

# WELCOME TO OPEN ENROLLMENT

Plan Year: October 1, 2023 – September 30, 2024



# PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

The City of Everman strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you’re getting the most out of our benefits—that’s why we’ve put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits The City of Everman offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **October 1, 2023**. If you have questions about any of the benefits mentioned in this guide, please don’t hesitate to reach out to HR.

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## WHO IS ELIGIBLE?

If you're a full-time employee at The City of Everman, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental, and vision coverage:

- Spouse & Child(ren)
- All Part Time employees will receive the New Benefits policy

## HOW TO ENROLL

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully. After you receive the email from the city you can go to [www.hrconnection.com](http://www.hrconnection.com) and make your elections.

## WHEN TO ENROLL

Open enrollment begins on **September 15, 2023** and runs through **September , 2023**. The benefits you choose during open enrollment will become effective on **October 1, 2023**.

If you are a new hire, you are available for coverage the **1<sup>st</sup> day of the month following your date of hire**.

## HOW TO MAKE CHANGES

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

## UHC MEDICAL INSURANCE

The City of Everman contributes 100% to the Employee Only cost (\$778.65) for BCYB Base Plan. The Employee can choose to participate in any one of the four plans referenced in chart above. Employees are eligible to enroll qualified Spouses and Dependents. The cost will be deducted via payroll deduction on a pre-tax basis. Employees who opt out completely out of medical insurance will receive a \$250 stipend a month. **You must provide proof of other coverage to receive the stipend.**

Services	UHC NAVIGATE BCXO HMO	UHC DDYJ HSA PPO	UHC BCZS EPO	BASE PLAN UHC BCYB PPO
Physician Visit Specialist Visit	\$25 Copay \$75 Copay	100% after deductible 100% after deductible	\$30 Copay \$60 Copay	\$20 Copay \$40 Copay
PCP Required/Referral	Yes	No	No	No
PCP Visit < age 19	\$0	100% after deductible	\$0	\$0
Designated Specialist Visit	\$75 Copay	100% after deductible	\$30 Copay	\$20 Copay
Member Coinsurance (in   out)	80%   0%	100%   70%	100%   0%	80%   50%
Urgent Care	\$100 Copay	100% after deductible	\$75 Copay	\$75 Copay
Deductible - Individual - Family	\$1,000 \$2,000	\$3,000 \$6,000	\$3,000 \$6,000	\$250 \$500
Hospitalization	80% After Deductible	100% after deductible	100% After Deductible	80% After Deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Emergency Room	\$500 Copay	100% after deductible	\$300 Copay	80% after \$250 Copay
Out-of-Pocket Max - Individual - Family	(Includes Deductible) \$6,600 \$13,200	(Includes Deductible) \$4,000 \$8,000	(Includes Deductible) \$4,500 \$9,000	(Includes Deductible) \$3,000 \$6,000
Prescription Drugs - Generic - Preferred - Non-Preferred	\$10 copay \$35 copay \$85 copay	\$10 copay after deductible \$35 copay after deductible \$85 copay after deductible	\$10 copay \$35 copay \$85 copay	\$10 copay \$35 copay \$85 copay

**DDYJ HSA**- if employee only coverage is selected the City will contribute \$345.00 per month into the HSA for eligible participants. If dependent coverage is selected the full \$1,000.00 will be applied toward the cost of premium and no contribution will be made to the HSA.

Any employee covering dependents will get the full \$1,000 towards their premiums as well. The rates below already have the \$1,000 deducted from them.

## YOUR MEDICAL COST

EMPLOYEE SEMI-MONTHLY PAYROLL DEDUCTIONS (EFFECTIVE OCTOBER 1, 2023)				
Semi-Monthly Cost	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UHC BCXO HMO	\$0.00	\$39.94	\$39.94	\$309.92
UHC DDYJ HSA PPO	\$0.00	\$145.71	\$145.71	\$468.57
UHC BCZS EPO	\$0.00	\$179.59	\$179.59	\$519.39
BASE PLAN UHC BYCB	\$0.00	\$278.65	\$278.65	\$667.98

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

Digital Support | UnitedHealthcare app



**Get on-the-go access  
to your health plan.**

## The UnitedHealthcare® app puts your plan at your fingertips.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.\*
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.



**Get the app and log on  
with Touch ID®.**



The UnitedHealthcare app is available  
for download for iPhone® or Android®.

**United  
Healthcare**

## HEALTH SAVINGS ACCOUNT (HSA)

If you participate in the UHC high-deductible health plan **DDYJ**, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash.

The maximum amount that you can contribute to an HSA in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.

# UNITED HEALTHCARE DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

**The City of Everman will pay 100% of the Employee Only cost.** All cost associated with adding spouses and/or dependents will be the responsibility of the employee and deducted via pre-tax payroll deduction. For those that provide this coverage to eligible spouse and dependents the cost has been reduced!

To look up providers, please visit [www.myuhc.com](http://www.myuhc.com) or call the number on your ID card.

