



# EMPLOYEE BENEFITS

October 1, 2025 – September 30, 2026





## TABLE OF CONTENTS

City of Gainesville is proud to support our employees' overall wellbeing with a variety of benefit options. This guide outlines our employee benefit offerings with a summary of details for each line of coverage available to you and your family. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

Welcome .....	5
Medical Plans .....	7
Medical Plan Highlights .....	8
Telemedicine .....	13
Flexible Spending Accounts .....	15
Dependent Care Flexible Spending Account .....	15
Dental Insurance .....	18
Vision Insurance .....	19
Basic Life and AD&D Insurance.....	20
Voluntary Life and AD&D Insurance .....	21
Aflac Benefits.....	23
Mental Health.....	31
Accident.....	32
Hospital Indemnity .....	33
Critical Illness.....	34
Glossary of Terms .....	37
Online Enrollment Instructions.....	39
Creditable Coverage Notice.....	40
Premium Assistance Under Medicaid and the Children's Health Insurance Program(CHIP) .....	43

# Important Contacts

## Medical & Pharmacy

Cigna  
800-997-1654 (customer service)  
800-244-6224 (coverage and claims)  
800-853-2713 (website assistance)  
[www.mycigna.com](http://www.mycigna.com)

## Life & AD&D

Mutual of Omaha  
800-775-6000  
[www.mutualofomaha.com/life-insurance](http://www.mutualofomaha.com/life-insurance)  
Policy # G000BRCX

## Human Resources

Leah Gore  
940-668-4590  
[LGore@cogtx.org](mailto:LGore@cogtx.org)

Jo Ann Mendez  
940-668-4590  
[jmendez@cogtx.org](mailto:jmendez@cogtx.org)

## Dental

Principal  
800-247-4695  
[www.principal.com/dentist](http://www.principal.com/dentist)  
Policy # 1116113

## Flexible Spending Account

ABY Benefits LLC  
877-731-3532  
[www.abybenefits.com](http://www.abybenefits.com)

## Employee Advocate

Christopher Smith  
940-323-9595 x103  
[csmith@clarkadamson.com](mailto:csmith@clarkadamson.com)  
[www.clarkadamson.com](http://www.clarkadamson.com)

## Vision

Principal  
800-877-7195  
[www.vsp.com](http://www.vsp.com)  
Policy # 1116113

## Telemedicine

Teladoc - HealthiestYou  
866-703-1259  
[www.HealthiestYou.com](http://www.HealthiestYou.com)  
Policy # HY12539

## Employee Advocate

ClarkAdamson, LLC  
940-323-9595 x120  
[www.clarkadamson.com](http://www.clarkadamson.com)  
[advocate@clarkadamson.com](mailto:advocate@clarkadamson.com)

# Welcome

CITY OF GAINESVILLE strives to provide benefits that are affordable and beneficial for you and your family. We appreciate your hard work and dedication to our team and are thrilled to offer you the benefit package outlined in this guide.

This guide is designed to assist you and your family in making the best choices for your needs this policy plan year. It contains summary details of each benefit offered, contact information, provider details, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

## Eligibility and Enrollment

If you are a full-time employee, who is regularly scheduled to work at least 30 hours or more each week, you are eligible to enroll in the benefits we offer to our employees.

## Coverage Dates

For new hires, your elections are effective the first of the month following your date of hire. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

For those enrolling during our annual open enrollment period, your benefits will begin October 1, 2025. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

## Dependents

Dependents eligible for coverage include:



- Your legal spouse (as defined by the federal IRS tax code.)
- Your dependent child (up to age 26); a child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained guardianship.
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return and is approved by your medical plan to continue coverage past age 26. (Carrier verification may be required)



## Enrollment

You can enroll in benefits when you start a new job, during open enrollment, when you have a qualifying life event, or when you have a change in employment status from part-time to full-time. Regardless of your enrollment, all of these times are subject to your new hire enrollment waiting period being exhausted before your benefits go into effect.

### How to Enroll

Review the benefit information on the following pages. Once you have decided on your benefit selections you will need to make your elections online through Employee Navigator. Enrollment instructions are found on page 32.

**Please note that Aflac changes and enrollments must be completed with HR and are not available in Employee Navigator.**

### When to Enroll

If you qualify for benefits, you should complete enrollment within the first 30 days of hire to be eligible. If you fail to enroll during the first 30 days of hire, your coverage will be waived, and you will have to wait until the next annual open enrollment period to enroll unless you have a qualifying event. New hire enrollments should be completed at least one week prior to your eligibility effective date to ensure completion and activation of coverage on your eligibility effective date.

