coverage amount is rounded down to the next closest $1,000. Your cost is based on your age, salary, and the amount of insurance selected. You may increase your Supplemental Life coverage annually during Open Enrollment by one coverage level each year.

The City allows you to choose to have eligible Supplemental Life Insurance premiums deducted from your pay on a before-tax basis. To do so, you must indicate this choice on your Benefits Enrollment Form.

To calculate your rates, complete the Supplemental Life Insurance Worksheet at the end of the Life Insurance section.

To further protect your family, purchase Supplemental Life Insurance.

Choosing a Beneficiary

In the event of your death, life insurance benefits are paid to your named beneficiary or beneficiaries. The City provides a Beneficiary Designation Form for this purpose. Unless prohibited by law, your life insurance benefits will be distributed as you indicated on your Beneficiary Designation Form. If your named beneficiary is under 18 years of age at the time of your death, court documents appointing a guardian may be required before payment can be made. You should talk with an attorney to make sure that benefits to a minor will be paid according to your wishes.

Reviewing Your Beneficiary Designation Form

You can review your beneficiary designation for your life insurance coverage any time during the year. It is important that you keep this information current so that the person or persons you want to receive benefits are listed. To review your beneficiary information, you must visit the Records Division of the Human Resources Department and bring a photo ID.

Changing Your Beneficiary

To change your beneficiary designations you may need to complete more than one form:

- For Basic Life, Supplemental Life, and your final paycheck, complete a City of Austin Employee Beneficiary Designation Form.
- City of Austin Employees' Retirement System (COAERS) participants should call COAERS at 458-2551.
- Sworn employees with the Police Retirement System should complete a Police Beneficiary Designation Form.
- If you participate in the Deferred Compensation Plan, you can designate a beneficiary online at: www.dcaustin.com

City of Austin Beneficiary Designation Forms and Police Beneficiary Designation Forms are not available online. Forms are available from your Department's HR Representative or at the Employee Benefits Division.

Imputed Income (I50)

Is your Basic Life Insurance coverage, Supplemental Life Insurance coverage, or a combination of both more than $50,000?

If your base annual salary is more than $50,000 and you do not wish to have any taxable I50 income, you must indicate this choice by selecting Cap Base Salary at $50,000 when completing your Benefits Enrollment Form.

To estimate your taxable I50 income online, go to http://cityspace, the City's Intranet website or www.cityofaustin.org/benefits/enrollment and click on Employee tab.

If you purchase Supplemental Life and have your premiums taken out on a before-tax basis, you will incur imputed income on any amount in excess of $50,000 (Basic Life Insurance + Supplemental Life Insurance). Imputed income is coded as I50 on your pay stub. This income is subject to Federal income tax and FICA (OASDI and Medicare), and is deducted on a monthly basis.

Accidental Death and Dismemberment (AD&D) Coverage

If you are enrolled in Basic and/or Supplemental Life Insurance, you also have AD&D coverage equal to the total amounts of your life insurance.

If you have an injury that results in a covered loss, as listed below, you receive a percentage of your AD&D coverage in effect on the date of the accident. The loss must occur within 365 days of the accident. Injury means bodily injury caused by an accident, occurring while coverage is in force and resulting directly and independently of all other causes in a loss covered by the AD&D policy.

Covered Loss	Percentage
Life	100%
One hand, one foot, or sight of one eye	50%
Two or more of the above losses	100%
Loss of speech	50%
Loss of hearing	50%
Thumb and index finger of same hand	25%

Loss of hands or feet means severance at or above the wrist or ankle. Loss of sight means total and irrecoverable loss of sight. Loss of speech means total and irrecoverable loss of speech. Loss of hearing means total and irrecoverable loss of hearing. Loss of thumb and index finger means the actual, complete, and permanent severance through or above the metacarpophalangeal joints.

An additional 10% of the full amount of Accidental Death and Dismemberment Benefit will be paid to your designated beneficiary or beneficiaries if you die while wearing a properly fastened, original, factory-installed seat belt in an automobile accident that is covered under the Basic Life policy. However, the amount payable will not exceed $10,000 for the Seat Belt Benefit. An additional Air Bag Benefit will be paid if certain conditions are met.

The AD&D Benefit has some limitations and exclusions. Contact the Employee Benefits Division for the list of exclusions.

Waiver of Premium

If you become totally and permanently disabled before age 65, your life insurance may be extended. Total and permanent disability means that, as a result of illness, injury, or pregnancy, you are unable to perform the duties of your own occupation or any gainful occupation for which you are reasonably suited by education, training, and experience.

The application process must be completed within one year of your last day actively at work. To apply for waiver of premium, contact the Employee Benefits Division.

To qualify for waiver of premium, you must submit written proof of your total and permanent disability to the insurance carrier. If approved, you will not be charged a premium. The insurance carrier may periodically require you to submit proof of your continuing disability.

Accelerated Death Benefit

If you are terminally ill, the life insurance carrier offers an accelerated death benefit that allows you to receive part of your life insurance money prior to your death.

If you are diagnosed as terminally ill by a doctor, contact the Employee Benefits Division to apply for accelerated benefits. The insurance carrier may require you to be examined by a doctor of their choice, at their expense. If you are approved for an accelerated benefit it is payable in a lump sum up to 50% of the amount of your life insurance coverage. The accelerated benefit can be used with Basic and/or Supplemental Life Insurance and is subject to a minimum payout of $10,000 and a maximum payout of $500,000.

Accelerated benefits are payable only once during your lifetime. Some exclusions apply. Refer to the appropriate life insurance certificate(s) for additional information. Accelerated benefits do not apply to Dependent Life Insurance.

Filing a Life Insurance Claim

When you or your covered dependent dies, a life insurance claim must be filed with the Employee Benefits Division and the appropriate document(s) submitted:

- Employee death – one original death certificate. Additional documents will be required if death is due to an accident.
- Dependent death – one original death certificate.
- Life insurance claim forms.
- All life insurance claims are paid in one lump sum, unless you request another method of payment in writing and the insurance carrier approves your request.

Your Right to Convert

If you retire or terminate your employment with the City of Austin, you may convert your life insurance coverage to an individual policy with the life insurance carrier (subject to plan limitations). You must apply and pay your first premium no later than 31 days after the date coverage has ended. For additional information on conversion to an individual policy, contact the Employee Benefits Division.

Dependent Life Insurance

Is available for your spouse, domestic partner, and children up to age 26. AD&D coverage is not available for dependents. You must be covered under Basic Life Insurance offered by the City to be eligible to buy Dependent Life Insurance. There are two options to choose from when purchasing coverage for your dependents. If you choose to enroll your dependents for Dependent Life Insurance coverage, you are the beneficiary under the plan.

Dependent Life Insurance Rates – Per Pay Period

Option 1	Coverage Amount	Rate
Spouse or Domestic Partner	$10,000	$.60
Children	$5,000	$.10
Family or Domestic Partner and Children	$10,000/$5,000	$.70
Option 2		
Spouse or Domestic Partner	$20,000	$1.40
Children	$10,000	$ .24
Family or Domestic Partner and Children	$20,000/$10,000	$1.63

Remember to update your beneficiary form when you experience a Qualifying Life Event.

Robert Gauvin and Lauren Rowe, Parks and Recreation Department Rangers

Supplemental Life Insurance Worksheet

Employees must have Basic Life Insurance offered by the City to buy Supplemental Life Insurance.

You may buy Supplemental Life Insurance in amounts equal to one, two, three, or four times your base annual salary. Base annual salary does not include shift differential, overtime, Service Incentive Pay, lump sum payments, or stipends.

To estimate your pay period cost for Supplemental Life Insurance, follow these steps or estimate your premium online at http://cityspace, the City's intranet website. Click on Employee Benefits and scroll down to Life Insurance. You can also go to: www.cityofaustin.org/benefits/enrollment

1. Determine your **Base Annual Salary**. Do not include any hours for overtime.

_____ Hour Work Week x 52 weeks = _____ Hours x $ _____ = $ _____
Hourly Rate Base Annual Salary

2. To find the **Supplemental Life Amount**, multiply your **Base Annual Salary** (from Step 1) by one, two, three, or four. Then round your answer down to the next closest $1,000.

$ _____ x 1, 2, 3, or 4 = $ _____
Base Annual Salary Supplemental Life Amount

3. To find the **Number of $1,000 Units**, divide the **Supplemental Life Amount** (from Step 2) by 1,000.

$ _____ ÷ 1,000 = _____
Supplemental Life Amount Number of $1,000 Units

4. To find your **Pay Period Cost**, multiply the **Number of $1,000 Units** (from Step 3) by the **Cost Per $1,000** for your age group (see chart below). The answer in Step 4 is your estimated cost per pay period.

_____ x $ _____ = $ _____
Number of $1,000 Units Cost per $1,000 Pay Period Cost

Age	Cost Per $1,000 of Coverage
34 and Under	$0.0265
35 to 39 years	$0.0305
40 to 44 years	$0.0385
45 to 49 years	$0.0630
50 to 54 years	$0.0915
55 to 59 years	$0.1400
60 to 64 years	$0.1810
65 to 69 years	$0.2865
70 and over	$0.6565

Disability

Short Term Disability (STD)

Coverage is provided at no cost for employees who are in a regular budgeted position and are scheduled to work 20 or more hours per week. STD covers **off-the-job** injuries, illnesses, or pregnancies.