TYPE OF SERVICE	AMOUNT YOU PAY
Preventive Services	Exams, cleanings, X-rays— 100% Coinsurance
Deductible	Applies to basic and major services only— \$50 Individual / \$150 Family
Basic Services	Fillings, Stainless Steel Crowns—80% Coinsurance
Major Services	Root Canal, Crowns, Dentures, Anesthesia/Sedation— 50% Coinsurance
Annual Maximum	\$2,000 (Preventative does not accumulate towards Annual Limit)
Child Ortho	50% up to \$1,500 Lifetime Maximum
Out of Network Reimbursement	90 <sup>th</sup> % Usual, Customary & Reasonable Charges
Semi-Monthly Payroll Deductions	Employee only—\$0.00 Employee & spouse—\$16.35 Employee & child(ren)—\$28.33 Family—\$48.46





Dental | Preferred Provider Organization (PPO)



## Welcome to your dental plan

### Flexible dental benefits that fit your needs

With the UnitedHealthcare Dental PPO plan, you can see any dentist you want, anywhere across the country. When you choose a dentist who is part of your plan's large national network, you may receive savings only available to members.



#### Preventive care

When you see a network dentist, your plan pays for all or most of your preventive dental care, including routine checkups, 2 cleanings in a 12-month period and annual oral cancer screenings for adults.

Oral health is linked to overall health. That's why getting regular preventive care may help ensure small dental problems don't become big ones that could harm your health.



#### Additional wellness services

Get the most from your dental plan and enjoy a healthy smile with access to:

- Enhanced prenatal benefits
- Robust coverage for oral cancer screenings
- Teledentistry coverage that provides a clinical consult 24/7, up to 2 times per year
- Savings on our Discount and Rewards marketplace: [uhc.com/benefithub](https://www.uhc.com/benefithub)



#### Benefits on the go

Check the UnitedHealthcare® app, visit [myuhc.com](https://www.myuhc.com)® or call the number on your ID card to learn more about your benefits.

- ✓ Find a neighborhood dentist
- ✓ Review your benefits
- ✓ Check claim status

continued

**United  
Healthcare**

# Make the most of your dental plan and move your health forward



## Access an extensive network of dentists

You have 3 options:

- 1 Log in to [myuhc.com](https://myuhc.com) and use the Find a Dentist tool
- 2 Tap into the UnitedHealthcare app
- 3 Call the number on your digital ID card

If a network dental provider is not available within a reasonable distance of where you live or work, you may be referred to an out-of-network dental provider and still receive services at the network rate. Please use [myuhc.com](https://myuhc.com) to see your official dental plan documents for details about your plan coverage or call the number on your ID card.



## Your ID card

Find your digital ID card anytime on your mobile app or [myuhc.com](https://myuhc.com). Your card lists the subscriber but everyone enrolled in the plan can use it. Be sure to bring it with you each time you see the dentist.



## Estimate your costs

Use the Dental Cost Calculator on [myuhc.com](https://myuhc.com) to see your out-of-pocket costs ahead of time.

- 1 Select **Coverage & Benefits**
- 2 Select **Dental**
- 3 Select **Dental Cost Calculator**

## How your plan works

### Deductible

For services other than preventive care, you may have to pay a deductible—a set dollar amount—before your coverage kicks in.

### Cost-sharing

When having restorative services, you and your plan share the costs of services after you pay your deductible. (This is known as coinsurance, the percentage of costs you pay for covered dental care after you've paid your deductible.)

### Annual limit

Your plan pays for services up to a set dollar amount, called an annual limit. Preventive services, including routine dental checkups, may count toward your annual limit. If you reach the limit, you'll need to pay the entire cost of any additional dental care you receive that year. Find your annual limit on [myuhc.com](https://myuhc.com) or call the number on your ID card.

### Pre-treatment estimates

If you're planning to have a procedure that costs more than \$500, ask your dentist to send UnitedHealthcare the X-rays and notes about your condition. We'll review the treatment to make sure it's clinically appropriate. After review, you and your dentist will get an estimate of what the plan will pay and what your costs will be.

### Out-of-network services\*

If you use a dentist outside the network, you may need to pay the difference between what the plan covers and what your dentist charges for the services.

# UNITED HEALTHCARE VISION INSURANCE

The City of Everman's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

**The City of Everman will contribute 100% of the Employee Only cost of plan.** All cost associated with adding spouses and/or dependents will be the responsibility of the employee and deducted via pre-tax payroll deduction.

To search for participating providers please visit [www.myuhcvision.com](http://www.myuhcvision.com)

TYPE OF SERVICE	AMOUNT YOU PAY
Eye Exam	\$10 copay
Materials/Eyewear	\$25 copay
Standard Corrective Lens <ul style="list-style-type: none"> <li>- Single</li> <li>- Lined Bifocal</li> <li>- Lined Trifocal</li> </ul>	Covered under Materials copay
Contact Lenses	Covered under Materials copay
Frame Allowance	\$100 Allowance once every 24 months from date of service
Contact Lens Allowance	\$125 Allowance once every 12 months from date of service
Semi-Monthly Payroll Deductions	Employee only—\$0.00 Employee & spouse—\$2.74 Employee & child(ren)—\$3.74 Family—\$6.51

Thank you for choosing a vision plan from UnitedHealthcare. We're here to help make your health care experience easier.

**This guide will help you understand:**

- What your vision plan covers.
- How to use your plan.
- Ways to save money.

