



Duluth, GA

Employee Benefits Guide
Plan Year June 1, 2023 thru May 31, 2024



Go online and enroll at duluth.zevobenefits.com





City of Duluth
3167 Main Street
Duluth, GA 30096
(770) 476-3434



Greetings:

The City of Duluth is fortunate to count as our greatest asset, the people we employ. Each employee is accountable for furthering and upholding our service delivery standards. The City of Duluth's mission of excellence in governance is represented every day by each of you. As we recognize this, we also recognize that the quality exemplified by our employees makes it necessary to provide a comprehensive benefits package to retain and recruit quality employees to serve our community.

On behalf of the citizens of Duluth, I would like to thank everyone for their hard work and dedication.

James Riker
City Manager
City of Duluth
Office: 770.476.3434
Fax: 770.623.2765
jriker@duluthga.net

How do I enroll online?

Simply follow the below instructions to confirm your new benefit elections for Open Enrollment.

Go to: duluth.zevobenefits.com

The link will take you to the login page. If you are a returning user, click “Log In” in the top-right corner of the screen. If you are enrolling for the first time, click “Get Started Now” on the middle of the page to create an account. You will then see the screen below:

Please confirm your account

Email address *	Password *
<input type="text"/>	<input type="password"/>
Last four digits of your SSN *	Confirm password *
<input type="text"/>	<input type="password"/>
Date of Birth *	<input type="button" value="Create Account"/>
<input type="text"/>	

[Click here if you are having trouble confirming your account](#)

This will prompt you to type in the email address that is shown on the top of your enrollment packet, the last 4 digits of your SSN, your birthdate, and then create a password that you will use for future access to this account.

1 Verify Your Info **2** Customize Your Benefits **3** Confirm & Submit

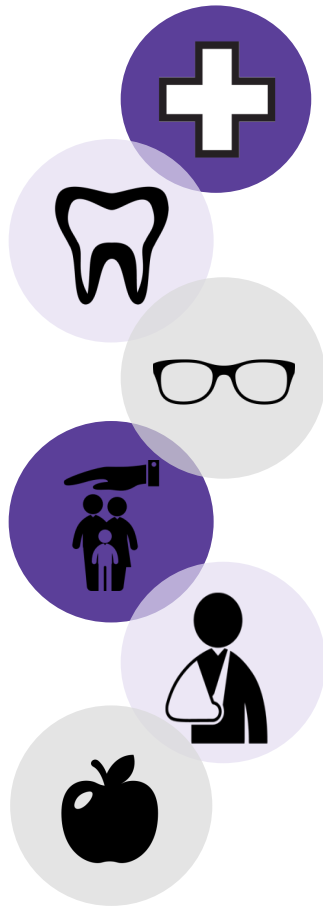
Cost Per Pay Period: \$0.00 / Cost to Employer: \$0.00 Show Tutorial Again [Finalize My Elections](#) →

Medical Waived Medical \$0.00 / pay period 	Dental Waived Dental Click here to complete... \$0.00 / pay period 	Vision Waived Vision Click here to complete... \$0.00 / pay period
Life Waived Basic Life Waived Supplemental Life Click here to complete... \$0.00 / pay period 	Disability Waived Short Term Disability Insurance Click here to complete... \$0.00 / pay period 	Legal Documents Annual Required Notice: I acknowledge the Annual Required Notices have been provided. Click here to complete... \$0.00 / pay period

If you have any issues getting logged into the system please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.












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This booklet is a summary only. Please refer to each plan’s certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you’re already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.



	Human Resources	Jocelyn McGiboney, HR Manager	Phone: (770) 497-5287 Email: jmcgiboney@duluthga.net
	Human Resources	Amanda Marks, Payroll & Benefits Specialist	Phone: (770) 497-5314 Email: amarks@duluthga.net
	Medical Insurance	United Healthcare	Phone: Look at the back of your ID card www.myuhc.com
	Home Delivery Pharmacy	United Healthcare	Phone: Look at the back of your ID card www.myuhc.com
	Dental Insurance	United Healthcare	Phone: Look at the back of your ID card www.myuhc.com
	Vision Insurance	United Healthcare	Phone: Look at the back of your ID card www.myuhc.com
	Basic Life and AD&D Insurance	The Standard	Phone: 800-368-2859 www.standard.com
	Supplemental Life and AD&D Insurance		
	Whole Life Insurance	Boston Mutual	Phone: (800) 669-2668 www.bostonmutual.com
	Short / Long Term Disability	The Standard	Phone: 800-368-2859 www.standard.com
	Flexible Spending Accounts	United Healthcare	Phone: Look at the back of your ID card www.myuhc.com
	Employee Assistance Program	The Standard	Phone: 844-450-5543 www.standard.com
	Administrative Contact	MSI Benefits Group	Phone: (770) 425-1231 Email: helpme@msibg.com
	Online Benefit Enrollment (Only available during open enrollment)	MSI Benefits Group	duluth.zevobenefits.com Phone: (770) 425-1231 Email: eligibility@msibg.com
	Certificates and Plan Documents	MSI Benefits Group	www.msibg.com Username: duluthEE Password: Benefits123



To: All Full Time Employees
From: Mayor Nancy Harris
Subject: Employee Benefits

The City of Duluth’s most valued commodity is you – our employees and the professionalism, service and dedication that each of you display in doing your job. The commitment of providing world class service to the citizens of Duluth is what enables us to provide a high quality of life for our customers. In consideration, we recognize that a comprehensive benefits package is a critical component to the compensation package available in attracting and retaining skilled and talented employees. The following information will assist you in selecting the benefits that meet your personal needs. Thank you for being part of our quality team that makes a difference in Duluth.