Definition of Disability

Total disability or totally disabled means that you are prevented by illness, injury, or pregnancy from performing the essential duties of your occupation.

Benefit Amount

70% of your base weekly salary, up to $1,200 per week. The minimum payment is $15 per week. This is a taxable benefit.

Coverage Period

You must satisfy a 30-day waiting period. During the waiting period you may use paid leave, but you must be off work continuously for 30 days. Benefits are payable on the 31st day, up to 60 days.

Reduction in Benefits

Once approved for STD benefits, you must stop using any paid leave. Your benefits will be reduced by any paid leave or work earnings you receive from the City.

Filing a Claim

You must file a claim with the Employee Benefits Division within 60 days of the disability date. Employee Benefits staff will assist you with the application process. The insurance carrier determines whether the claim is approved or denied and notifies you of the determination in writing.

Eligibility for Other Benefits

While receiving STD benefits, you may be eligible to continue medical, dental, vision, life insurance, and other benefits. Your eligibility depends on if you:

- Return to work
- Go on an approved Leave of Absence
- Go on FMLA leave
- Pay any required premiums
- Retire
- Terminate your employment

When Benefits End

Your STD benefits automatically end on the earliest of the following dates:

- The date you are no longer disabled.
- The date you fail to furnish proof of loss.
- The date you are no longer under the care of a physician.
- The date you refuse the carrier's request to submit to an examination by a physician or other qualified medical professional.
- The date your maximum benefit period ends.
- The date of your death.
- The date Long Term Disability (LTD) benefits become payable under the City's LTD program.

Exclusions and Limitations

Your benefits do not cover any disability that:

- Is due to intentionally self-inflicted injury.
- Is due to war or any act of war (declared or not declared).
- Results from your commission of or attempt to commit a felony or your engagement in an illegal occupation.
- Is an occupational disease.
- Is an occupational injury.
- Is not under the ongoing care of a physician.

If you have another STD policy, check with your insurance carrier or agent to determine whether its benefits are affected by the City's STD program.

Richard Montoya and Greg Dellinger, Austin Bergstrom International Airport

Long Term Disability (LTD)

Coverage is an employee-paid benefit offered to employees who are in a regular budgeted position and are scheduled to work 20 or more hours per week. The following information is only a summary of the program. LTD covers **off and on-the-job** injuries, illnesses, or pregnancies.

Definition of Disability

During the 90-day benefit waiting period and until benefits have been paid for 24 months, you are considered disabled if, as a result of illness, injury, or pregnancy, you are unable to perform the material duties of your own occupation with reasonable continuity and you experience a 20% loss of earnings.

After benefits have been paid for 24 months, you are considered disabled if, as a result of physical disease, mental disorder, injury, or pregnancy, you are unable to perform the material duties of any occupation. This includes any occupation for which you are reasonably suited by education, training, and experience and you experience a 20% loss of earnings.

Benefit Amount

60% of your base monthly salary, up to $7,500 per month. The minimum monthly payment is the greater of $100 or 10% of your monthly benefit prior to any reduction for other income benefits. This is a non-taxable benefit. The chart below, indicates how many months you are eligible to receive LTD benefits. Once you are 62 or older, benefits are payable up to the maximum benefit period, which depends on your age when you become totally disabled.

Age	Maximum Benefit Period
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 or older	12 months

Coverage Period

You must satisfy a 90-day waiting period. During the waiting period you may use paid leave or STD benefits, but you must be off work a total of 90 days. Benefits are payable until you are no longer disabled or are no longer qualified for LTD.

Reduction in Benefits

Once approved for LTD benefits, you must stop using any paid leave. Your benefits will be reduced by any paid leave or work earnings you receive from the City.

Filing a Claim

You must file a claim with the Employee Benefits Division within 180 days of the disability date. Employee Benefits staff will assist you with the application process. The insurance carrier determines whether the claim is approved or denied and notifies you of the determination in writing.

Eligibility for Other Benefits

While receiving LTD benefits, you may be eligible to continue medical, dental, vision, life insurance, and other benefits. Your eligibility depends on if you:

- Return to work
- Go on an approved Leave of Absence
- Go on FMLA leave
- Pay any required premiums
- Retire
- Terminate employment

When Benefits End

Your LTD benefits automatically end on the earliest of the following dates:

- The date you are no longer disabled.
- The date you fail to furnish proof of loss.
- The date you are no longer under the care of a doctor.
- The date you refuse the carrier's request to submit to an examination by a physician or other qualified medical professional.
- The date you refuse to participate in a rehabilitation program.
- The date your maximum benefit period ends.
- The date of your death.

Exclusions and Limitations

LTD coverage has the following exclusions and limitations:

- Is due to intentionally self-inflicted injury.
- Is due to war or any act of war (declared or not declared).
- Results from your commission of or attempt to commit a felony or your engagement in an illegal occupation.
- Is not under the ongoing care of a physician.
- LTD coverage has limitations for pre-existing conditions.
- Disability exceeds a limited benefit period. Some conditions are limited to 24 months. Please refer to the policy booklet for details.

If you have another LTD policy, check with your insurance carrier or agent to determine whether its benefits are affected by the City's LTD program.

Long Term Disability Worksheet

Your LTD premium is based on your base annual salary and age. Base annual salary does not include shift differential, overtime, Service Incentive Pay, lump sum payments, or stipends. To estimate your pay period cost for LTD coverage, follow these steps, or go to http://cityspace, the City's intranet website or at: www.cityofaustin.org/benefits/enrollment

1. Determine your **Base Annual Salary**. Do not include any hours for overtime.

_____ Hour Work Week x 52 weeks = _____ Hours x $_____ = $_____
Hourly Rate — Base Annual Salary

2. To find the **Number of $100 Units** of coverage you may buy, divide your **Base Annual Salary** (from Step 1) by 100.

$_____ ÷ 100 = _____
Base Annual Salary — Number of $100 Units

3. To find your **Annual Cost**, multiply the **Number of $100 Units** (from Step 2) by the **Cost Per $100** of **Base Annual Salary** for your age group (see chart below). Your answer in Step 3 is your estimated annual cost.

$_____ x $_____ = $_____
Number of $100 Units — Cost per $100 — Annual Cost

4. To find your **Pay Period Cost**, divide your **Annual Cost** (from Step 3) by 24 pay periods. The answer in Step 4 is your estimated cost per pay period.

$_____ ÷ 24 pay periods = $_____
Annual Cost — Pay Period Cost

Age	Cost Per $100 of Base Annual Salary
Under 30	$0.094
30 to 39 years	$0.127
40 to 49 years	$0.274
50 to 59 years	$0.512
60 to 69 years	$0.391
70 and older	$0.137

FLEXTRA

FLEXTRA helps you keep more of your paycheck by reducing the amount of Federal taxes you owe. Participating in FLEXTRA allows you to pay for certain expenses on a before tax basis. These include childcare expenses and most out-of-pocket medical, prescription, dental, and vision care expenses.

FLEXTRA accounts are regulated by IRS code Section 125 and administered by Erisa for the City of Austin. You may choose to participate in one or both of these accounts:

- FLEXTRA Health Care Account
- FLEXTRA Dependent Care Account

Use it or Lose It

Estimate the money you put aside in your FLEXTRA accounts carefully. Money for eligible expenses not claimed by the deadlines listed below will be forfeited.

Deadlines to Remember

- March 15, 2013, to incur eligible IRS expenses.
- May 31, 2013, to submit claims for reimbursement from your 2012 accounts.

FLEXTRA Health Care Account

You can use your FLEXTRA Health Care Account to pay for eligible medical, prescription, dental, and vision care expenses.

To participate, you:

- Estimate your out-of-pocket expenses for the calendar year using the FLEXTRA Health Care Worksheet at the end of the FLEXTRA section. If you enroll mid-year as a new employee, estimate your expenses for the eligible pay periods remaining for the calendar year.
- Choose the amount to be deducted from your paycheck (up to $250 per pay period based on 24 pay periods per year).

Examples of **Eligible Expenses** include, but are not limited to:

- Copays
- Deductibles
- Coinsurance
- Facility Fees
- Expenses for hearing aids
- IRS approved over-the-counter drugs (must have a prescription from your physician)
- Medical and dental expenses in excess of the Maximum Allowable Charge or Plan limits
- Vision care expenses (exams, glasses, contact lenses, and vision correction surgery)

Examples of expenses that ***cannot*** be reimbursed through the FLEXTRA Health Care Account include, but are not limited to:

- Premiums for health coverage
- Expenses reimbursed by any other plan or policy
- Expenses for vitamins and cosmetics
- Cosmetic surgery
- Expenses incurred before your effective date or after your termination date of participation in the FLEXTRA Health Care Account, unless continued under COBRA
- Over-the-counter drugs without a prescription

For a complete list of eligible expenses, call Erisa at 250-9397.