## Need help?



**Visit [myuhcvision.com](https://myuhcvision.com).**

Log in to your member website for 24/7 access to personal details about your vision plan.

**Have a UnitedHealthcare health plan?**

Access both your vision and health plan benefits on [myuhc.com](https://myuhc.com). You can also search providers and access your Vision ID Card on your mobile device with the **UnitedHealthcare Health4Me** app.



**Call toll-free.  
1-800-638-3120, TTY 711.**

If you don't have computer access, need language assistance or can't find answers, call us Monday through Friday, 7 a.m. to 10 p.m. CT or Saturday 8 a.m. to 5:30 p.m. CT.

# Find out what your vision plan covers.

## Eye exam.

Your plan includes a fully covered exam. A copay may apply.

Your plan uses Spectera Eyecare Networks, a national network of eye doctors, which includes optometrists and ophthalmologists. They are located at both private practice and retail settings. Network eye doctors can help save you money.

## Frame allowance.<sup>1</sup>

When you use a network provider, you have an allowance you can use to help buy any frame your eye doctor offers.

## Contact lens benefit.<sup>1</sup>

You get contact lenses, a fitting and up to two follow-up visits. Choose from popular brands, including some that are fully covered.

## Lens options.<sup>1</sup>

Popular lens options are available to you at price-protected amounts. Plus, standard scratch coating and polycarbonate lenses for dependent children are available at no cost.

## Additional pairs of glasses.

Certain providers will offer a 20% discount on additional pairs of eyeglasses, including prescription sunglasses.

**Log in to [myuhcvision.com](https://myuhcvision.com) to see your vision plan documents and complete coverage details.**

## MUTUAL OF OMAHA BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. The City of Everman provides full-time employees with up to 2x salary, not to exceed \$300,000, for Basic Life and accidental death and dismemberment (AD&D) insurance. The City of Everman pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

Don't Forget to Update your Beneficiaries in HRConnect.

You can update these anytime during the year, you do not need a life event to update Beneficiaries.

Open Enrollment is the Perfect time to check!

# MUTUAL OF OMAHA VOLUNTARY LIFE INSURANCE

Employees who wish to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through Semi-Monthly payroll deductions. Coverage available:

**Employee:** increments of \$10,000 to a maximum of \$300,000 not to exceed 5 times your earnings. *Amounts above \$100,000 will be subject to additional underwriting.*

**Spouse:** increments of \$5,000 to a maximum of \$150,000 not to exceed 100% of employee election. *Amounts above \$25,000 will be subject to additional underwriting.*

**Child(ren):** you may elect \$10,000. The amount may not exceed 50% of employee election. *Child(ren) are covered until Age 26.*

You must enroll in Voluntary Life Coverage for yourself, to be eligible to enroll your spouse or dependents.

## Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

**EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)**

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 34	\$0.63	\$1.26	\$1.89	\$2.52	\$3.15	\$3.78	\$4.41	\$5.04	\$5.67	\$6.30
35 - 39	\$0.81	\$1.62	\$2.43	\$3.24	\$4.05	\$4.86	\$5.67	\$6.48	\$7.29	\$8.10
40 - 44	\$1.12	\$2.23	\$3.35	\$4.46	\$5.58	\$6.69	\$7.81	\$8.92	\$10.04	\$11.15
45 - 49	\$1.74	\$3.47	\$5.21	\$6.94	\$8.68	\$10.41	\$12.15	\$13.88	\$15.62	\$17.35
50 - 54	\$2.75	\$5.50	\$8.25	\$11.00	\$13.75	\$16.50	\$19.25	\$22.00	\$24.75	\$27.50
55 - 59	\$4.52	\$9.03	\$13.55	\$18.06	\$22.58	\$27.09	\$31.61	\$36.12	\$40.64	\$45.15
60 - 64	\$6.59	\$13.18	\$19.77	\$26.36	\$32.95	\$39.54	\$46.13	\$52.72	\$59.31	\$65.90
65 - 69	\$10.87	\$21.74	\$32.61	\$43.48	\$54.35	\$65.22	\$76.09	\$86.96	\$97.83	\$108.70
70 - 74	\$18.95	\$37.89	\$56.84	\$75.78	\$94.73	\$113.67	\$132.62	\$151.56	\$170.51	\$189.45
75 - 79	\$31.61	\$63.22	\$94.83	\$126.44	\$158.05	\$189.66	\$221.27	\$252.88	\$284.49	\$316.10
80 - 84	\$50.01	\$100.02	\$150.03	\$200.04	\$250.05	\$300.06	\$350.07	\$400.08	\$450.09	\$500.10
85 - 89	\$75.34	\$150.68	\$226.02	\$301.36	\$376.70	\$452.04	\$527.38	\$602.72	\$678.06	\$753.40
90+	\$108.75	\$217.50	\$326.25	\$435.00	\$543.75	\$652.50	\$761.25	\$870.00	\$978.75	\$1,087.50