Nancy Harris
Mayor
City of Duluth
nharris@duluthga.net

CITY COUNCIL MEMBERS



Jamin Harkness
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The Mayor and City Council determine policies, enact legislation and provide political leadership in the community. Mayor and Council meetings are held on the second and fourth Monday of each month at 5:30 p.m. for the work session and 6:00 p.m. for the Council meeting in the City Hall Council chambers.

The City of Duluth is governed by a Mayor and five Council Members, who each run for a specific post but are elected by a City-wide popular vote. City elections are non-partisan; i.e. candidates do not run as members of a particular political party, and their individual party affiliations are not relevant to their positions in City government. Elected officials serve for terms of four (4) years and until their respective successors are elected and qualified. The Council Members who hold posts 1, 2 and 3 shall be elected in the same odd year; The Mayor and Council Members who hold posts 4 and 5 shall be elected in the alternating odd year.

Responsibility and authority to carry out the laws enacted by the elected officials are delegated to a professional staff led by the City Manager. City officials are here to serve the needs of the Duluth residents, and may be reached by telephoning City Hall, 770-476-3434.



Group Insurance Eligibility



The City’s group insurance plan year is June 1 through May 31.

Employee Eligibility

Employees are eligible to participate in the City’s insurance plans if they are full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 30 days of employment. For example, if employee is hired on April 11, then effective date of coverage will be June 1.

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term “child” includes any of the following:

- A natural child
- A stepchild
- A legally adopted child
- A child for whom legal guardianship has been awarded to the participant or the participant’s spouse

Dependent Age Requirements

Medical/Dental/Vision Coverage: A dependent child may be covered through the end of the month in which they turn 26.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance, and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to an employee’s pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse, or dependent’s coverage eligibility. An “eligible” qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and due to the qualifying event.

Examples of Qualifying Events

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse or dependent(s) terminate or start employment
- An increase or decrease in employee's work hours cause eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Enrollment in a qualified health plan



Important Notes

If you have a qualifying event during the year ***you must notify Human Resources within 30 days*** and provide valid documentation supporting a change in status or “Qualifying Event”. Any request to make changes after 30 days will not be allowed until the next annual open enrollment. Please contact Human Resources (770) 497-5287 if you have any questions regarding the open enrollment period or changes.



Medical Insurance

The City of Duluth offers medical insurance through United Healthcare to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, please refer to the carrier’s Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage.

EMPLOYEE MEDICAL DEDUCTIONS	
Bi-Weekly (24 deductions per year)	
Tier of Coverage	Employee Cost
Employee Only	\$ 18.92
Employee + Spouse	\$ 99.51
Employee + Child(ren)	\$ 64.66
Employee + Family	\$151.24

Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the medical plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment. The summary is an important item in understanding the employee’s benefit options. The SBC is only a summary of the plan’s coverage. A copy of the SBC and/or group certificate of coverage may be requested from Human Resources or is available as follows:

Go to: www.msibg.com
 Username: duluthEE
 Password: Benefits123



Locate a Provider

To search for a participating provider, contact United Healthcare’s customer service or visit www.myuhc.com. When completing search criteria, select Choice Plus network.

Key Terms

Deductible - The amount of money a patient or family must pay before costs (or percentages of costs) are covered by the health plan or insurance company per year. Paid deductible amounts are applied to the annual out of pocket maximum.

Coinsurance - Coinsurance is the percentage of covered expenses paid by you each year after you have met your deductible (20% coinsurance means that you pay 20% of the expenses.) Paid coinsurance amounts are applied to the annual out of pocket maximum.

Copay - The copay or copayment is a dollar amount defined in the insurance plan and paid by the insured person each time certain medical services are used.

Out of Pocket Maximum - The most you have to pay for covered services in a calendar year. After you spend this amount on deductibles, copayments, and coinsurance, your health insurance pays all other medical costs at 100% for the rest of the calendar year.

Open Access - An Open Access plan allows Employees to see a Specialist without a referral from their Primary Care Physician.





United Healthcare Plan at a Glance



Network	Open Access Plus	
	In-Network	Out-of-Network**
Annual Deductible		
Individual	\$1,000	\$10,000
Family	\$3,000	\$20,000
Coinsurance		
Member Pays	0%	30%
Plan Pays	100%	70%
Out-of-Pocket Maximum		
Individual	\$6,350	\$15,000
Family	\$12,700	\$30,000
Physician Services		
Primary Care Physician (PCP) Visits	\$25	Plan deductible, then 30%
Specialist Physician Visits	\$50	Plan deductible, then 30%
Preventive Care Services	Member pays 0%	Plan deductible, then 30% (No deductible through age 5)
Emergency Services		
Urgent Care Services	\$60	30%
Emergency Room Services	\$150	\$150
Prescription Drugs		
Deductible	You do not have to pay pharmacy deductible	
RETAIL - 30 Day Supply		
Tier1: Generic	\$10	
Tier2: Preferred Brand	\$45	
Tier3: Non-Preferred Brand	\$85	
RETAIL / Mail Order - 90 Day Supply		
Tier1: Generic	\$25	
Tier2: Preferred Brand	\$112.50	
Tier3: Non-Preferred Brand	\$212.50	

Find a Network Provider

Sign in to myuhc.com > Find Care & Costs to find a network PCP, clinic, hospital or lab based on location, specialty, reputation, estimated cost of services, availability, hours of operation and more. You can even see patient ratings and compare cost estimates before you choose a provider. If you would like more information about a provider's qualifications, call the toll-free member phone number on your ID card.

Keep Up On Preventative Care

Preventative care, such as routine wellness exams and certain recommended screenings and immunizations, is covered by most of our plans at no additional cost when you see network providers. A preventative care visit may be a good time to help establish your relationship and create a connection for future medical services. Preventative care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment.