## How to Make Changes

Unless you experience a qualifying event, you cannot make changes to your benefits until the next open enrollment period. Any changes to enrollment due to a qualifying event must be submitted **AND** processed within 31 days of the qualifying event date. Qualifying events include things like:

- **Marriage or divorce**—Employees can add or remove a spouse from their benefit plans.
- **Birth or adoption of a child**—New additions to the family allow employees to enroll their children in health plans.
- **Death of a dependent**—Coverage changes may be necessary following the loss of a dependent.
- **Dependent eligibility change**—When a child reaches the age limit for dependent coverage or gains independent insurance, employees may need to update their plans.
- **Loss of other coverage**—Employees losing coverage from another source (e.g., spouse's plan) can enroll in or modify their benefits.
- **Employment status change**—A change in the employment status of an employee.
  - moving from part-time to full-time – add coverage
  - moving from full-time to part-time – remove coverage (no longer eligible)
- **Entitlement to Medicare or Medicaid**



# Medical Plans

## Cigna

City of Gainesville offers one medical plans for you to choose from: one **Preferred Provider Organization** (PPO) plan administered through Cigna (Open Access Plus).

**PPO Plan:** This plan provides coverage for services performed by in-network and out-of-network providers. In network services yield the highest level of benefits with the lowest out-of-pocket expenses because services are paid based on contracted rates. **The network is Open Access Plus In-Network (OAPIN).**

## Provider Finder

To search for in-network providers, go to [Cigna Health Care Provider Directory](#) and click “Find a Doctor.” You can also call 800-997-1654.

To determine if your prescription drug is covered under you plan, go to [Prescription Drug List and Coverage | Cigna Healthcare](#). **If you’re a Cigna member**, log in to [myCigna](#)® and use the Price a Medication tool to see the medications your plan covers and specific coverage requirements.

## ID Cards

**Cigna offers digital ID cards.** You will need to log into myCigna.com or the myCigna App to retrieve your ID Cards. If you must have a physical ID card, you will have to request an ID card directly from Cigna. Neither the Human Resources Department nor ClarkAdamson can request an ID card on your behalf.

# Medical Plan Highlights

## Cigna

	OAP P1 - PPO
Network	Open Access Plus
<b>Deductible</b>	
Individual	\$1,000
Family	\$2,000
<b>Out-of-Network Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Out-of-pocket Maximum (network)</b>	
Individual	\$4,000
Family	\$8,000
<b>Co-Insurance</b>	
Network / Out of Network	80% / 50%
<b>In Network Copays and Costs</b>	
Preventive Visit	Covered 100%
Physician Visit Copays	\$30
Specialist Visit Copays	\$60
Virtual Visit Copays	MDLive PCP/Urgent Care: No Copay MDLive Specialty Care: \$60 Copay
Urgent Care Copays	Deductible + 20%
Mental Health Outpatient Care	Office Visit: \$30 Copay Outpatient: Deductible + 20%
<b>Testing</b>	
Imaging	Included in office visit
Lab	Included in office visit
X-ray	Deductible + 20%
<b>Emergencies &amp; Surgeries</b>	
Outpatient Hospitalization - Facility	Deductible + 20%
Outpatient Hospitalization - Physician	Deductible + 20%
Emergency Room	\$500 Copay + Deductible + 20%
Inpatient Hospitalization - Facility	Deductible + 20%
Inpatient Hospitalization - Physician	Deductible + 20%
<b>Prescription Drugs</b>	30-Day Supply / Mail Order (90-Day Supply)
Generic Pharmacy	\$10 / \$30
Preferred Pharmacy	\$45 / \$135
Non-Preferred Pharmacy	\$90 / \$270
Specialty Pharmacy - Non-Preferred	\$150

The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions. PPO in network benefits shown; see COC for out of network benefits.

## Your Medical Cost in 2025 – 2026

Employee Cost per Paycheck (24)				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
OAP P1 - PPO	\$0.00	\$481.59	\$276.39	\$801.11