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

**SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)\***

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 34	\$0.30	\$0.60	\$0.90	\$1.19	\$1.49	\$1.79	\$2.09	\$2.38	\$2.68	\$2.98
35 - 39	\$0.39	\$0.78	\$1.17	\$1.55	\$1.94	\$2.33	\$2.72	\$3.10	\$3.49	\$3.88
40 - 44	\$0.54	\$1.08	\$1.62	\$2.16	\$2.70	\$3.24	\$3.78	\$4.32	\$4.86	\$5.40
45 - 49	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50
50 - 54	\$1.36	\$2.72	\$4.08	\$5.43	\$6.79	\$8.15	\$9.51	\$10.86	\$12.22	\$13.58
55 - 59	\$2.24	\$4.48	\$6.72	\$8.96	\$11.20	\$13.44	\$15.68	\$17.92	\$20.16	\$22.40
60 - 64	\$3.28	\$6.56	\$9.84	\$13.11	\$16.39	\$19.67	\$22.95	\$26.22	\$29.50	\$32.78
65 - 69	\$5.42	\$10.84	\$16.26	\$21.67	\$27.09	\$32.51	\$37.93	\$43.34	\$48.76	\$54.18
70 - 74	\$9.46	\$18.91	\$28.37	\$37.82	\$47.28	\$56.73	\$66.19	\$75.64	\$85.10	\$94.55
75 - 79	\$15.79	\$31.58	\$47.37	\$63.15	\$78.94	\$94.73	\$110.52	\$126.30	\$142.09	\$157.88
80 - 84	\$24.99	\$49.98	\$74.97	\$99.95	\$124.94	\$149.93	\$174.92	\$199.90	\$224.89	\$249.88
85 - 89	\$37.66	\$75.31	\$112.96	\$150.61	\$188.27	\$225.92	\$263.57	\$301.22	\$338.88	\$376.53
90+	\$54.36	\$108.72	\$163.08	\$217.43	\$271.79	\$326.15	\$380.51	\$434.86	\$489.22	\$543.58

**ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)\***

	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
	\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

## MUTUAL OF OMAHA SHORT-TERM DISABILITY

The City is providing all eligible full-time employees a Short -Term Disability policy. The cost of the policy is paid for by the City.

**Weekly Benefit Amount** = 60% of pre-disability earning not to exceed \$1,500

**Elimination Period** = 14th day accident/ 14th day sickness

**Benefit Duration** = 11 weeks

## MUTUAL OF OMAHA LONG-TERM DISABILITY

In the event that you remain disabled and unable to work after 26 weeks the City is also providing all eligible full-time employees a Long- Term Disability policy, this is also paid by the City.

**Monthly Benefit Amount** = 60% of pre-disability earnings not to exceed \$5,000

**Elimination Period** = 90 days or until the end of the STD Maximum Benefit

**Benefit Duration** = (SSNRA) Social Security Normal Retirement Age



## NEW BENEFITS

New Benefits is a benefit that is provided free of charge to all **full & part time employees**. Please see below flyer for more information.



**SAVE TIME AND MONEY**  
So there's more leftover for the things that really matter.

Your employer is giving you access to several convenient benefits. This program includes your immediate family—so everyone is healthy and happy! Click on the benefit names below for additional information, FAQ's, videos, sample savings and to locate providers where applicable!

### [Teladoc \(\\$0 Visit Fee\)](#)

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with no per visit fee. You can talk to a doctor by phone or online video to get a diagnosis, treatment options and prescription if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic or ER.

### [Doctors Online](#)

The fast, easy way to get health information from an online resource you can trust. You have 24/7 access to doctors, pharmacists, psychologists, dentists, dieticians and more by email or smartphone app. You'll get treatment options and advice you understand. With Doctors Online, the doctor's always in!

### [Health Advocate™ Solutions](#)

Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. Skilled negotiators will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

### [Pharmacy \(DST Pharmacy Solutions\)](#)

Save 10% to 85% on most prescriptions at 60,000 pharmacies nationwide including CVS, Walgreens, Target and more.

### Durable Medical Equipment

Need an easy way to order medical equipment online or by phone? Not only will your supplies ship to you, but you'll save 20% to 50% and an additional \$5 on orders over \$100! Save on walking aids, wheelchairs, scooters, hospital beds, bathroom safety, orthopedic products and more.

### Hearing Aids- Connect Hearing

Want to save big on hearing aids? We hear you! You'll save 35% off the suggested retail price (MSRP) at thousands of retail locations nationwide.