Use the FLEXTRA Health Care Benefits Card for Added Convenience

When you enroll in the FLEXTRA Health Care Account, you will receive one FLEXTRA Health Care Benefits Card to pay for eligible expenses. Your account will be credited with the total amount you have elected for the year. When you use your card, approved expenses are automatically deducted from your FLEXTRA Health Care Account. You can always review your card balance at: www.benefitspaymentsystem.com

The advantages of using the card are listed below:

- Instant access to your Health Care Account funds
- No need to use out-of-pocket dollars
- No claims to file
- No waiting for reimbursement checks

FLEXTRA Health Care Benefits Card

Here's How it Works:

- Use your card to pay for eligible expenses anywhere MasterCard is accepted.
- **Keep your receipts** to verify the expense is eligible.
- If you present your card for payment and you have exceeded the amount you have set aside for the year, use of the card will be denied.
- You cannot use your card for over-the-counter drugs.

You May File a Claim

You may choose not to use your benefits card and instead file claims for reimbursement; it's your choice. To do so, you complete a FLEXTRA Health Care claim form and submit the form along with your paid receipts and/or Explanation of Benefits directly to Erisa. Claims for eligible over-the-counter drugs must be sent to Erisa along with your physician's prescription.

FLEXTRA Health Care Carryover

If you have money left in your current account, do not use your card to pay for out-of-pocket expenses incurred before March 15th of the following year. Instead, you should pay for these expenses at the point of service, and then submit a paper claim along with your receipts to Erisa for reimbursement, indicating the year for which it applies.

A Real Life Example of the FLEXTRA Health Care Account

Neil needs dental surgery in February 2012. After the dental plan pays its portion, Neil will owe $1,200.

During Open Enrollment, Neil decided to have $50 per pay period put into his FLEXTRA Health Care Account on a pre-tax basis. (There are 24 benefits deductions taken during the calendar year. 24 pay periods x $50 = $1,200.) $1,200 is placed in Neil's FLEXTRA Health Care Account on January 1, 2012, even though the money hasn't yet been deducted from Neil's biweekly paychecks.

When Neil has surgery in February, he uses his card to pay his portion of the bill ($1,200). Each pay period, Neil will see a $50 deduction taken from his paycheck. Neil is reimbursing his FLEXTRA Health Care Account for the $1,200.

By participating in the FLEXTRA Health Care Account, Neil paid for his surgery with money that was not taxed. In addition, Neil did not have to pay his portion of the bill ($1,200) out of his checking account.

Employees are often under the impression that all "medical expenses" can be deducted from their individual tax return. Generally, that is not the case. The expenses that can be deducted on the tax return are those expenses that exceed 7.5% of your adjusted gross income.

FLEXTRA Health Care Account Worksheet

Use this worksheet to estimate your out-of-pocket expenses for the Plan year (January 1, 2012 to December 31, 2012). We have listed some common FLEXTRA Health Care expenses below, for a complete listing, go to: www.irs.gov

	Employee	Dependents	Total
Prescription Copays	*You save money by using generic drugs. Review your maintenance and prescribed over-the-counter drugs to see if you are choosing the most economical option.*		
Medications (including prescribed over-the-counter drugs)			$
Doctor Visit Copays			$
Scheduled			
Non-Scheduled			
Medical Procedures	*Some examples of eligible expenses include laser eye surgery, outpatient surgery, hospital copays, coinsurance, hospital stays, and lab work.*		
Procedures			$
Dental Care Costs	*Examples include orthodontia, root canals, crowns, fillings, night guards, splints, etc.*		
Routine dental expenses			$
Specialized procedures			$
Orthodontia			$
Vision Care Costs			$
Estimated annual total of out-of-pocket health care expenses.			$
Divide total by 24 payroll deductions per calendar year. New employees divide by the remaining number of calendar year pay periods, after your start date.			÷
Estimated contribution per pay period. This is the amount you enter into the FLEXTRA Health Care space during Open Enrollment. ***Maximum deduction is $250 per pay period (cannot exceed $6,000).***			$

Drake Velez, Jimmy O'Neal, and Arnold Reyes, ABIA Maintenance

FLEXTRA Reimbursement Tips

1. Receipts: Whether you (or a family member) choose to use the FLEXTRA Health Care Benefits Card or file claims instead, always keep your receipts and save copies of the medical plan's Explanation of Benefits.

2. Orthodontia expenses: The amounts reimbursable for orthodontia expenses are determined as claims are incurred throughout the course of treatment. The amount reimbursable through FLEXTRA is the difference between the amount billed and the amount paid by the dental plan. This amount may not match the payment plan you have set up with your dentist.

3. Remember that FLEXTRA is a "use it or lose it" benefit. Carefully estimate your expenses before deciding on a deduction amount.

FLEXTRA Dependent Care Account

If you pay for day care or after school care, consider enrolling in the City's FLEXTRA Dependent Care Account. Why not **save** income taxes on your childcare expenses? A Dependent Care Account usually will save you more in taxes than the Federal Tax Credit, however, it depends on your income.

Your child must be under age 13 unless physically or mentally incapable of self-care, and spends at least eight hours a day in your home.

Dependent care must be used to enable you, or if you are married, you and your spouse, to be gainfully employed or to attend school full-time. Generally, your spouse must have earnings from employment that are at least equal to the amount you contribute to the FLEXTRA Dependent Care Account.

Example of how the FLEXTRA Dependent Care Account works:

Susan's gross pay is $1,000 per pay period. In her Dependent Care Account, she sets aside $4,800 per year ($200 per paycheck, based on 24 pay periods annually) for childcare expenses.

This example shows how being enrolled in FLEXTRA Dependent Care makes it possible for Susan to take home more money by reducing her taxable income.

Per Pay Period	Paycheck With FLEXTRA Dependent Care	Paycheck Without FLEXTRA Dependent Care
Gross Pay	$ 1,000.00	$ 1,000.00
Dependent Care Expenses deducted before taxes	$ − 200.00	$ 0.00
Taxable Pay	$ 800.00	$ 1,000.00
Social Security/Medicare at 7.65% of taxable pay	$ − 61.20	$ − 76.50
Income Tax at 15% tax bracket	$ − 120.00	$ − 150.00
After-Tax Pay	$ 618.80	$ 773.50
Paying for Dependent Care after taxes	$ 0.00	$ 200.00
Take Home Pay	$ 618.80	$ 573.50

If you participate in the FLEXTRA Dependent Care Account:

1. Estimate your out-of-pocket dependent care expenses for the calendar year using the Dependent Care Worksheet on the following page.

2. Choose the amount to be deducted from your paycheck, up to $208 per pay period, based on 24 pay periods per year. If you enroll mid-year as a new employee, estimate your expenses for the eligible pay periods remaining.

3. Incur eligible IRS expenses. You may submit claims for baby sitters, companions, or day care centers as allowed by the IRS. Your claim must include the name, address, and Social Security Number or Tax ID number of the childcare provider.

4. Submit a FLEXTRA Dependent Care claim form and a copy of your paid receipts directly to Erisa. You may not claim expenses paid to a relative claimed on your or your spouse's Federal tax return, or who is your child or stepchild and is under age 19 at the end of the tax year.

5. Receive reimbursement. Checks are mailed to you on a weekly basis for the amount of your eligible expenses, up to the current balance in your account. If your expenses are greater than the balance in your account, you will receive additional reimbursements as more before-tax dollars are placed in your account.

If you have any questions, call Erisa at 250-9397.

FLEXTRA Dependent Care Account Worksheet

Use this worksheet to estimate your expenses for the Plan Year (January 1, 2012 to December 31, 2012). Listed below are some common FLEXTRA Dependent Care expenses. For a complete listing go to: www.irs.gov

Activity	Monthly Cost	Number of Months	Number of Children	Total Cost
Day Care – 6 years and under, still not in first grade	$	X _____ months	X _____ children	$
Before school child care, children up to age 13	$	X _____ months	X _____ children	$
After school childcare, children up to age 13	$	X _____ months	X _____ children	$
Summer care or day camp, children up to age 13	$	X _____ months	X _____ children	$
Estimated annual total of out-of-pocket dependent care expenses.				$
Employees divide total by 24 payroll deductions per calendar year. New employees divide by the remaining number of calendar year pay periods, after your start date.				÷
Estimated contribution per pay period. This is the amount you enter into the Dependent Care space on the enrollment form during Open Enrollment. ***Maximum deduction is $208 per pay period (cannot exceed $4,992).***				$

If you are . . .	. . . this limit applies for your family each year. These limits may be reduced if you also participate in a City Childcare Program.
Single	**$4,992**
Married, filing a joint tax return	Lesser of **$4,992**, your income, or your spouse's income
Married, filing separate tax returns	Lesser of **$2,496**, your income, or your spouse's income
Married with a spouse who is disabled or is a full-time student at least five calendar months of the year	**$2,496** if you have one dependent; **$4,992** if you have two or more dependents

FLEXTRA and the City's Childcare Programs

If you participate in both the FLEXTRA Dependent Care Account and one of the City's Childcare Programs during the same year, funds you receive from the combined programs in excess of $5,000 are taxable under IRS guidelines. For instance, if a single parent elected the maximum FLEXTRA Dependent Care deduction of $4,992 and received a $500 summer camp program scholarship, they would be taxed on the $492 exceeding the limit. If you have questions, call the Employee Benefits Division at 974-3284.