Activate Your myuhc.com Account

When it comes to managing your health plan, myuhc.com lets you see what's covered, manage costs and so much more. To help everyone get the most from their plan, it's important that each member age 18 and over create their own account. Go to myuhc.com > Register Now. Have your ID card handy and follow the step-by-step instructions



Benefit Ally™



You are automatically enrolled in Benefit Ally when electing medical coverage through the City of Duluth. This bundled **medical** and suite of **supplemental** health benefit options automatically provides cash payments directly to employees for qualified medical events.



Here’s how Benefit Ally works.





Benefit Ally™ - Value: Description of Benefits

Accident Benefit Schedule

Benefit	Value	Benefit	Value
Physician's Visit Benefit	\$50	Dislocation Benefit (Open Reduction)	Up to \$1,200
Follow-Up Physician	\$50	Hip	\$1,200
Emergency Care Treatment Benefit	\$100	Elbow	\$300
Ground Ambulance Benefit	\$200	Foot (Except Toes)	\$240
Air Ambulance Benefit	\$1,200	Hand	\$240
Major Diagnostic Exam Benefit	\$175	Knee	\$240
Minor Diagnostic Exam Benefit	\$50	Lower Jaw	\$240
Fracture Benefit (Open Reduction)	Up to \$1,500	Shoulder Blade	\$240
Hip, Thigh (Femur)	\$1,500	Wrist	\$240
Skull (Depressed)	\$1,500	Ankle	\$240
Sternum	\$1,500	Collarbone (Sternoclavicular)	\$240
Leg	\$750	Collarbone (Acromio and Separation)	\$120
Pelvis (Excluding Coccyx)	\$750	Finger	\$120
Skull (Simple)	\$750	Toe	\$120
Vertebrae (Body of)	\$750	Dislocation (Closed Reduction)	50% of Open Reduction
Face or Nose (Except Teeth)	\$375	Appliance Benefit	Up to \$150
Sacral/Sacrum	\$375	Wheelchair	\$150
Upper Arm (Elbow to Shoulder)	\$375	Knee Scooter	\$150
Upper Jaw (Except Alveolar Process)	\$375	Knee Immobilizer	\$150
Lower Jaw (Except Alveolar Process)	\$300	Lumbar Spine Brace	\$150
Ankle	\$300	Walking Boot	\$100
Foot (Except Toes)	\$300	Walker	\$100
Forearm, Hand, Wrist (Except Fingers)	\$300	Crutches	\$100
Kneecap	\$300	Leg Brace	\$100
Shoulder Blade or Collarbone	\$300	Cervical Collar	\$100
Vertebral Process	\$300	Cane	\$50
Coccyx	\$150	Ankle Brace	\$50
Finger or Toe	\$150	Ankle Boot	\$50
Fracture (Closed Reduction)	50% of Open Reduction amount	Air Cast	\$50
Chip Fracture	25% of Open Reduction Amount		



Benefit Ally™ - Value: Description of Benefits



Critical Illness Benefit Schedule

Covered Condition	Value	Covered Condition	Value
Benign Brain Tumor	\$3,000	Major Organ Failure	\$3,000
Cancer - Invasive	\$3,000	Permanent Paralysis	\$3,000
Chronic Renal Failure	\$3,000	Ruptured Aneurysm	\$3,000
Coma	\$3,000	Stroke	\$3,000
Heart Attack	\$3,000	Cancer - Non-Invasive	\$3,000
Heart Failure	\$3,000	Coronary Artery Disease	\$750

Hospital Indemnity Benefit Schedule

Benefit Schedule	Value	Details
Hospital Admission	\$300	Max 1 admission per year
Hospital Confinement	\$100	Pays per day up to 60 days per year
ICU Confinement	\$100	Pays per day up to 60 days per year

Here’s an example* of Benefit Ally at work.

Say you fracture your leg and need emergency care, physician visits and crutches. As part of your medical plan, you’re still responsible for initial cost-shares like Copays and deductibles. With Benefit Ally, your supplemental plan is included, and You’ll get a check in return.

Initial care/hospital care		Follow-up care/common injuries	
Emergency room visit	\$100	Crutches	\$100
Diagnostics: X-ray	\$50	Follow-up physician visit	\$50
Initial physician visit	\$50	Fracture benefit	\$750
Your total payment:	\$200	Your total payment:	\$900

You receive a check for:
\$1,100
 and you can use it however you choose.

* For illustrative purposes only. Example is based on a Value plan design. For more information, refer to plan benefit materials. Payout from member’s Benefit Ally coverage will be triggered when UnitedHealthcare identifies a qualifying medical event.



United Healthcare Telehealth

How Do Telehealth Visits Work?

Telehealth doesn't require special equipment, and it can be easy to get started. If connecting with a local provider, you can talk to your provider by phone first and ask questions before you start your visit, so you're prepared when it's time to start your appointment.

Is Telehealth Covered?

Telehealth services may be covered by your health insurance in a similar way to an office visit with your doctor. Depending on your benefit coverage, you may be able to schedule a visit with a local provider or set up a 24/7 urgent care visit. Sign in to your health plan account or call the number on your member ID card to check your benefits for telehealth coverage.

How to Locate:

Visit uhc.com and click on the Individuals & Families > Member resources > Health care tools > Telehealth. To access a Virtual Visit, click on the "Get Started" box



Virtual Visits Are Good For:

- › Abdominal pain
- › Allergies
- › Coughing
- › Rash
- › Sinus problems
- › Sore throat
- › Pinkeye
- › Migraine/Headache
- › Fever
- › Bronchitis
- › Urinary tract infections and more

Checklist to Prepare For a Telehealth Visit

Telehealth connects you with a doctor or health care provider from the comfort of home. Depending on your health plan, you'll likely pay less if you use a provider in your plan's network. Simply sign in to your health plan account to find the most up-to-date list of network providers for your plan. With the convenience of a telehealth visit, you can get access to quality care. Telehealth may also be a great way to stay on top of your health and stay at home. Here are 3 simple steps to help you prepare for a smooth visit.