### Lab Testing

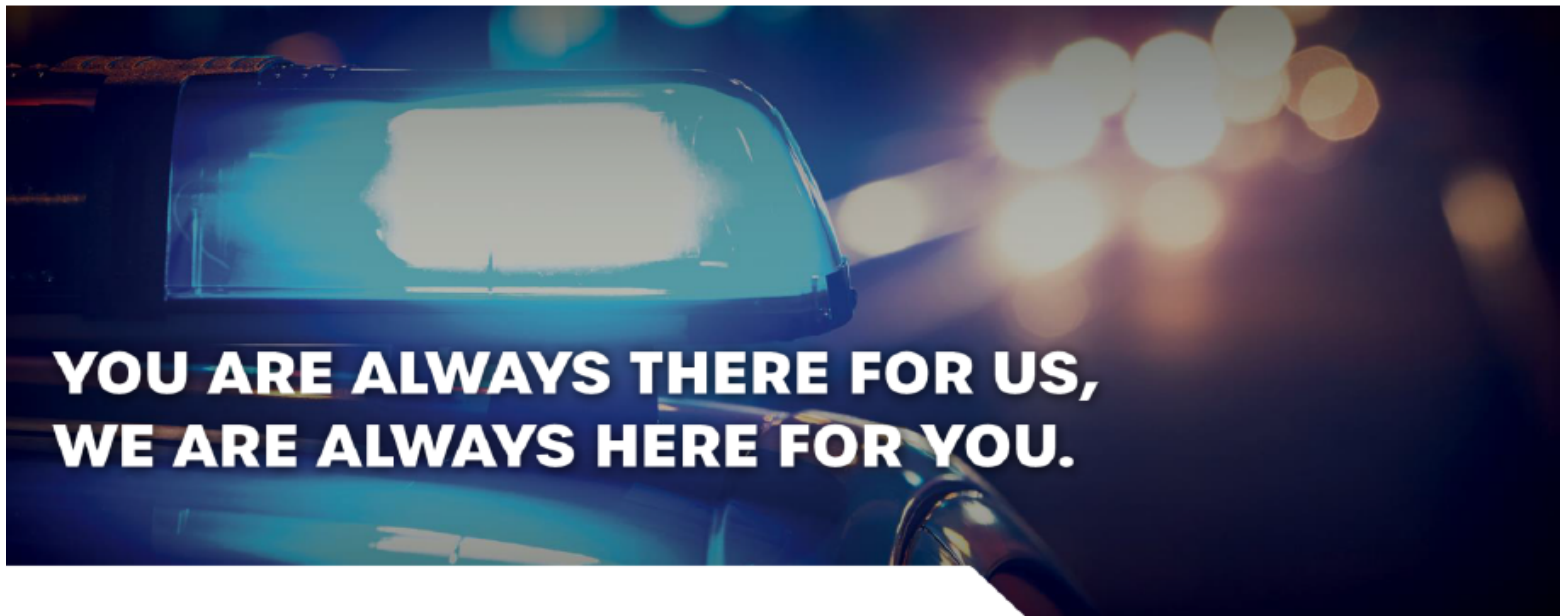
Know your numbers! You have direct access to major clinical laboratories nationwide where you can save 10% to 80% on typical costs for lab work. Find a location near you and order online or by phone. Confidential results are available online in as little as 24 hours for most tests. *Lab benefit not available in MD, ND, NJ, NY and RI.*

### MRI & CT Scans

A better image leads to a better diagnosis, better treatment and a better recovery. Save 40% to 75% on usual charges for MRI and CT Scans at thousands of credentialed radiology centers nationwide.

## What to Expect?

- Membership materials (booklet and ID card) will be mailed to your home address
- Your new materials will display your name and member ID
- Your membership provides access to 24/7 doctor visits for \$0 out of your pocket
- You will need to setup a new account with Teladoc – follow the instructions in your member materials or on your member portal [www.MyMemberPortal.com](http://www.MyMemberPortal.com)



**YOU ARE ALWAYS THERE FOR US,  
WE ARE ALWAYS HERE FOR YOU.**

## **PREVENTION. INTERVENTION. WELLNESS.**

We know asking for help is hard – the last thing you should have to think about is how your insurance pays. That’s why Responder Health has partnered with the City of Everman to simplify the process. Whether you need inpatient treatment, help with finding the right counselor, or simply just to talk to someone – we have your back, just like you have ours.

*When you need to talk, we are here 24/7 just call 206-459-3020. Your peer advocate will work to find the right solution for you.*

### **PEER TO PEER COUNSELING**

- The moment a peer advocate answers your call, they are ready to talk. Sometimes all that’s needed is a conversation about a hard day – this completely confidential service is no cost to you.

### **OUTPATIENT COUNSELING**

- If needed, your Peer Advocate from the Hotline will take your contact information and a Peer Counselor from Serve and Protect will call you back within 48-72 hours to help identify your counseling need.
- The Peer Counselor from Serve and Protect will collect your insurance information and work to find a vetted counselor that is accepting new patients.
- You will receive the counselor’s contact information for you to call and make an appointment that works with your schedule.

### **INPATIENT TREATMENT**

- If you need inpatient treatment, your Peer Advocate will bring in a clinician/ intake coordinator from the facility to do an assessment over the phone.
- The Peer Advocate will collect your insurance information and the vetted facility will work with insurance to obtain the proper authorization for treatment.
- If you need to fly to the facility, the flight to the facility is the member responsibility. It is not covered by Responder Health.

# Getting to know UnitedHealthcare Navigate.

Access preventive and primary care, specialty services, and helpful tools and resources for your journey to healthier.

When you enroll in UnitedHealthcare Navigate®, you'll need to select a network primary care physician (PCP), who will help guide you through the health care system. Your PCP gets to know you, helps manage your health care and refers you to specialists, if needed. Plus, you'll save time and money when you get your care from a network provider.

These questions and answers will help you understand your plan so you can get the most out of your medical benefits.

## Why do I need to select a PCP?

When you enroll in the Navigate plan, you must select a PCP from our Navigate network to help you manage your health and get the care you need. Your PCP provides regular and routine care, like annual checkups, and refers you to other network physicians or specialists when additional care is needed. You are required to get an electronic referral from your physician **before** you see another network PCP or specialist. **Without an electronic referral, your costs may be a lot higher or they may not be covered at all.** Check your benefit plan documents for more information.