Lauryn Guzman at Take Your Child To Work Day

FLEXTRA Details

Dependents and FLEXTRA

Annual contributions will roll over if you do not participate in Open Enrollment. To claim expenses for a dependent through FLEXTRA, that individual must qualify under Section 125 and in some cases, meet the City's eligibility requirements.

Enrolling in or Changing your FLEXTRA Accounts

You can enroll or make changes to your FLEXTRA accounts for the following three reasons:

1. As a new employee
2. During Open Enrollment
3. Within 31 days of a qualifying event
   Examples are:

   - Marriage or divorce
   - Birth or adoption of a child
   - Death of a spouse or child
   - Beginning or end of spouse's employment
   - Reduction in hours worked, which affects eligibility for benefits

Engine 1, Austin Fire Department

Leaving City Employment

FLEXTRA Health Care Account

If you terminate employment with the City, you will have until May 31, 2013 to submit claims to Erisa for expenses that were incurred while you were employed with the City and you contributed to your FLEXTRA Health Care Account.

If you have money remaining in your FLEXTRA Health Care Account, you may continue your participation through COBRA. For more information call Erisa, the City's COBRA Administrator, at 250-9397.

FLEXTRA Dependent Care Account

If you terminate employment with the City, you will have until March 15, 2013 to incur expenses and submit claims to Erisa by May 31, 2013 to receive reimbursement for funds accrued in your FLEXTRA Dependent Care Account.

Call Erisa at 250-9397 for more information on your FLEXTRA Accounts.

FLEXTRA Health Care and Dependent Care Review

1. FLEXTRA is governed by and must comply with the rules of the IRS.
2. FLEXTRA accounts do not result in tax savings for everyone. You should discuss with a tax advisor or obtain information from the IRS. Go to: www.irs.gov
3. You may continue contributions to your FLEXTRA Health Care Account through COBRA.
4. You may make changes to your FLEXTRA accounts only within 31 days of an IRS permitted change or during Open Enrollment.
5. You may set aside up to $250 per pay period for FLEXTRA Health Care.
6. You may set aside up to $208 per pay period for FLEXTRA Dependent Care.
7. USE IT OR LOSE IT! You have until March 15, 2013 to incur expenses and until May 31, 2013 to submit claims for reimbursement from your 2012 accounts.

Prepaid Legal Services

Employees have the opportunity to purchase prepaid legal services from the Texas Legal Protection Plan (TLPP). Participating employees can access legal services as listed below. Children must be unmarried and under 25 years of age to be covered. For more information, go to www.tlpp.org, or call 512-327-1372 or 800-252-9346.

Major Benefit Services

Benefits begin immediately on the effective date of coverage, with the exception of "divorce, annulment, or modification of existing order" benefits which require a six-month waiting period. The following benefits are available one time per year per family.

Action Benefits – These services allow you to initiate the legal matter.	**Protection Benefits –** These services are available to you as a defendant or respondent of the legal matter.
• Adoption Court Proceedings • Bankruptcy Court Proceedings – Non-business • Consumer Protection • Divorce, Annulment, or Modification of Existing Order – (six-month waiting period) • Estate Planning (Will, Power of Attorney, Living Will, Codicil) • Name Change	• Defense of Civil Action • Defense of Felony Charge • Habeas Corpus Court Proceedings • Defense of Insanity or Infirmity Proceeding • Defense of Misdemeanor Charge • Defense of Misdemeanor – License Suspension (if action leads to suspension or revocation of license) • Defense of Driving While Intoxicated • Juvenile Court Proceedings (Family coverage required)

Preventive Legal Services – This category is an additional four hours of attorney time, per family per plan year, for legal advice, correspondence, negotiation, and documentation preparation. Members may use this time for issues not included in the major benefit services, as long as the issue is not specifically excluded.

Legal Hotline Services – Unlimited toll-free telephone access to attorneys for general legal advice and consultation by calling Members Services.

Participating Attorneys – When using a Participating Attorney for a covered service, the plan pays the attorney's time up to the plan maximum; there are no copayments or deductibles. TLPP provides you access to attorneys throughout the State of Texas. The directory of Participating Attorneys is available at: www.tlpp.org

Non-Participating Attorneys – If you use an attorney who is not a Participating Attorney, coverage is available to you on an 'indemnity' basis; you will be partially reimbursed for the costs of covered legal services up to a specified dollar amount.

Exclusions – For a list of exclusions not covered by the plan, call TLPP.

Your Right to Convert

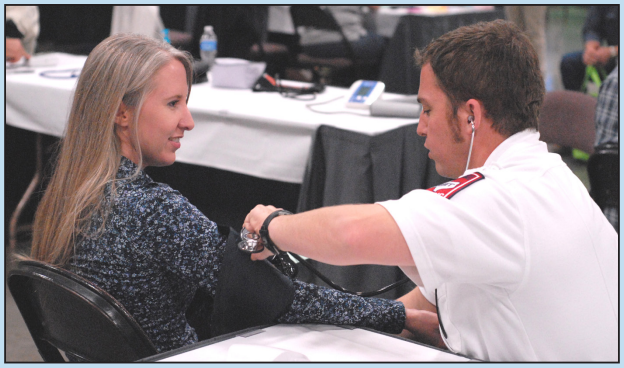
If you retire or terminate your employment with the City of Austin, you may convert your coverage to an individual policy. You must apply and pay your first premium no later than 31 days after the date coverage has ended. For additional information call TLPP.

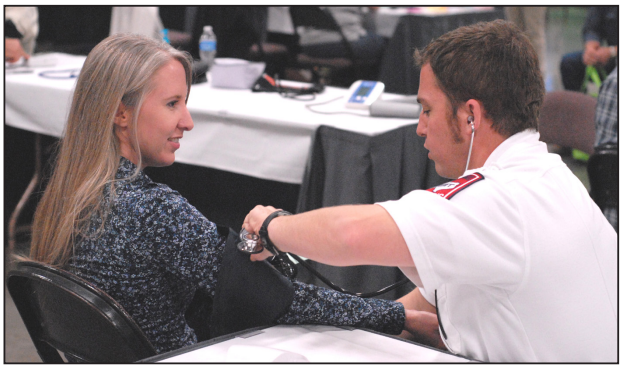
TLPP Rates – Per Pay Period

Employee Only	$ 5.41
Employee, Family, Spouse or Domestic Partner	$ 7.58

Employee Wellness

- HealthyConnections
- More Wellness Resources





Bradley Lines from EMS takes Beth Ortego's, CLMD, blood pressure at a Citywide health fair.

In 2010, the City of Austin spent more than $121 million on medical claims for employees and their dependents. Almost half of those dollars were spent on preventable health conditions, caused by factors such as tobacco use, unhealthy diet, and lack of exercise.

The cost of poor health has a significant impact on our organization, our employees, and their families. Wellness programming can reduce the burden of illness and health risks, leading to a healthier workforce and measurable cost savings.

HealthyConnections is the City's award-winning employee wellness program. It offers a wide range of activities to encourage and support healthy lifestyles. Located in the Employee Benefits Division of the Human Resources Department, HealthyConnections:

- Engages employees in activities that improve health and fitness.
- Fosters a productive workforce and improves the quality of life for employees and their families.
- Works to achieve a reduction in medical claims and more affordable health care for everyone.

With your supervisor's approval, you may also be able to use flextime to attend wellness activities during the work day and make up the time later in the week.

Find Out About Wellness

For detailed information, visit the HealthyConnections website at http://cityspace and click on the wellness icon. Also watch for featured articles on *Cityspace*, in *CitySource Today*, and in the *HR Update*. If you have questions contact a wellness consultant.

Email: HealthyConnections@austintexas.gov
Phone: 974-3284

Department Health Promotion Teams

Each City department has a Health Promotion Team (HPT) made up of volunteers who have a passion for wellness. If you are interested in fitness, nutrition, health care, or any of the HealthyConnections programs, contact your HPT team.

If you are interested in joining the HPT, visit with your supervisor for approval. Then send an email to HealthyConnections.

Health & Lifestyle Expo

HealthyConnections sponsors Citywide health and lifestyle expos at Palmer Events Center. An expo offers a Health Assessment Screening for employees and an opportunity for employees, retirees, and family members to visit with a wide variety of vendors about health, nutrition, fitness, and other topics. Watch for information on the wellness website, in *CitySource Today*, and the *HR Update*.

Flu Shots

This benefit is offered in the fall and is free to employees, spouses, and retirees. Dependents age 18 and older are also eligible, but must be accompanied by the employee.

Health Assessment

The Health Assessment is a combination of a biometric screening and a self-assessment tool designed to help employees better understand their current level of health and wellness.