1. Get Yourself Ready

Take a few minutes before your telehealth visit to prepare.

- **Quiet Space:** Choose a quiet area to avoid interruptions from family and pets
- **Good Lighting:** Position yourself in a well-lit room and try to avoid windows in the background that can cause glare
- **Comfortable Spot:** Find a place to settle in for your visit, like sitting at the kitchen table or in a comfy living room chair

2. Get Your Information Ready

It's a good idea to have your questions and information on hand.

- **Questions:** Jot down questions about symptoms, procedures or prescriptions
- **Medications:** List your prescriptions, over-the-counter medications, plus vitamins and supplements, along with your pharmacy name and address
- **Insurance:** Keep your UnitedHealthcare member ID card handy for easy access

3. Get Your Tech Ready

To ensure a smooth experience, take a few minutes to check your tech.

- **Connect:** Test your internet signal to ensure it's strong
- **Charge:** Plug in or charge up your selected device—smartphone, laptop or tablet
- **Position:** Steady your camera by propping it up in front of you instead of holding the device
- **Access:** Follow any special instructions from your provider, like downloading an app or setting up an account





Dental Insurance

The City of Duluth offers two dental insurance plans through United Healthcare to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following pages. For more detailed information about the dental plans, please refer to the certificate of coverage.

EMPLOYEE DENTAL DEDUCTIONS		
Bi-Weekly (24 deductions per year)		
Tier of Coverage	Basic Plan	High Plan
Employee Only	\$ 1.00	\$ 4.90
Employee + Spouse	\$ 4.11	\$12.04
Employee + Child(ren)	\$ 5.57	\$15.39
Employee + Family	\$ 8.68	\$22.53

Group Certificate of Coverage

A copy of the **Group Certificate of Coverage** may be requested from Human Resources or is available as follows:

Go to: www.msibg.com
 Username: duluthEE
 Password: Benefits123

Can I go to any dentist?

You will typically spend less when you visit a United Healthcare network dentist because United Healthcare has negotiated discounted rates with these dentists. When you stay in the network you'll save as long as the procedure is listed on the dentist's discount schedule. These savings apply even if you reach your plan maximum. If you go out-of-network, you will not receive United Healthcare network discounts and the dentist may bill you for the difference between the payment they receive from United Healthcare and their usual fees.

Do I pay up front and submit a claim or will the dentist submit claims for me?

In most instances, if you are using an in-network dentist, they will submit claims on your behalf and will bill you for any deductible or coinsurance payment that you owe. If you use an out-of-network dentist, you may need to file your own claims after payment.

Healthy Dental Habits

Here are a few habits that may help your overall oral health:

- Regular dental visits
- Brush twice a day for at least 2 minutes*
- Floss at least once a day
- DO NOT use tobacco products
- Limit sugary and alcoholic beverages

Visit myuhc.com > Scroll to the bottom of the page, select "Find a Dentist", select location (GA) and select the "National Options PPO 30" network. Then search by location, dentist name or practice name.

Do dental insurance plans cover preventative care?

Most dental plans cover preventive care or wellness benefits at 100 percent when you see a network dentist. This dental coverage most often includes the following services:

- Two routine checkups (12 month period)
- Annual oral cancer screenings (Age 18+)
- Extra cleanings and gum treatments for expectant mothers

Can you explain the deductible, maximum and percentages listed?

The deductible is the amount you need to pay for covered services before your benefits begin. You will pay for your dental treatment until you reach that amount. Then, you and your plan begin to share a percentage of your covered dental costs, known as coinsurance. **The percentage** shown on your plan materials is the percentage the plan pays for the listed procedures, and then you pay the difference.

The maximum is the most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year. Even after you reach the maximum, however, dentists in the network may continue to offer you discounted fees for the services on their schedules.





UHC PPO Dental Plan At-A-Glance

Network	BASIC	HIGH
Calendar Year Maximum Per Member		
Class I, II, III Expenses	\$1,500	\$2,500
Plan Year Deductible		
Per Member	\$50	\$50
Per Family	\$150	\$150
Class I Expenses: Preventive & Diagnostic Care		
Oral Exams (2 per year)	Plan pays 100% Deductible Waived	Plan pays 100% Deductible Waived
Cleanings (2 per year)		
Sealants		
Fluoride Treatment (2 per year under age 19)		
Space Maintainers		
Class II Expenses: Basic Restorative Care		
Emergency Treatment/General Services	Plan pays 80%, After Deductible	Plan pays 80%, After Deductible
Fillings (amalgam or composite)		
Oral Surgery (Include Surgical Extractions)		
Simple Extractions		
Periodontics		
Endodontics		
Class III Expenses: Major Restorative Care		
Inlays/Onlays/Crowns/implants	Plan pays 50%, After Deductible	Plan pays 50%, After Deductible
Dentures and Removable Prosthetics		
Fixed Partial Dentures (Bridges)		
Class IV Expenses: Orthodontia		
Lifetime Maximum	\$1,500	\$1,500
Benefit (Dependent child less than 19 years of age)	Plan pays 50% For children up to age 19	Plan pays 50% for children up to age 19 and adults



Locate a Provider

To search for a participating provider, contact United Healthcare's customer service or visit www.myuhc.com. Scroll to the bottom of the page, select "Find a Dentist", select location (GA) and select the "National Options PPO 30" network. Then search by location, dentist name or practice name.



Regular Dental Screenings Can Help Reduce The Risk of Certain Medical Conditions

When you schedule regular dental screenings, you're taking an important step to help improve your overall health and reduce the risk of these conditions:

- **Diabetes**
- **Heart Disease**
- **Respiratory Conditions**
- **Rheumatoid Arthritis.**





Vision Insurance

The City of Duluth offers vision insurance through United Healthcare to benefit eligible employees. The costs per pay period for coverage are listed in the table below and a brief summary of benefits is provided on the following page. For more detailed information about the vision plan, please refer to the certificate of coverage.