## How do I select a PCP?

You can go to [welcometouhc.com](http://welcometouhc.com)\* and use the physician search tool, available in English and Spanish, to find a PCP in your plan's network. Or you can call Customer Care for help:

**For English: 1-855-828-7715**

**For Spanish: 1-800-940-1508**

Each covered family member must select a PCP located in a town or city near where you (the subscriber) live.

## Can each covered family member have his or her own PCP?

Yes. You can select one physician for your entire family, or each covered family member may select his or her own physician. Please check with your physician's office before enrolling to confirm that he or she is accepting new patients and if there are any patient age restrictions.



Find out more about the UnitedHealthcare Navigate plan and network online at [welcometouhc.com](http://welcometouhc.com).\*

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## Can I select any type of physician as my PCP?

Your PCP must be a general practice physician, family practice physician, pediatrician or internal medicine physician.

## Will my PCP be identified on my health plan ID card?

The PCP's name and telephone number will be listed on each family member's health plan ID card. Be sure to check the PCP name on your ID card to ensure it is your intended PCP. If you want to change from the PCP listed on the card, please call the number on your ID card or go to [myuhc.com](http://myuhc.com)<sup>®</sup>.

## Can a covered family member living out of state select a PCP closer to where he or she lives?

No. Family members must choose a PCP in the town or city near where you (the subscriber) live. This includes students going to school out of state, or children living with another parent.

## Can I change my PCP after I enroll?

Yes. PCP changes can be made once a month and are effective the first of the following month. Change requests can be submitted on or before the last day of the month. Changes can be made by calling the number on your ID card or by signing in to [myuhc.com](http://myuhc.com). New health plan ID cards will be issued whenever members change their PCP.

## Can I choose to see other PCPs without a referral?

No. It's important that you get an electronic referral from your PCP before you see any other primary care or specialist physician. An electronic referral from your PCP is necessary to receive coverage or the highest level of benefit possible.

## What is a referral?

A referral is an approval from your PCP, which is needed before you receive care from another Navigate network physician or health care professional. Your PCP enters your referral electronically. Before you receive additional care, you will be able to view and confirm your referral on [myuhc.com](http://myuhc.com).

## Do I need to complete any paperwork for referrals?

No. All referrals within your Navigate plan are electronic. When you receive a referral through your PCP, he or she will handle the process for you electronically.

## Can I view and track my electronic referrals?

After you enroll, you will be able to confirm all of your referrals online at [myuhc.com](http://myuhc.com) > **Physicians & Facilities**, or you can call the number on the ID card if you have questions.

**For English: 1-855-828-7715**

**For Spanish: 1-800-940-1508**

## Do I need a referral before seeing a specialist?

Yes. It's important that you get an electronic referral from your PCP **before** you see another network physician, including specialists. You should validate that a referral has been entered prior to seeing a network physician or specialist by checking on [myuhc.com](http://myuhc.com) or calling the number on your ID card.

## Are there any providers I can see without a referral?

Yes. Referrals are not needed to see the following providers as long as they are in the Navigate network:

- Obstetricians/gynecologists (OB/GYNs)
- Behavioral health or substance use disorder clinicians
- Convenience care clinics
- Urgent care clinics
- Virtual visit provider

Remember: Emergencies are covered anywhere in the world, including non-network hospitals, without a referral. You should validate that a referral has been entered prior to seeing a network physician or specialist by checking on [myuhc.com](http://myuhc.com) or calling the number on the ID card.

## What's the difference between "referral" and "prior authorization"?

**Referral:** A referral is a required approval submitted electronically by your PCP **before** you get care from another network physician or specialist. An electronic referral from your PCP is necessary to receive coverage or the highest level of benefit possible.

**Prior authorization:** Prior authorization is the process in which UnitedHealthcare reviews certain health care services before they are received to determine if they are medically necessary and eligible for coverage. Prior authorization is required for certain covered health services, as noted in your benefit plan documents. **If you do not get prior authorization before receiving one of these services, your benefit coverage may be reduced. You also may have no coverage if it's determined that the service is not medically necessary.** For information on which services require prior authorization, see your benefit plan documents.

## Where can I find information after I enroll?

Once you enroll and register on [myuhc.com](http://myuhc.com), you can sign in to take advantage of the available tools and resources.

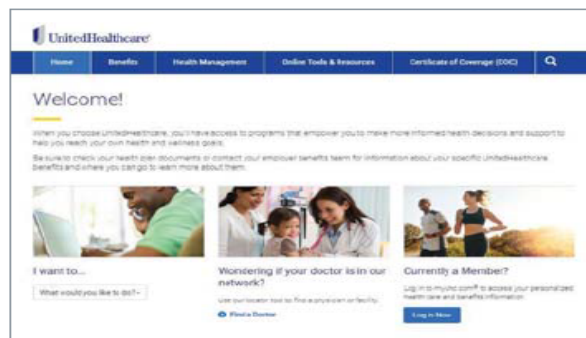
Spanish-speaking members can visit our member website for in-language resources at [uhclatino.com](http://uhclatino.com).