### Tips for Avoiding Hidden Medical Costs

1. **Stay In Network** – Your highest level of benefits will always come from an in-network provider. Out-of-network benefits are lower, and the member can be balance billed for any charges not covered by the plan. Remember to ask your provider to use in-network labs for bloodwork, MRIs and other tests.
2. **Ask about cost** – Cigna offers online pricing tools that help you research the estimated cost of specific treatments / procedures using Cigna’s in-network providers – providing the highest level of benefit. Cigna’s Health Cost Estimator is located on the home page [www.mycigna.com](http://www.mycigna.com).
3. **Emergency Room vs Urgent Care** – Free-standing emergency rooms are not the same as urgent care centers. Even if you stay in network, ER visits will cost you more and increase claims to your plan. Know where your urgent care centers are in advance.
4. **Know where to go** – Choose your health provider based on the care needed. There is usually a lower cost option available. Emergency rooms cost more (to you and the plan) than urgent care centers. Urgent care centers cost more than specialists. Specialists cost more than your primary care provider.
5. **Take Advantage of Wellness Programs** – Many health plans offer rewards for completing activities like annual wellness visits, preventive screenings or health assessments.
6. **Prioritize Preventive Care** – Remember to schedule your annual wellness exam and preventive screenings. Health plans usually cover preventive care, which means you may pay \$0 out of pocket for certain covered preventive services if you go to a network provider. Also consider virtual visits, which may be more convenient and cost effective for non-emergency care. These steps may be helpful when it comes to making more informed health decisions and may help you save money in the long run. Check with your employer or health plan to see what benefits are available to you.
7. **Consider Generic Drugs** – Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, and active ingredients. Generic drugs are just as effective

# So many ways to help manage your health.



Get to know the full value of myCigna.

Now it's easier than ever to manage your health and make the most of your health plan with myCigna®.\* From programs that help improve your health to tools that help manage your health spending, there's so much you can do.



View, print and send ID cards



Find in-network doctors, hospitals and medical services



Compare quality of care information, including patient reviews from Cigna Healthcare<sup>SM</sup> customers



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare rep



**Feel better protected** Cigna Healthcare is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

Visit [myCigna](#) today. Not registered yet? [Start here.](#)\*\*

Customers under age 13 (and/or their parent/guardian) will not be able to register at [myCigna.com](#).



Download the myCigna App for your mobile device. Disponible en Español.



\* Actual myCigna features may vary depending on your plan and customer profile.

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# Have your ID card handy?

With myCigna, the answer is always “yes.”



**Big news:** You never have to worry about misplacing your ID card. It's always right there on myCigna®, whenever and wherever you need it.\*

Accessing your digital ID cards is easy.



Log in to [myCigna.com](https://myCigna.com) or the [myCigna® App](#)



Click or tap “ID Cards”



View your card(s), as well as any dependents' card(s)\*\*



Email cards directly to doctors



Save your digital ID cards in your Apple Wallet



**Not registered on myCigna yet?**  
It's quick and easy.

Visit [myCigna.com](https://myCigna.com)® or scan the QR code to download the [myCigna® App](#) and register now.

## Unlock the full value of your health plan with myCigna.

From programs that help improve your health to tools that help you manage your health spending, there's so much you can do on **myCigna.com** and the **myCigna® App**\*\*\*



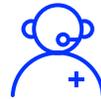
Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Use the click-to-chat feature to connect with a live Cigna Healthcare<sup>SM</sup> representative



Compare quality-of-care information, including patient reviews



Access a variety of health and wellness tools and resources, including an interactive health assessment

### Feel better protected

Cigna Healthcare is as committed to protecting your health information as we are to your health and well-being. That's why we take certain steps to enhance the security of your personal health information on myCigna.

\*The transition to digital ID cards does not apply to the following: all insured medical clients situated in Texas, New York, Florida and Colorado (ASO will be included); all medical clients situated in Minnesota regardless of funding type; all D-HMO plans situated in Texas; all D-HMO and D-PPO plans situated in Georgia and Minnesota; all vision plans situated in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.

\*\* Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

\*\*\* Actual myCigna features may vary depending on your plan and customer profile.

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\$8.50 Per Paycheck

# Simplify your life with **free healthcare.**

*Access Board Certified Doctors and Therapists by phone, video, or app 24/7/365.*

**No insurance needed!**



Be your **Healthiest You**

Take control of your health. Download the app to start using your free healthcare services.

 **Talk to a doctor 24/7**    **\$0 visit fee - Unlimited Visits**  
Speak to a licensed doctor by phone or video 24/7 from anywhere

 **Expert Medical Services**    **\$0 visit fee - Unlimited Visits**  
Receive a second opinion on an existing diagnosis and treatment for any condition