EMPLOYEE VISION DEDUCTIONS Bi-Weekly (24 deductions per year)	
Tier of Coverage	Employee Cost
Employee Only	\$ 3.12
Employee + Spouse	\$ 6.22
Employee + Child(ren)	\$ 6.29
Employee + Family	\$ 10.03

Group Certificate of Coverage

A copy of the **Group Certificate of Coverage** may be requested from Human Resources or is available as follows:

Go to: www.msibg.com
 Username: duluthEE
 Password: Benefits123

Make the Most of Your Vision Coverage

With your vision plan through United Healthcare, you and your covered family members have access to quality vision care. Your plan provides coverage for routine eye exams and may include glasses and/or contact lenses. Check your plan materials for details. Also, make sure you know the difference between in-network and out-of-network coverage.

In-Network

You'll save the most money if you pick an eye doctor from United Healthcare's large network. And you'll have lots of choices. We offer one of the largest specialty networks of optometrists, ophthalmologists and nationally recognized eye care retailers.

Out-of-Network

If you choose a doctor who's not in the network, you'll have to pay the total amount due at your appointment. United Healthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service.

Plan Year Deductible

There is no plan year deductible.

Plan Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Eye-Opening Information

A routine eye and vision exam can help your doctor test your vision and spot the early stages of eye disease. It's important to get your eyes dilated during the exam. This can help spot certain eye diseases, including the early stages of diabetes.

Keep an Eye on Your Kids

Eye exams aren't just for adults. They're also important for children. According to the American Optometric Association, one in four children has a vision problem that can affect their learning. Your kids may get a vision test at school or at their pediatrician's office. But these exams might not catch a serious eye disorder. That's why it's important to have your child visit an eye doctor, such as an optometrist or ophthalmologist. These specialist can help check your child's vision and eye health.





Vision Plan At-A-Glance

UHC Vision Network		
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	\$40 Allowance
Materials Copay	\$20	N/A
Frequency of Services (Calendar year basis)		
Examination	Once per 12 months	
Lenses	Once per 12 months	
Frames	Once per 24 months	
Contact Lenses	Once per 12 months	
Lenses		
Single	Covered 100% After Copay	Up to \$40 Reimbursement
Bifocal		Up to \$60 Reimbursement
Trifocal		Up to \$80 Reimbursement
Lenticular		Up to \$80 Reimbursement
Frames		
Eye Glass Frames	\$130 Retail Allowance then 30% off remaining balance	Up to \$45 Retail Allowance
Contact Lenses*		
Elective <i>(Includes Fitting, Evaluation & Follow-up)</i>	Up to \$130 Allowance	Up to \$130 Allowance
Non-Elective; Medically Necessary <i>(Prior Authorization Required)</i>	Covered 100%	Up to \$210 Allowance



Locate a Provider

To search for a participating provider, contact United Healthcare's customer service or visit www.myuhc.com. Click the "Find a Doctor" button at the top of the page. Then select the type of provider you're looking for (Vision Care Provider). Fill in the required information to continue.



Additional Information

If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.

Out-of-Network Provider

The receipts for payments should be submitted to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.



Basic Life and AD&D Insurance

Basic Term Life

The City of Duluth provides Basic Term Life and AD&D Insurance to eligible employees through The Standard. The cost of Basic Term Life and AD&D Insurance is paid entirely by the City of Duluth. Below is a brief description of group life insurance coverage underwritten by The Standard. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan Description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

Basic Term Life Benefit

1 x Basic Annual Earnings

Minimum - \$50,000 / Maximum - \$150,000

Accidental Death & Dismemberment

Also, at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Reductions in Insurance

Life and AD&D insurance reduces to 50% at age 70.

Accelerated Death Benefit

If you become terminally ill and meet other eligibility requirements you may receive an Accelerated Death Benefit of up to 75% of your Life Insurance.

Voluntary Life and AD&D Insurance

Voluntary Employee Life and AD&D Insurance

Eligible employees may elect to purchase additional Life and AD&D insurance on a voluntary basis through The Standard. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employees in **\$10,000 increments up to a maximum of \$200,000 not to exceed five times annual salary.**

Newly hired employees under age 60 may purchase Voluntary Employee Life and AD&D Insurance without having to go through Medical Underwriting (also known as Evidence of Insurability - EOI) up to the **Guaranteed Issue (GI) amount of \$100,000.** (Age 60-69 GI = \$20,000)

Voluntary Spouse and/or Dependent Child(ren) Life and AD&D Insurance

Dependents are eligible for coverage as long as the employee is enrolled in coverage. Spousal Life Insurance is offered in \$5,000 increments up to a maximum of \$50,000. A spouse (under age 60) of a newly hired employee has a **Guaranteed Issue amount of \$10,000** (Age 60-69 = \$5,000) while you can choose a **\$5,000 or \$10,000** benefit for dependent **Child(ren) to age 26.**

Accidental Death & Dismemberment

The AD&D benefit amount equals the Voluntary Life Amount.

Reductions in Insurance

No age reduction.