## Find your PCP at [welcometouhc.com](http://welcometouhc.com)\* English and Spanish provider directory.

Remember, you need to select a PCP when you enroll in the Navigate plan.

**Step 1:** Go to [welcometouhc.com](http://welcometouhc.com).

**Step 2:** Select the **Find a Doctor** option.



**Step 3:** Scroll down and select **Navigate HMO/Navigate Balanced HMO/Navigate Plus HMO** from the network list.



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**Step 4:** Select what year you will receive care.



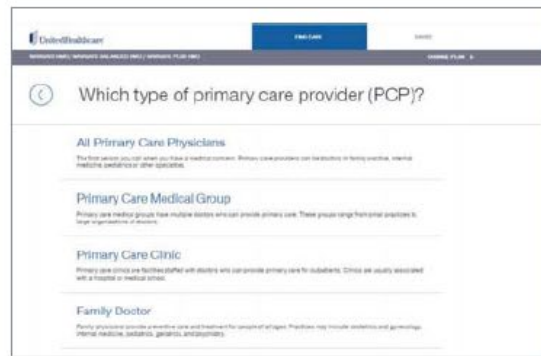
**Step 5:** Select the **CHANGE LOCATION** option and enter your ZIP code. Then select the **People** tile.



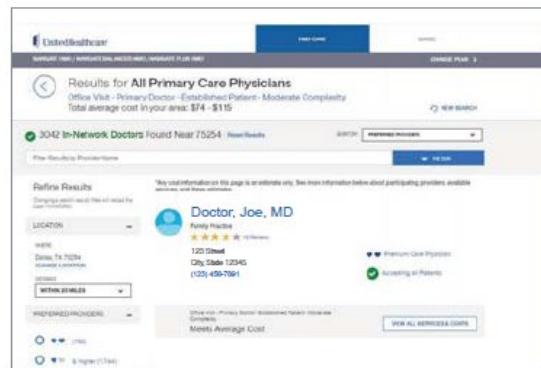
**Step 6:** Select the **Primary Care** tile.



**Step 7:** Select **All Primary Care Physicians**.



**Step 8:** Review your results or refine your search using the prompts on the page.



The [welcometouhc.com](http://welcometouhc.com) website provides content in English only, but you can access the provider directory in English or Spanish. You can also visit our member website for Spanish-language resources at [uhclatino.com](http://uhclatino.com). If you would prefer to speak to our customer care professionals for assistance, please call:

**For English: 1-855-828-7715**

**For Spanish: 1-800-940-1508**



**Ready, set, enroll:**

- Complete the enrollment form provided by your employer.
- Be sure you include the first and last name for all PCPs selected by you and any covered family members and/or dependents.
- Remember to provide the physician ID number for each PCP listed on the form.

## Employee Benefits

# Accessing Claims Online Using the Employee Portal



Managing claims shouldn't be difficult. Mutual of Omaha always has our customers in mind, which is why we created our Employee Portal so you can easily access your claims.

Our Employee Portal provides real-time information giving you the ability to view current claims, access claim forms, and submit a new claim for short-term disability benefits.

## Getting Started

1. Go to [www.mutualofomaha.com/my-benefits](http://www.mutualofomaha.com/my-benefits).
2. Register for an account by filling out the necessary information. Click on Sign Up.
3. Users will be notified when they have completed the first step of creating an account.
4. An email will be sent with the final steps to finish setting up an account.

Already have an account? Log in with your credentials.

## How to View Current Claims

- To access current claims, log in and click on the "Claims" icon\*
- View a specific claim and its status, along with the claim number for accident, critical illness and disability.



**\*PLEASE NOTE:** The "Claims" icon will only be shown if a claim has been filed. If there are no existing claims, the icon will not appear.

## Submitting a Claim Form Online



A short-term disability claim form can be submitted online by clicking on the "Submit claim" icon on the Employee Portal homepage.

- On the forms page, select "I am a Plan Member (Employee)" and choose the relevant state
- Select the necessary form, then select "Complete form online"



Forms can also be submitted via fax or mail by clicking the "Claims forms" icon and downloading the form.



**PLEASE NOTE:** Microsoft Edge, Google Chrome and/or Firefox are the preferred internet browsers to use when accessing the portal.

We are here for you

If you have questions regarding a claim, please contact our dedicated toll-free number: **(800) 877-5176**

(Monday - Friday, 7:30 a.m. - 5 p.m. CST)



Employee Assistance Program

Available Services  
When You Need  
Help the Most

City of Everman



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

[mutualofomaha.com/eap](https://mutualofomaha.com/eap)

Basic EAP Services

Features	Value to Company and Employees
<b>Employee Family Clinical Services</b>	<ul style="list-style-type: none"> <li>An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments</li> <li>Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters</li> <li>Access to subject matter experts in the field of EAP service delivery</li> </ul>
<b>Counseling Options</b>	<ul style="list-style-type: none"> <li>Three calls per year (per household) with our in-house Masters level EAP professionals, who will provide the caller with community resources                             <ul style="list-style-type: none"> <li>Additional community resources or possible counseling options come at the expense of the employee</li> </ul> </li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>1-800 hotline with direct access to a Master's level EAP professional</li> <li>24/7/365 services available</li> <li>Telephone support available in more than 120 languages</li> <li>Online submission form available for EAP service requests</li> </ul>

Continued on back.