The biometric screening includes a finger stick blood draw measuring cholesterol, a blood pressure check, and height and weight measurements. You use these numbers to complete a comprehensive questionnaire that helps you evaluate your nutrition, exercise, sleep, and stress levels. This ***confidential*** tool generates an overall wellness report detailing your personal strengths and weaknesses along with recommendations to improve your health and fitness.

You will learn how to improve your health and the City will be able to use the group data to better design programming to meet the specific needs of our diverse workforce. You must be enrolled in a City medical plan to participate.

Health Awareness

During the year, HealthyConnections has activities based on national health awareness campaigns designed to educate employees about healthy lifestyles. Most campaigns have both an educational component and a physical activity associated with them.

- **February** — **Heart Health**
  The City will join with the American Heart Association to promote heart health with a Wear Red Day event. HealthyConnections will educate you about heart health at Health Assessment Screenings throughout the month.
- **April** — **Health and Lifestyle Expo**
  This Citywide Health and Lifestyle Expo at the Palmer Events Center, will feature a variety of health and fitness exhibits. A Health Assessment Screening will be offered at the event.
- **May** — **Employee Health and Fitness Month**
  HealthyConnections will educate you through communications and seminars focused on nutrition and exercise. This campaign will include a fitness challenge that ends with a Citywide walk.
- **June** — **Men's Health Month**
  Wellness seminars and fitness activities designed for men will be conducted at various worksites. Information and reminders about the importance of regular preventive care will be communicated throughout the month.
- **July** — **Sun Safety**
  A skin cancer screening will be offered. HealthyConnections will share information about staying safe and hydrated in the hot summer sun.
- **October** — **Breast Cancer Awareness**
  HealthyConnections will promote the importance of early detection through mammography. Women enrolled in a City medical plan will be invited to attend a Mammo Mixer to receive a mammogram in a relaxed environment. Brown Bag Seminars will be scheduled to provide information on breast cancer awareness.
- **November** — **Diabetes Awareness**
  Citywide events promoting diabetes prevention and management will be conducted during the month. Communication and education will focus on nutrition, exercise, and diabetes counseling.
- **December** — **De-Stress Campaign**
  HealthyConnections will provide information and tips on how to manage stress. Seminars on how to relieve stress will be offered at several City worksites.

Wellness Education

HealthyConnections offers a variety of seminars and classes on a wide range of health topics such as nutrition, diabetes, heart disease, and weight management. These educational offerings provide valuable up-to-date information for employees and their families. These seminars are often offered in conjunction with a health awareness campaign. To sign up, go to: http://cityspace and click on **TRAIN**

Weight Watchers at Work

The City offers this nationally-recognized program, which helps employees make wise food choices for long-term healthy living. Weight Watchers at Work provides convenient, weekly meetings at the workplace, confidential weigh-ins, educational materials, and support from group members and the Weight Watchers leader. The cost may be subsidized by the City if certain requirements are met.

Using Your FLEXTRA Health Care Dollars to Pay for Weight Management

If your doctor has recommended a weight loss program as a treatment for a specific disease (such as hypertension, obesity, or heart disease), you may use your FLEXTRA Health Care dollars to pay for your membership in a weight reduction group and attendance at periodic meetings. For more information on eligible weight management expenses, go to: www.irs.gov, and enter **Publication 502** into the search function.

Farm to Work

In partnership with the Sustainable Food Center of Austin, this program offers weekly delivery of pre-ordered baskets of fresh locally-grown produce at two City worksites: Waller Creek and One Texas Center. Employees order on a secure website. The cost per basket is $20. Items in the basket vary with the season but are always full of farm-fresh fruits and vegetables. To order, go to the HealthyConnections website and click on the Farm to Work icon.

Tobacco Cessation

HealthyConnections offers Tobacco Cessation 101, a 90-minute seminar, to help employees kick the habit. Classes are available at locations across the City. The class is designed for both smokers and smokeless tobacco users. Ask a Health Promotion Team member in your department for the schedule, check the HealthyConnections website, or look on **TRAIN**. Individuals who complete the class and contact the Employee Benefits Division to receive approval are eligible to receive cessation medication (including over-the-counter products) free for six months with a doctor's prescription. Employees, spouses, eligible dependents, and retirees who are enrolled in a City medical plan are eligible for this benefit.

PE Program

This program offers free exercise classes at a variety of locations to help employees improve their fitness and health. The program focuses on beginners and encourages participants to go at their own pace. The PE program is accessible, inclusive, educational, and results-oriented.

Classes are organized into fall, spring, and summer sessions. Registration is announced on CitySpace, the HR Update, and CitySource Today. The PE program empowers participants to improve their overall health and fitness by offering opportunities to:

- Be physically active in a motivational and supportive environment.
- Increase knowledge and practice of healthy nutrition and effective fitness techniques.
- Enhance relationships among participants and increase organizational pride.

Barbara Coleman and Mary Luna walking in a PE walk class.

For 2012, classes include:

- Walk
- Walk/Run
- Run
- Bike
- Swim
- Yoga
- Tai Chi
- Strength
- Kickball
- Zumba

To register for a class go to: coa.peprogram@ci.austin.tx.us

More Wellness Resources

Chair Massage

HealthyConnections works with several registered massage therapists to offer 15-minute head, neck, and shoulder massage at the workplace for $15. Check with a Health Promotion Team member in your department for information about availability in your department.

LIVESTRONG Survivorship Notebook

If you or someone in your family has been diagnosed with cancer, the Lance Armstrong Foundation has provided the City of Austin a valuable resource, the *LIVESTRONG Survivorship Notebook*. This notebook includes information and tools to help you organize your care, keep all of your medical information in one place, and understand how to deal with the physical, emotional, and practical issues all cancer patients face.

*LIVESTRONG Survivorship Notebook*s are available for free by contacting your department's HPT representative or at the fro desk of the City of Austin Human Resources Department in One Texas Center, 505 Barton Springs Road, Sixth Floor. You may also download or order your own hard copy at: www.livestrong.org (shipping charges will apply).

Five Wishes Program

This easy-to-complete, living will addresses your medical, personal, emotional, and spiritual needs if you become seriously ill. The document is available for free by contacting your department's HPT representative or the Employee Benefits Divison.

Additional Benefits

- Employee Assistance Program
- Employee Communications
- Tuition Reimbursement
- Service Incentive Pay
- Other Benefits
- Childcare Programs
- Commuter Program
- Leave
- Veterans Services Office
- Workers' Compensation
- Direct Deposit
- Velocity Credit Union
- Employee Retirement Systems
- Deferred Compensation
- Social Security

Employee Assistance Program (EAP)

Alliance Work Partners provides short-term **confidential counseling** to help you and members of your household deal with life's stresses. The EAP provides resources to help you address a wide variety of issues. Services are available 24 hours a day, seven days a week at no cost to you.

The Alliance Work Partner counselors understand the constant interplay between problems on and off-the-job. They understand almost any issue can be dealt with if it is identified and treated early. Typically, employees attend fewer than five counseling and problem resolution sessions.

Alliance Work Partners can help you with:

- Marital/family problems
- Domestic violence
- Psychological issues
- Crisis management
- Legal problems
- Anger management
- Work/vocation issues
- Adolescence
- Substance abuse/dependency

Real Lives, Real Help

A 23-year-old mother of two children whose marriage was falling apart because she and her husband felt their problems were just too big to overcome. Like many young couples, they had financial issues and just didn't feel the same about each other after having two children in three years. After several sessions with an EAP counselor they found ways to work through their problems together. They also learned the importance of making time for themselves - such as a date night without the kids.

The 40-year-old utility worker whose 14-year-old daughter began having trouble with grades and started spending her time at home locked in her room. He and his wife were concerned so they scheduled an appointment with a counselor for a family session. They learned their daughter's behavior was not uncommon for a child her age.

Work/Life Services

Alliance Work Partner counselors can also assist with work/life issues such as:

- Financial planning
- Adoption education/coordination
- Consumer product information
- Child/elder care referral
- Academic services
- Travel information/referral
- Law Access – 30 minutes free

Safe Ride Home

Alliance Work Partners has joined with Safe Ride to offer reimbursement for a cab ride, up to 30 miles one way, when you or a family member is impaired by alcohol or drugs. For more information, call Alliance Work Partners at 800-343-3822.

If your EAP counselor makes a referral for additional assistance, you are responsible for the cost. However, when making the referral, your counselor will consider your resources, including applicable medical coverage.

Employee Communications

The Human Resources Department publishes newsletters to educate and inform the workforce about human resources-related issues. It is important for employees to take time to review these publications to avoid missing important information.

- *The HR Update*, published monthly for employees
- *The HR Advisor,* published periodically for supervisors and managers
- *CitySource Today* is an online weekly newsletter published by the Communications and Public Information Office. It focuses on the people and projects that define the City of Austin workforce, as well as providing information about the City's benefits programs.

Tuition Reimbursement Program

The City encourages employees to improve their job skills and career potential. To help employees reach their individual goals, the City provides Tuition Reimbursement for employees who meet eligibility requirements. The Tuition Reimbursement Program generally supports technical and academic courses at accredited schools and institutions.