Important Notes

*Always remember to keep beneficiary information updated.
Beneficiary information may be updated anytime through the Human Resources department.*



Voluntary Life and AD&D Insurance



EMPLOYEE LIFE OPTIONS BI-WEEKLY DEDUCTIONS (24 / Year)									
AGE	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.48	\$0.56	\$0.72	\$1.01	\$1.52	\$2.35	\$3.34	\$5.41	\$9.29
\$20,000	\$0.95	\$1.12	\$1.43	\$2.01	\$3.03	\$4.69	\$6.68	\$10.81	\$18.58
\$30,000	\$1.43	\$1.68	\$2.15	\$3.02	\$4.55	\$7.04	\$10.02	\$16.22	\$27.87
\$40,000	\$1.90	\$2.24	\$2.86	\$4.02	\$6.06	\$9.38	\$13.36	\$21.62	\$37.16
\$50,000	\$2.38	\$2.80	\$3.58	\$5.03	\$7.58	\$11.73	\$16.70	\$27.03	\$46.45
\$60,000	\$2.85	\$3.36	\$4.29	\$6.03	\$9.09	\$14.07	\$20.04	\$32.43	\$55.74
\$70,000	\$3.33	\$3.92	\$5.01	\$7.04	\$10.61	\$16.42	\$23.38	\$37.84	\$65.03
\$80,000	\$3.80	\$4.48	\$5.72	\$8.04	\$12.12	\$18.76	\$26.72	\$43.24	\$74.32
\$90,000	\$4.28	\$5.04	\$6.44	\$9.05	\$13.64	\$21.11	\$30.06	\$48.65	\$83.61
\$100,000	\$4.75	\$5.60	\$7.15	\$10.05	\$15.15	\$23.45	\$33.40	\$54.05	\$92.90
\$110,000	\$5.23	\$6.16	\$7.87	\$11.06	\$16.67	\$25.80	\$36.74	\$59.46	\$102.19
\$120,000	\$5.70	\$6.72	\$8.58	\$12.06	\$18.18	\$28.14	\$40.08	\$64.86	\$111.48
\$130,000	\$6.18	\$7.28	\$9.30	\$13.07	\$19.70	\$30.49	\$43.42	\$70.27	\$120.77
\$140,000	\$6.65	\$7.84	\$10.01	\$14.07	\$21.21	\$32.83	\$46.76	\$75.67	\$130.06
\$150,000	\$7.13	\$8.40	\$10.73	\$15.08	\$22.73	\$35.18	\$50.10	\$81.08	\$139.35
\$200,000	\$9.50	\$11.20	\$14.30	\$20.10	\$30.30	\$46.90	\$66.80	\$108.10	\$185.80

SPOUSE LIFE OPTIONS (Based on Employee's Age) BI-WEEKLY DEDUCTIONS (24 / Year)									
AGE	Under 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.24	\$0.28	\$0.36	\$0.50	\$0.76	\$1.17	\$1.67	\$2.70	\$4.65
\$10,000	\$0.48	\$0.56	\$0.72	\$1.01	\$1.52	\$2.35	\$3.34	\$5.41	\$9.29
\$15,000	\$0.71	\$0.84	\$1.07	\$1.51	\$2.27	\$3.52	\$5.01	\$8.11	\$13.94
\$20,000	\$0.95	\$1.12	\$1.43	\$2.01	\$3.03	\$4.69	\$6.68	\$10.81	\$18.58
\$25,000	\$1.19	\$1.40	\$1.79	\$2.51	\$3.79	\$5.86	\$8.35	\$13.51	\$23.23
\$30,000	\$1.43	\$1.68	\$2.15	\$3.02	\$4.55	\$7.04	\$10.02	\$16.22	\$27.87
\$35,000	\$1.66	\$1.96	\$2.50	\$3.52	\$5.30	\$8.21	\$11.69	\$18.92	\$32.52
\$40,000	\$1.90	\$2.24	\$2.86	\$4.02	\$6.06	\$9.38	\$13.36	\$21.62	\$37.16
\$45,000	\$2.14	\$2.52	\$3.22	\$4.52	\$6.82	\$10.55	\$15.03	\$24.32	\$41.81
\$50,000	\$2.38	\$2.80	\$3.58	\$5.03	\$7.58	\$11.73	\$16.70	\$27.03	\$46.45

DEPENDENT CHILD(REN) LIFE and AD&D RATE	
\$5,000 Life Insurance	Bi-Weekly Cost = \$0.59
\$10,000 Life Insurance	Bi-Weekly Cost = \$1.18

Evidence of Insurability (EOI)

The Standard requires EOI in order for new employees to purchase insurance above the guaranteed issued amount, for any employee who has previously declined coverage or if you are requesting to increase your current coverage amount. EOI involves completing a medical questionnaire and receiving carrier approval before your insurance takes effect.



Short Term and Long Term Disability Plans

The City of Duluth provides both Short Term and Long Term Disability Insurance to all eligible full-time employees through The Standard. The cost of Short Term Disability (STD) and Long Term Disability (LTD) insurance is paid entirely by the City of Duluth. These benefits are designed to pay you an income if you cannot work as a result of an illness or an accident that occurs off the job.

Group Short Term Disability	
% of Salary	Up to 70% of Weekly Salary
Maximum Weekly Benefit	Up to \$1,500
Elimination Period	15 Days
Duration Period	166 Days
Pre-Existing Conditions	None

Group Long Term Disability	
% of Salary	Up to 60% of Monthly Salary
Maximum Monthly Benefit	Up to \$6,000
Elimination Period	180 Days
Duration Period	To Age 65
Pre-Existing Conditions	The plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage

Flexible Spending Account

The City offers Flexible Spending Accounts (FSA) administered through United Healthcare. The FSA plan year is from June 1 to May 31.