Basic EAP Services (*continued*)

Features	Value to Company and Employees
<b>Online Services</b>	<ul style="list-style-type: none"> <li>▪ An inclusive website with resources and links for additional assistance, including:               <ul style="list-style-type: none"> <li>▪ Current events and resources</li> <li>▪ Family and relationships</li> <li>▪ Emotional well-being</li> <li>▪ Financial wellness</li> <li>▪ Substance abuse and addiction</li> <li>▪ Legal assistance</li> <li>▪ Physical well-being</li> <li>▪ Work and career</li> </ul> </li> <li>▪ Bilingual article library</li> </ul>
<b>Employee Family Legal Services</b>	<ul style="list-style-type: none"> <li>▪ Valuable resources available via website               <ul style="list-style-type: none"> <li>▪ Legal libraries &amp; tools</li> <li>▪ Legal forms</li> </ul> </li> <li>▪ 1 Legal consultation with an attorney per year (up to 30 minutes)               <ul style="list-style-type: none"> <li>▪ 25% discount for ongoing legal services for same issue</li> </ul> </li> </ul>
<b>Employee Family Work/Life Services</b>	<ul style="list-style-type: none"> <li>▪ Child care resources and referrals</li> <li>▪ Elder care resources and referrals</li> </ul>
<b>Employee Family Financial Services</b>	<ul style="list-style-type: none"> <li>▪ Inclusive financial platform powered by Enrich</li> <li>▪ Personal financial assessment tool</li> <li>▪ Personalized courses, articles &amp; resource to meet financial needs</li> <li>▪ Ongoing progress reports on financial health</li> </ul>
<b>Employee Communication</b>	<ul style="list-style-type: none"> <li>▪ All materials available in English and Spanish</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee</li> </ul>
<b>Coordination with Health Plan(s)</b>	<ul style="list-style-type: none"> <li>▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible</li> </ul>

# LIFEWORKS

## Employee Assistance Program

### LifeWorks

#### Employee Assistance Program

Core Well-Being Solution

Deliver a total well-being experience that assists employees with best-in-class counselling, content and Work-Life services.

- Emergency Triage
- 24-Hour Crisis Counseling
- Grief Counseling
- Work-Life Services
- Career Counseling
- Family Services
- Emotional Well-being Services
- Work/Professional Services
- Financial Services
- Legal Services
- Education Services
- Management Services
- Critical Incident Stress Management
- On-site Assistance



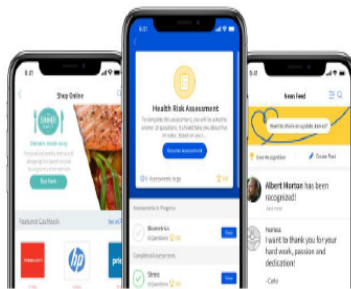
### LifeWorks

#### Mobile Corporate Newsfeed

Technology Platform

Create a social platform in which all participants can interact with personalized well-being content and engage with their company culture.

- Personalized Accounts
- Snackable Well-being Content
- Benefits Updates and News
- Important Corporate Announcements
- Automated Reminders
- Wellness Promotions
- Emergency Communication Channel
- Push Notifications
- Mobile Colleague Directory
- Peer-to-Peer Recognition\*



### LifeWorks

#### Perks and Savings Platform

Technology Platform

Improve employees' financial well-being by allowing them not only to save on everyday purchases, but also important life events.

- Employee Benefits Center
- Popular Gift Card Discounts
- Online Cash Back
- In-Store & Online Coupons
- Lifestyle Offers
- Fitness Devices
- Retail & Restaurants Discounts
- Travel & Destination Discounts
- Auto & Home Loans
- Identity Theft Protection
- Exclusive Employer Perks\*
- Boosted Cash Back Opportunities\*
- Peer-to-Peer Gifting\*



**Toll Free: 888-456-1324**

# REQUIRED NOTICES

## COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) you and your eligible dependents are entitled to continue your group health benefits coverage (medical, dental, and vision) under your employer's plan after you have left employment with the agency. If you wish to elect COBRA coverage, you have 60 days from the date you receive notice to make an election. You have 45 days after electing coverage to pay the initial premium.

## HIPAA Privacy Notice

This notice describes how medical information may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electric medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan).

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer. You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resource Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

## Women's Health and Cancer Rights Act of 1998

As Specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction relating to a mastectomy is also entitled to the following benefits:

All stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of the mastectomy, including lymphedema. Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

### Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict for any hospital length of stay relating to childbirth for the mother or newborn child less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the Issuer for prescribing a length of stay not more than 48 hours (or 96 hours).

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are also eligible for health insurance coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS-NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a Special Enrollment opportunity, and you MUST request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling 1-866-444-EBSA (3272).

### Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage and your options under Medicare's prescription drug coverage. If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you. Please note that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2016 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered by the medical plan option(s) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Credible Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, if you later enroll within specific time periods.

### Availability of Summary Health Care Benefits Information

To help you make an informed choice and verify your benefits, the Summary of Benefits and Coverage (SBC) is available, which summarizes essential information about your health coverage option(s) in a standard format. A copy is available by contacting the Human Resources Department.