To obtain information about eligibility or to find out how to apply, call the Human Resources Department at 974-3400, or go to http://cityspace, the City's intranet website and click on HR Forms.

Service Incentive Pay

Service Incentive Pay is a benefit for non-Civil Service employees who have completed at least five years of continuous service with the City.

The formula for employees with **five** and **up to seven years** is: Completed years of uninterrupted service (up to seven years) x .0025 x hourly rate x scheduled work week x 52 weeks per year or $500, whichever is less.

The formula for employees with **seven** and **up to 15 years** is: Completed years of uninterrupted service (up to 15 years) x .0025 x hourly rate x scheduled work week x 52 weeks per year or $1,000, whichever is less.

The formula for employees with **15 or more years** is: Completed years of uninterrupted service x .0025 x hourly rate x scheduled work week x 52 weeks per year or $1,500, whichever is less.

When calculating your benefit, use your hourly rate, scheduled work week, and length of service as of the current year.

By law, this benefit is subject to withholding tax. Taxes are withheld according to your W-4 Form. The benefit payment is included in the first paycheck issued in December.

If there is a conflict between the City's Personnel Policies on Service Incentive Pay and the information provided in this section of the Guide, the Personnel Policies govern. For more information about Service Incentive Pay, call the Compensation Division of the Human Resources Department at 974-3292.

Other Benefits

The City offers other benefits that employees may access, including:

- Bilingual Pay - Call the HRD Compensation Division at 974-3292
- Employee Discounts with local merchants - http://cityspace
- Tax Preparation Assistance, if eligible - www.foundcom.org
- Free Entry to City Parks (including Deep Eddy and Barton Springs pools)

Childcare Programs

The programs described below are offered to full-time, regular employees. For more information call the Employee Benefits Division at 974-3284.

Family Size	Family Income
1	$32,426
2	$42,404
3	$52,381
4	$62,358
5	$72,335
6	$84,348

Childcare Assistance Program

City employees with children under the age of 13 may be eligible for financial assistance of up to $50 per week per child for all-day, week-long care. Eligibility is based on household size and family income. For example, a family of four with a gross income of less than $62,358 a year qualifies for assistance. Other requirements: Single parents must have child support orders in place. In a two-parent home, both parents must work at least thirty hours a week. Applications for the program are accepted only during Open Enrollment, within 31 days of being hired, or for an eligible change of childcare status.

Youth Camp Scholarship Program

This program is available to ***all*** employees with children ages five through 12, regardless of household size or family income. The program provides scholarships worth up to $50 a week at participating Parks and Recreation Department (PARD) Recreations Centers. Employees new to the program must apply by the first week of May each year in order to be placed on the PARD eligibility list. Applications are available online, at PARD facilities, and from your departmental Human Resources representative.

Childcare Referral

City employees can receive free assistance locating and researching potential childcare providers by contacting the Childcare Coordinator in the Employee Benefits Division.

Commuter Program

As part of the Clean Air Initiative, the City has an agreement with Capital Metro for the following benefits. These services are free to employees:

Capital Metro Red Line Train leaving the Austin Convention Center

Bus and Rail Services

City employees can ride any Capital Metro bus or train using a transit pass. These cards are available from your department's HR representative. Employees must commit to riding the bus or train at least one day a week. Visit www.capmetro.org and use the Online Trip Planner to learn the easiest and fastest way to commute.

RideShare Van Pools

City employees can also take advantage of Capital Metro's van pool services for free. Call the Rideshare office at 477-RIDE (7433) and get matched to a van pool operating between your home and work location. Employees also have the option of forming their own van pool with the help of the Rideshare office. Capital Metro provides the van, gas, insurance, and regular maintenance free to City employees.

MetroAccess – Paratransit Services

The MetroAccess program serves employees with disabilities by providing shared-ride, door-to-door public transportation service for free. For more information call Capital Metro at 474-1200.

For more information on the Commuter Program, go to http://cityspace, the City's intranet website, or call the Employee Benefits Division at 974-3284.

Leave

The following information summarizes current leave policies. The benefits described do not imply a guarantee of employment or a continuation of the leave program. Leave policies are subject to change.

Refer to the City's Personnel Policies for more information. If there is a conflict between the information provided in this section of the Guide and the Personnel Policies, the Personnel Policies govern.

If you have any questions about leave, call the Employee Relations Division of the Human Resources Department at 974-3400.

Paid Leave

Paid leave benefits are available for a number of approved reasons. Examples of paid leave benefits include:

- Official holidays
- Personal holidays
- Sick leave
- Personal (vacation) leave

The paid leave benefits described in this section apply to you if you are a full-time employee in a regular budgeted position. As a part-time employee, you are entitled to leave benefits on a prorated basis.

Holiday	Date Observed
New Years Day	January 2
Martin Luther King, Jr.'s Birthday	January16
President's Day	February 20
Memorial Day	May 28
Independence Day	July 4
Labor Day	September 3
Veteran's Day	November 11
Thanksgiving Day	November 22
Friday after Thanksgiving	November 23
Christmas Eve	December 24
Christmas Day	December 25

Official Holidays

City holidays for 2012 are listed above. You may be required to work on an official holiday. If you are scheduled to work, you will be compensated for the holiday according to Personnel Policies.

Personal Holidays

Upon completion of your six-month probationary period, you are eligible to take two personal holidays each year. If you do not use your personal holidays in the year earned, they cannot be carried over into the following year.

Dianna Moreles, Austin Police Department Forensics Lab

Sick Leave

You earn four hours of sick leave per pay period, based on 24 pay periods annually, if you are a full-time, regular employee working 40 hours per week. If you work other than a 40-hour work week, you accrue sick leave at a different rate. Civil Service employees also accrue sick leave at a different rate.

Sick leave must be earned before it can be used. If you do not use your sick leave, you may carry unused days forward into the next year. Sick leave may be accrued on an unlimited basis. If you are on sick leave for five work days or more due to your own health condition, a return to work release form must be completed by your health care provider and given to your supervisor before you will be allowed to return to work.

Personal (Vacation) Leave

You may use personal leave for any reason. The amount that you earn depends on how long you have worked continuously for the City and the number of hours you work each week, based on 24 pay periods annually.

The number of hours you earn per pay period as a full-time employee working 40 hours per week is listed in the chart to the right. If you are scheduled to work other than a 40-hour work week, you accrue personal leave at a different rate. Civil service employees also accrue personal leave at a different rate.

Years worked	Hours you earn
Less than 5	4.34
5 but less than 10	5.34
10 but less than 15	6.00
15 but less than 20	6.67
20 or more	7.67

You should keep in mind a few other things about personal leave:

- You may request personal leave at any time once you have completed your probationary period.
- If you become ill while you are on personal leave, you may request that your personal leave be temporarily stopped and your absence be charged to sick leave.
- The maximum amount of personal leave you may accrue is 400 hours for a 40-hour work week.
- Payment of unused personal leave upon resignation or retirement is limited to 240 hours.
- You may use personal leave while on family or medical leave.

Family and Medical Leave (FMLA)

If you have been employed by the City a minimum of 12 months and you have worked at least 1,250 hours during the 12 months prior to commencement of the leave, you are eligible for family or medical leave. As an eligible employee, you are allowed up to 12 weeks per calendar year for:

- Family leave:
  - For the birth and care of your child.
  - For the placement of a child for adoption or foster care.

OR

- Medical leave:
  - To care for your seriously ill spouse, domestic partner, child, or parent.
  - For your own serious health condition that prevents you from performing one or more of the essential functions of your job.

Family leave must be taken within 12 months after the birth of a child or the placement of a child for adoption or foster care. Family leave may begin within a reasonable time before the birth or placement of a child.

You may take family leave continuously; however, you are not entitled to take family leave intermittently or on a reduced leave schedule unless approved by your Department Director. Medical leave can be taken continuously, intermittently, or on a reduced leave schedule if medically necessary.

FMLA (Continued)

Family and medical leave is unpaid leave. You may, however, use accrued personal leave while on leave. When you request family leave for the birth and care of a child, you may use accrued personal leave and, if appropriate, sick leave. During medical leave you may use accrued sick leave and, after all accrued sick leave is used, you may ask to use accrued personal leave.

You must submit a request for family or medical leave to your supervisor at least 30 days prior to the planned event, such as scheduled surgery, scheduled hospitalization, birth, or adoption. If advance notification is not practical or the reason for leave is unplanned, you must give notice to your supervisor as soon as possible, but no later than two business days after you learn of the need for the leave.

Your Department Director may require you to provide satisfactory proof of the proper use of medical leave. If satisfactory proof is not provided, your request may be denied.

While on family or medical leave, medical and other benefits coverages will continue under the current conditions and costs, including the City's contribution to your benefits premiums. If you use accrued paid leave while on family or medical leave, benefits premiums will be taken automatically from your paycheck. If on unpaid leave, you must contact the Employee Benefits Division to make arrangements to pay your benefits premiums, if any.