If an employee or family member(s) has predictable health care or work-related day care expenses, then the employee may benefit from participating in an FSA. An FSA allows an employee to set aside money from the employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from the employee's paycheck and deposited into the FSA. During the year, the employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. A participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,050. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. A participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$5,000 if the participating employee is single or married and files a joint tax return (\$2,500 if married and files a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- ✓ Ambulance
- ✓ Chiropractic Care
- ✓ Dental and Orthodontic Fees
- ✓ Diagnostic Tests/Health Screenings
- ✓ Physician Fees and Office Visits
- ✓ Drug Addiction/Alcoholism Treatment
- ✓ Experimental Medical Treatment
- ✓ Corrective Eyeglasses and Contact Lenses
- ✓ Hearing Aids and Exams
- ✓ Injections and Vaccinations
- ✓ LASIK Surgery
- ✓ Mental Health Care
- ✓ Nursing Services
- ✓ Optometrist Fees
- ✓ Prescription Drugs
- ✓ Sunscreen SPF 15 or Greater
- ✓ Wheelchairs



Important Rules

You will be allowed to carry over up to \$610 of your account balance (unused funds) into the next plan year. The IRS requires that any unused portion of your account balance above \$610 remaining at the end of the year be forfeited. It is important to estimate your expenses carefully. The "run out period" after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. If you were enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

Flexible Spending Account

Here's How it Works

Estimate how much money you will spend in the coming year for eligible healthcare expenses. Once calculated, the FSA allows you to set aside a portion from your check each payday (*example: if you elect \$600 annual then the City will deduct \$25 out of each pay check the entire year for 24 pay periods*). The amount you allocate to your account is taken out of your pay before taxes are calculated and withheld. That means the FSA is tax-free. You will then receive a debit card that will be loaded with the entire annual amount you have elected. You are then eligible to use the card to pay for health care expenses during the year. With the card, most qualified services and products can be paid at the point of sale versus paying out-of-pocket and requesting reimbursement. United Healthcare may request supporting documentation for expenses paid with a debit card. This card will not expire at the end of the benefit year. Please keep the issued card for use next year.

Rollover Feature

You may only rollover up to \$610 of unused monies from one plan year to the next if you continue to participate.

Runout Period

You may file for a reimbursement on a qualified unpaid FSA expense even after the year has ended but must do so within 90 days (this means you have until August 31st of each year to file). As an example, if you had a charge in December that was eligible for reimbursement (where you did not use your debit card) you can request for a reimbursement out of your account by completing a paper FSA claim form but would need to do so by August 31st. Forms can be provided by contacting MSI Benefits Group.

More Convenience

- › **Your FSA account is integrated with your benefit information**, so it's easy to manage both in one convenient place: myuhc.com.
- › **Use your health care debit card for immediate access** to your FSA funds.
- › **You can also submit your FSA reimbursement claims** with our simple-to-use online claim form.
- › **You'll have immediate access to all the money in your FSA account** from the first day.

Changing Your Election

- › You can change your election once a year during the open enrollment period.
- › It is important to know that federal law places restrictions on changing your election at other times during the year. For this reason, if you participate in the program, you are generally not allowed to change or cancel the amount you allocate until the next annual enrollment period.
- › The events that might permit you to make a change are: Family status changes, including your marriage or divorce, the birth or adoption of a child, or the death of your spouse or dependent.

Note: Keep in mind that the only requirement is that the change you make must be consistent with the particular event that has occurred.





Employee Benefits Summary

The purpose of this information sheet is to provide a very limited overview of fringe benefits which are available to full-time City employees. The following descriptions and summaries are only very general in nature and are not a contract between the City of Duluth and its employees. In all cases, contracts of coverage, and City policies will supersede any information provided here. The full details of each benefit will be provided to the employee through the normal coverage packages. All benefits, contributions, premiums, and coverage are subject to change without notice.

VACATION LEAVE

Employees earn annual leave from the day they start work, but are unable to take it until they have completed 6 months of employment. You may carry over up to 240 hours of annual leave per year.

Anniversary Year	Bi-Weekly Accrual	Time Earned Per Year
Less than 1 year	1.54	40 hours (1 week)
1 - 4	3.08	80 hours (2 weeks)
5 - 9	4.62	120 hours (3 weeks)
10 - 14	6.15	160 hours (4 weeks)
15 - 19	7.70	200 hours (5 weeks)
20+	9.23	240 hours (6 weeks)

Personal Days: 24 hours paid personal days (these days can be used the same as annual leave for any purpose, but they are designed to allow employees the opportunity to take off for holidays they wish to observe but which the City does not observe) (prorated accrual during the 1st year of employment).

Wellness Days: Up to four days per year for participation will be added to vacation balance.

HOLIDAYS

10 Annual Paid Holidays

- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving (Friday)
- Christmas Eve
- Christmas Day
- New Years Day
- Martin Luther King, Jr.
- National Memorial Day
- **Note:** Observed days may vary based on weekends and City Council directive.

2022-2023 Actual Dates

- June 19, 2023
- July 4, 2023
- September 4, 2023
- November 23, 2023
- November 24, 2023
- December 22, 2023
- December 25, 2023
- January 1, 2024
- January 15, 2024
- May 27, 2024
- **Note:** Observed days may vary based on weekends and City Council directive.

SICK LEAVE

Employees earn 3.69 hours of sick leave each bi-weekly period (which equals 8 hours of sick leave each month, or 12 days per year). Sick leave accumulation is unlimited. Upon retirement, the unused sick leave is applied to service credit for retirement benefits.

Effective 7-1-2018: Employees working 12-hour shifts will be paid 12 hours holiday pay. Employees working 10-hour shifts will be paid 10 hours holiday pay. All other full-time employees will be paid 8 hours of holiday pay.

OTHER PAID LEAVE

- **Bereavement Leave:** 4 days paid leave for family members listed in policy.
- **Military Leave:** Military Leave in accordance with state and federal law.
- **Court Leave:** Court Leave in accordance with state and federal law and City policy.
- **Blood Donation Leave:** Leave for Blood Donation in accordance with state law.

OTHER UNPAID LEAVE

- **FMLA Leave:** Family and Medical Leave (FMLA) in accordance with federal law.
- **Leave to Vote:** Leave to Vote in accordance with state law.
- **Leave Without Pay:** Leave without Pay upon approval of department head.



Employee Benefits Summary

PAY INCREASES & SIMILAR BENEFITS

Merit Increases: Merit based raises, based on the employee's job performance and departmental budgets are considered annually by council.

Cost of Living Adjustment: A Cost-of-Living-Adjustment is considered periodically by Council, and if approved, the pay scale is adjusted.

DEFERRED COMPENSATION (457b) PLAN

Deferred Compensation (457b) Plan: Full-time employees are eligible to contribute to a deferred compensation (457b) plan. Newly hired employees will be automatically enrolled in the plan at a 4% contribution rate unless they opt for a lower rate. The investment will be in the appropriate age 65 "target date" fund. The plan is offered through One America©. Financial counselors are available to assist you in investment planning. The plan provides for both traditional as well as Roth investment options in various mutual funds.

Contribution Limits: Employees can contribute up to 100% of their gross pay to the 457b fund, subject to an annual limit of \$22,500 for 2023, plus an additional \$7,500 "catch-up" contribution for 2023 if you are age 50 or over; or a total of \$45,000 for 2023 if you are age 62 or over and meet specified IRS regulations.

Vesting: Because the 457b plan contains only employee contributions, employees are always 100% vested in this plan.

City Contribution (401a): The City will make a contribution to an employee's 401a plan of ½% for each 1% of salary the employee contributes to the OneAmerica© plan up to a maximum 2% City contribution (which would equal a 4% contribution by the employee.) 401a funds are 100% vested to the employee at 5 years employment, after which you can direct the investment of the money using the same fund selections as the 457b plan.

RETIREMENT (PENSION) PLAN

Plan Provider: This plan is administered by The Georgia Municipal Association (GMA) through GMEBS.

Eligibility: Full-time employees are eligible for the plan after completing one year of service.

Vesting: Employees are 100% vested after five years of employment. Prior service with other municipal employers who are also in the GMA plan may be counted for purposes of vesting in the plan.

Employee Cost: There is no cost to the employee. The City pays the entire cost.

Retirement Benefit: The annual retirement benefit is calculated by multiplying an employee's credited years of service by the employee's highest consecutive five-year average salary, and then multiplying that figure by 1.5% (.015). For Example: An employee has 15 years of credited service with the highest five-year consecutive average salary of \$60,000. Their benefit at normal retirement age, assuming they do not leave a beneficiary benefit, would be: 15 years x \$60,000 x 1.5% = \$13,500/yr = \$1,125/mo.

Retirement Age: Normal retirement age is 65 with five years of service. Early retirement, with reduced benefits, is available between ages 55 and 65 with ten years of service. If you retire before age 65, your benefit will be reduced—the earlier you retire, the lower your benefit will be. For example: at age 60, you would receive 66.7% of your normal retirement benefit; at age 55, you would receive 50% of your normal retirement benefit. A special provision allows early retirement without reduction in benefits due to age, for employees age 60 with 25 years of service, or age 62 with 20 years of service.

Pay Out Options:
 Option A – Lifetime Monthly Benefit for Retiree Only; No Lifetime Monthly Survivor Benefit
 Option B – Reduced Lifetime Monthly Benefit for Retiree; (with Pop-Up feature); Lifetime Survivor Benefit
 Option C – Reduced Lifetime Monthly Benefit for Retiree; Survivor Benefit for Designated Period

PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA (POAB)

If you are a P.O.S.T. certified law enforcement officer, you may be eligible to join the Peace Officers' Annuity and Benefit Fund of Georgia (POAB). Dues are currently \$25 per month with benefits payable after 10 or 15 years, depending on date you joined the program. This program is portable between law enforcement employers. Ensure you are fully versed in the rules of the program as they apply to you. Visit their website at www.poab.georgia.gov or call 770-228-8461. The City of Duluth pays your POAB dues.



Employee Assistance Program



A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential - information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents

Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
Seven days a week

healthadvocate.com/standard3

With EAP, personal assistance is immediate, confidential and available when you need it.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10-2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.



The Life Services Toolkit

Resources and Tools to Support You and Your Beneficiary

Group Life insurance through your employer gives you assurance that your family will receive some financial assistance in the event of a death. But coverage under a group Life policy from Standard Insurance Company (The Standard) does more than help protect your family from financial hardship after a loss. We have partnered with Health AdvocateSM to offer a lineup of additional services that can make a difference now and in the future.

Online tools and services can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard.

Services to Help You Now

Visit the Life Services Toolkit website at standard.com/mytoolkit and enter user name “assurance” for information and tools to help you make important life decisions.

Estate Planning Assistance: Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.

Financial Planning: Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.

Health and Wellness: Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.

Identity Theft Prevention: Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.

Funeral Arrangements: Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

If you are a recipient of an Accelerated Death Benefit, you may access the services for beneficiaries outlined below.

Services for Your Beneficiary

Life insurance beneficiaries² can access services for 12 months after the beneficiary receives the Life claim letter from The Standard. Recipients of an Accelerated Death Benefit can access services for 12 months after the date of payment.

These supportive services can help your beneficiary cope after a loss:

Grief Support: Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person. Your beneficiaries are eligible for up to six face-to-face sessions.

Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs. As part of this program, age-appropriate books can be sent for children and teens.

Legal Services: In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney. Beneficiaries who wish to retain a participating attorney after the initial consultation receive a 25% rate reduction from the attorney's normal hourly or fixed-fee rates.

Financial Assistance: Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.

Support Services: During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.

Online Resources: Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.

Beneficiaries can participate in phone consultations or in-person meetings with trained grief counselors.

For beneficiary services, visit standard.com/mytoolkit (user name: support) or call the assistance line at **800.378-5742**



Continuation Coverage Rights Under COBRA

Introduction

You are receiving this notice because you have recently become eligible for the City of Duluth health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **City of Duluth, Jocelyn McGiboney, 3167 Main Street, Duluth, GA 30096.**



Continuation Coverage Rights Under COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

City of Duluth
Jocelyn McGiboney
3167 Main Street
Duluth, GA 30096
Phone: 770-497-5287



Notes



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