If you do not wish to continue any or all of your benefits while on family or medical leave, you must contact the Employee Benefits Division to complete a Benefits Enrollment Form to drop coverage. If you choose to continue benefits and fail to return from family or medical leave, you may be required to reimburse the City for the City's portion of the benefits premiums paid on your or your dependents behalf during the unpaid leave.

After family or medical leave has ended, you will be returned to a position equivalent to the position you held before your leave began with equal pay, benefits, and other employment terms and conditions. However, the City cannot guarantee that you will be returned to the position you held before you left.

Employees on Leave of Absence

As a City employee, you may be granted a leave of absence under certain circumstances. All requests for leave of absence must be approved by your Department Director, and requests for leave of more than 30 days must be approved by the City Manager. The maximum total time for which a leave of absence may be granted is one year.

If you are on leave for five or more consecutive work days due to your own health condition, a return to work release form must be completed by your health care provider and given to your supervisor before you will be allowed to return to work.

If you are participating in the Deferred Compensation loan program and you are on an unpaid leave of absence, automatic deductions are not possible. You must contact the Deferred Compensation office to prevent default on your loan.

While you are on a leave of absence, if you do not wish to continue any or all of your benefits for yourself and/or your dependents, you must contact the Employee Benefits Division and schedule an appointment to complete a Benefits Enrollment Form to drop coverage.

If you choose to continue your benefits, you will be responsible for the full cost of premiums, including the City's contribution. Since you do not receive a paycheck while you are on an unpaid leave of absence, automatic deductions are not possible. To make arrangements to pay your benefits premiums, contact the Employee Benefits Division at 974-3284.

Military Family Leave

Military Caregiver Leave (also known as Covered Service Member Leave)
Eligible employees who are family members of covered service members can take up to 26 work weeks of leave in a "single 12-month period" to care for a covered service member with a serious illness or injury incurred in the line of duty while on active duty. This 26 work week entitlement is a special provision that extends FMLA job-protected leave beyond the normal 12 weeks of FMLA leave.

Qualifying Exigency Leave

This leave helps families of members of the National Guard, Reserve, and active duty manage their affairs while the member is on active duty in support of a contingency operation.

Veterans Services Office – Five Star Employer

The City of Austin is a Five Star Employer, with a Veterans Services Office. This office supports veterans as well as National Guard and Reservists who work for the City. This office also provides assistance to families of military service members, especially during deployments.

The City's program has three key areas:

- **Veterans Consultant** – The City provides training to departments about their responsibilities under USERRA, the Uniformed Services Employment and Reemployment Rights Act. This Federal legislation addresses a wide range of issues such as hiring, leave, and benefits.

- **Ombudsman Services** – The program offers mediation services as a link between the employee, the employee's family, and the department. The confidential services include listening to concerns and complaints, evaluating options, and offering solutions. The program strives to help all service members receive fair and equitable treatment from City, State, and Federal entities.

- **Partnerships with Other Groups** – The City's Veterans Services Office partners with a variety of organizations in the community.

City benefits also include the following:

- 15 days of paid military leave per fiscal year
- Military Pay Supplement Program
- Veteran's preference in the City hiring process
- Service credit toward City retirement for military service
- Continuation of benefits through Family and Medical Leave (FMLA)

For more information, contact the Veterans Consultant and Military Ombudsman at 974-3459 or email veterans.day@ci.austin.tx.us. You can also visit the website at: http://www.ci.austin.tx.us/military

Sergeant Carlos Saldivar, Austin Police Department

Workers' Compensation

Workers' Compensation is a program for managing medical treatment and loss of wages if you are injured on-the-job. The City provides this coverage for compensable injuries and illnesses according to State law. Workers' Compensation benefits are provided to you at no cost.

If you are injured on-the-job, you may be eligible for payment of:

- All reasonable and necessary medical treatment
- 70% or 75% of your average weekly wage (depending on your hourly rate)

If you are injured on-the-job, the Departmental Workers' Compensation Representative (DWCR) in your department who is assigned to your case can answer questions about your Workers' Compensation benefits. If you are injured on-the-job, report your claim immediately to your supervisor. Ask your doctor to complete and sign the proper work status form and return it to your DWCR.

For more information, call your DWCR or the Risk Management staff of the Human Resources Department at 974-3400.

David Brown, Frederick (Torch) Acosta, Public Works Department

Direct Deposit

If you are currently receiving a printed paycheck, you should consider switching to direct deposit. The City of Austin wires the money to your account, usually a day before you would be able to pick up and cash your check.

It's safe, quick, and easy. All you have to do is complete a City of Austin Direct Deposit Authorization Agreement on the Financial Services Department webpage. Go to:
http://payroll.ci.austin.tx.us/pay_forms.cfm

Velocity Credit Union

As an employee of the City, you are eligible for membership in the Velocity Credit Union. Once you join Velocity, anyone in your family is eligible to join.

Some of the services available to credit union members include:

- Free checking/direct deposit
- Master Money™ Check Card
- Savings/investment accounts
- Low-cost loans
- Multiple Austin-area locations and ATMs
- Youth Club accounts
- Safe deposit boxes
- Individual retirement accounts
- Internet Home Banking with Bill Pay
- Payroll deductions to savings and/or loans
- Financial planning, investment, and insurance service

For more information, go to: www.velocitycu.com

Employee Retirement Systems

The City values you as an employee. As part of your compensation, the City provides retirement benefits. Over the years, the City has made a significant investment in providing retirement benefits to employees, so it is important that you understand how your retirement benefits work.

Several programs are available to help you prepare for your retirement. These programs include mandatory participation in one of three separate retirement systems, an optional Deferred Compensation Program, and City contributions to Social Security on your behalf.

Employees are eligible for retirement when they meet one of the following age and service requirements. For more information about your defined benefit retirement plan, contact your retirement system.

City of Austin Employee Retirement System (COAERS)

Call 458-2551, or go to: www.coaers.org

Tier 1
- 23 years of creditable service at any age
- 20 years of creditable service at age 55
- Any number of years creditable service at age 62

Tier 2 – *Employees hired on or after January 1, 2012*
Normal Retirement
- 30 years creditable service at age 62
- 5 years of creditable service at age 65

Early Retirement
- 10 years of creditable service at age 55
- Reduced annuity

Austin Fire Fighters Relief and Retirement Fund

Call 454-9567, or go to: www.afrs.org

Normal Retirement
- Age 50 or 25 years of service

Early Retirement
- 10 years of service at age 45
- 20 years of service at any age

City of Austin Police Retirement System

Call 416-7672, or go to: www.ausprs.org

Normal Retirement
- 23 years creditable service at any age (excluding prior Military Service)
- 20 years creditable service at age 55 (excluding prior Military Service)
- Any number of years creditable service at age 62

Early Retirement
- None

Deferred Compensation Plan (457 Plan)

The Deferred Compensation Plan is a retirement savings plan that allows eligible employees to supplement retireme pension benefits by saving and investing before-tax dollars through voluntary salary deferral. ING Institutional Plan Services is the plan administrator.

You may enroll in the Deferred Compensation Plan or mal changes in your deferrals any time during the year. You m also choose from a diverse array of investment options. Yo account is tax-deferred until you withdraw money, usually retirement. To review and manage your account, call 877-66-AUSTIN (877-662-8784) or go to: www.dcaustin.com

Social Security

Social Security pays benefits once you meet certain eligibili requirements when you retire, become disabled, or die. Social Security taxes are paid by you and the City. At the current time this amount is 6.2% for Old Age, Survivors a Disability Insurance (OASDI), and 1.45% for Medicare Ta however these amounts are subject to any changes made by the United States Congress.

Contributions by firefighters to Social Security may vary, a in some cases may not be made at all. If you are a firefight contact the Austin Fire Fighters Relief and Retirement Fun for more information about your Social Security benefits.

Questions about Social Security benefits may be directed t the Social Security Administration at 800-772-1213, or go www.socialsecurity.com

Important Benefits Information

- ADA Compliance
- Governing Plan
- HIPAA
- Patient Protection and Affordable Care Act
- COBRA
- Continuation of Coverage for Domestic Partners
- USERRA Continuation of Coverage
- Surviving Spouse Coverage
- Surviving Family Peace Officer Benefit
- Surviving Family/Work-Related Coverage
- Your Prescription Drug Coverage and Medicare

ADA Compliance

The City is committed to complying with the Americans with Disabilities Act (ADA). Reasonable accommodation, including equal access to communications, will be provided upon request. For more information, call the Human Resources Department at 974-3284 or use the Relay Texas TTY number 800-735-2989 for assistance. For more information, visit the website at: www.ci.austin.tx.us/ada

Governing Plan

Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage, or contract), and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern. City of Austin employees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time. These benefits are not a guarantee of your employment with the City.

The Health Insurance Portability & Accountability Act of 1996 (HIPAA)

This act imposes the following restrictions on group health plans:

Limitations on pre-existing exclusion periods. Pre-existing conditions can only apply to conditions for which medical advice, diagnosis, care, or treatment was recommended or received during a period beginning six months prior to an individual's enrollment date, and any pre-existing condition exclusion is not permitted to extend for more than 12 months after the enrollment date. Further, a pre-existing condition exclusion period may be reduced by any creditable previous coverage the individual may have had.

Special enrollment. Group health plans must allow certain individuals to enroll upon the occurrence of certain events, including new dependents and loss of other coverage. Loss of coverage includes:

- Termination of employer contributions toward other coverage.
- Moving out of an HMO service area.
- Ceasing to be a "dependent," as defined by the other plan.
- Loss of coverage to a class of similarly situated individuals under the other plan (e.g., part-time employees).

Additionally, individuals entitled to special enrollment must be allowed to enroll in all available benefit package options and to switch to another option if he or she has a spouse or dependent with special enrollment rights.

Prohibitions against discriminating against individual participants and beneficiaries based on health status: Plans may not establish rules for eligibility of any individual to enroll under the terms of the plan based on certain health status-related factors, including health status, medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability, or disability.

Standards relating to benefits for mothers and newborns: Plans must provide for a 48-hour minimum stay for vaginal childbirth, and a 96-hour minimum stay for cesarean childbirth, unless the mother or medical provider shortens this period. No inducements or penalties can be used with the mother or medical provider to circumvent these rules.

Parity in the application of certain limits to mental health benefits: Plans must apply the same annual and lifetime limits (i.e., dollar amounts) that apply to other medical benefits to benefits for mental health. If this requirement results in a one percent or more increase in plan costs or premiums, this rule does not apply.

City of Austin Policy on HIPAA

HIPAA gives the City, as the plan sponsor of a non-Federal governmental plan, the right to exempt the plan in whole or in part from the requirements described above. The City has decided to formally implement all of these requirements.

- The Plan does not currently have a pre-existing condition limitation; therefore, the plan is already in compliance with this provision.
- The Plan will provide special enrollment periods.
- The Plan will comply with the non-discrimination rules.
- The Plan will comply with the standards for benefits for mothers and newborn children.
- The Plan will comply with the rules on mental health benefits.

The HIPAA Privacy Rules for Health Information were established to provide comprehensive Federal protection concerning the privacy of health information. The Privacy Rules generally require the City to take reasonable steps to limit the use, disclosure, and requests for Protected Health Information to the minimum necessary to accomplish the intended purpose. The City is committed to implementing the Privacy Rules.

The Women's Health and Cancer Rights Act of 1998 was enacted on October 21, 1998. It provides certain protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy. Specifically, the act requires that health plans cover post-mastectomy reconstructive breast surgery if they provide medical and surgical coverage for mastectomies. Coverage must be provided for:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and physical complications of all stages of mastectomy, including lymph edemas.
- Secondary consultation whether such consultation is based on a positive or negative initial diagnosis.

The benefits required under the **Women's Health and Cancer Rights Act of 1998** must be provided in a manner determined in consultation with the attending physician and the patient. These benefits are subject to the health plan's regular copays and deductibles.

Patient Protection and Affordable Care Act

As part of the Patient Protection and Affordable Care Act (Health Reform) effective January 2018, medical plans which exceed a threshold level established by the Federal government will have to pay a 40% excise tax. The City of Austin is committed to designing a medical plan that is below the threshold level, however if the threshold is reached the cost of the excise tax will be passed on to employees and retirees.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), as amended, is a Federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical coverage, vision coverage, dental coverage, and/or participation in the FLEXTRA Health Care Account at their own cost in the case of certain qualifying events. Continuation of your life insurance, short term disability, long term disability, FLEXTRA Dependent Care Account, and prepaid legal services is not available under COBRA. The City offers continued medical coverage, dental coverage, vision coverage, and/or participation in the FLEXTRA Health Care account for covered individuals if certain qualifying events occur.

COBRA Notice Requirements. Each employee or qualified beneficiary is required to notify the Employee Benefits Division of the Human Resources Department within 60 days of a divorce, legal separation, child no longer meeting the definition of dependent, or entitlement to Medicare benefits. Erisa, the City's COBRA administrator, will then notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

Continuation of Coverage for Domestic Partners

The City offers covered individuals the opportunity to continue medical coverage, vision coverage, and/or dental coverage at their own cost in the case of certain qualifying events. Continuation of your life insurance, is not available under Continuation of Coverage for Domestic Partners.

Each employee or covered individual is required to notify the Employee Benefits Division of the Human Resources Department within 31 days of dissolution of the Domestic Partnership, child no longer meeting the definition of dependent, or entitlement to Medicare benefits. Erisa, the City's COBRA administrator, will then notify all covered individuals of their rights to enroll in Continuation of Coverage for Domestic Partners coverage. Notice to a covered individual who is the Domestic Partner or former Domestic Partner of the covered employee is considered proper notification to all other covered individuals residing with the Domestic Partner or former Domestic Partner at the time the notification is made.

USERRA Continuation of Coverage

The Uniformed Services Employment and Reemployment Rights Act (USERRA) provides that if you are required to be absent from work for a period of time due to voluntary or involuntary military service or training, you have certain re-employment and medical benefits continuation rights during your absence. You and your family members have the opportunity to continue your benefits from the date coverage otherwise would end, provided you pay the premium. However, for absences of less than 31 days, you may continue benefits while paying only your usual share of the cost. When you return to work, no exclusions or waiting periods will apply.

Surviving Spouse Coverage

Your spouse may be eligible for Surviving Spouse Medical, Dental, and Vision Coverage only if you meet one of the following requirements and your spouse completes a Surviving Spouse Benefits Enrollment Form within 31 days from the date of your death:

- You are a City retiree who retired under the City of Austin Employees' Retirement System, Austin Fire Fighters Relief and Retirement Fund, or City of Austin Police Retirement System.
- You are an active City employee who is eligible to retire with the City but choose to continue to work for the City.
- You are a City retiree who has returned to active employment with the City.

If eligible, your spouse will be able to continue his or her coverage through the City after your death, provided your spouse was enrolled in a City-sponsored plan at the time of your death. Surviving Spouse Coverage is not available to any of your dependents other than a surviving spouse, regardless of whether the dependent was covered under a City-sponsored plan at the time of your death. The coverage offered is the same coverage offered to City retirees.

Surviving Family Peace Officer Benefit

If you are killed in the line of duty (your accident must be considered compensable under the City's Workers' Compensation program) while working for the City, your dependents who are enrolled in a City-sponsored health plan at the time of your death are allowed to continue their health coverage, if they complete a Surviving Family/Peace Officer Benefits Enrollment Form and pay the premium within 90 days from the date of your death. The City will continue to subsidize the premium.

Surviving Family/Work-Related Coverage

If you are killed in the line of duty (your accident must be considered compensable under the City's Workers' Compensation program) while working for the City, your dependents who are enrolled in a City medical plan at the time of your death are allowed to continue their medical coverage, if they complete a Surviving Family/Work-Related Benefits Enrollment Form and pay 100% of the premium within 90 days from the date of your death.

Surviving Family/Work-Related Medical Coverage is not available to active employees who are also City retirees who have returned to work for the City and have declined active employee benefits. The City will notify your surviving dependents of their eligibility for Surviving Family/Work-Related Medical Coverage.

For more information or to receive a Surviving Family/Work Related Benefits Guide, contact the Employee Benefits Division at 974-3284.

Your Prescription Drug Coverage and Medicare

Beneficiary Creditable Coverage Disclosure Notice

This notice has information about your current prescription drug coverage with the City of Austin and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining a Medicare drug plan, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in this area. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. On January 1, 2006, new prescription drug coverage became available to individuals with Medicare Part A. This coverage is available through Medicare prescription drug plans, also referred to as Medicare Part D. All such plans provide a standard, minimum level of coverage established by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Austin has determined that prescription drug coverage offered through City health plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Other Important Considerations

- If you currently have prescription drug coverage through a City health plan, you may choose to enroll in Medicare Part D annually between October 7 and December 7, or when you first become eligible for Medicare Part D.
- If you decide to join a Medicare drug plan, your current City of Austin medical coverage will not be affected.
- If you do decide to join a Medicare drug plan and drop your current City of Austin coverage for your dependents, you may be able to get this coverage back during an Open Enrollment period.
- You should also know that if you drop or lose your current coverage with the City of Austin and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium.
- You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.
- If you are enrolled in Medicare Part D or a Medicare Advantage Plan and are also enrolled in the City health plan, you may have duplicate prescription coverage. If you would like to review your coverage or for more information, contact the Employee Benefits Division of the Human Resources Department at 974-3284.

More information about Medicare Part D prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. You can also:

- Visit: www.medicare.gov for personalized help.
- Call the **Health and Human Services Commission of Texas** toll free at 888-834-7406, local number 800-252-9330.
- Call 800-MEDICARE (800-633-4227).
- TTY users should call 877-486-2048.

Financial assistance may be available for individuals with limited income and resources through the **Social Security Administration (SSA)**. For more information, visit the SSA website at: www.socialsecurity.gov. Or call 800-772-1213. TTY users should call 800-325-0778.