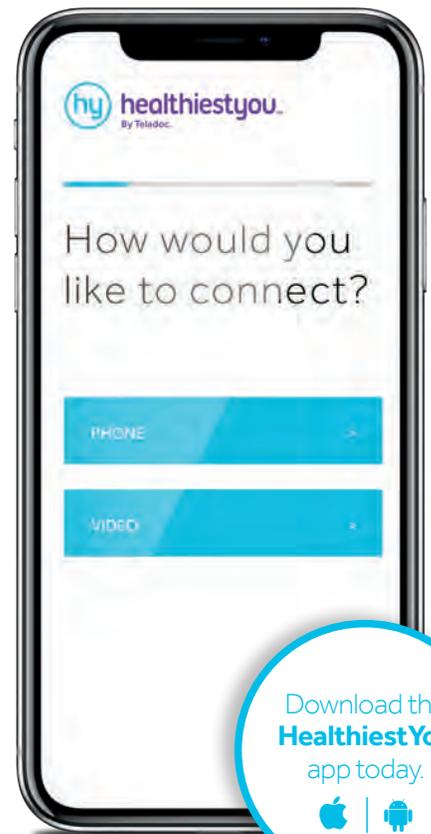
 **Mental Health**    **\$0 visit fee - Unlimited Visits**  
Talk to a therapist seven days a week from wherever you are

 **Back Care**    **\$0 visit fee - Unlimited Visits**  
Relieve your back pain through guided videos with a certified health coach

 **Dermatology**    **\$0 visit fee - Unlimited Visits**  
Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days

 **Nutrition**    **\$0 visit fee - Unlimited Visits**  
Connect with a certified dietitian and start meeting your nutrition goals today!

**For \$16.99/month, we give you and your whole family unlimited access - so there's Never a copay for the doctors or therapists... Amazing!**



Download the **HealthiestYou** app today.



## Download the app and talk to a doctor for free 24/7.

HealthiestYou.com | 866-703-1259

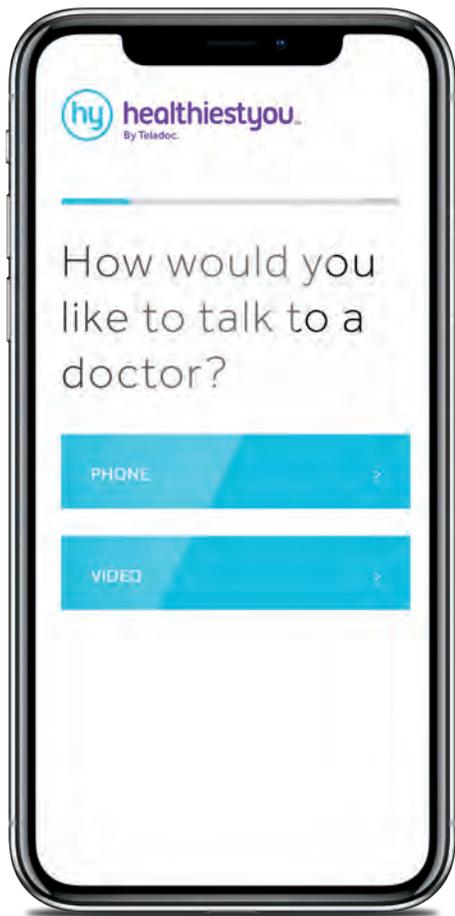
HealthiestYou is now part of Teladoc Health, the global leader in virtual care. Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc.; HealthiestYou, Inc.; Teladoc Physicians, P.A., and Teladoc Behavioral Health, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com, and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 10E-207B\_249105700\_07272018



healthiestyou.  
By Teladoc.

Be your **Healthiest You**

# Set up your HealthiestYou account in 4 easy steps.



**Download the app to connect to doctors for free by phone or video 24/7, shop the lowest-cost prescriptions, and much more.**

- 1 Download the app**  
Search "HealthiestYou" in the app store or on Google Play.
- 2 Set up your account**  
Once you've downloaded the app, select "Register," then choose "Employee" as your membership type.
- 3 Enter basic contact information**  
Type in your last name, date of birth, and ZIP code.
- 4 Type in your security information**  
Enter a valid email address, password, the best number for our doctors to reach you, your preferred language, and accept terms and conditions.



**All doctor visits are free. Download the app today!**  | 

HealthiestYou.com | 866-703-1259



HealthiestYou is now part of Teladoc Health, the global leader in virtual care.

Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc., HealthiestYou, Inc., Teladoc Physicians, P.A., and Teladoc Behavioral Health, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at [www.teladoc.com](http://www.teladoc.com), [www.bestdoctors.com](http://www.bestdoctors.com), [www.askbestdoctor.com](http://www.askbestdoctor.com), [members.bestdoctors.com](http://members.bestdoctors.com), [www.healthiestyou.com](http://www.healthiestyou.com), and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 10E-207B\_347083860\_05282019

## Flexible Spending Account Benefits or FSA

A Health Care Flexible Spending Account (FSA) provides you with the ability to save money on a pre-tax basis to pay for any IRS-allowed health expense that is not covered by your health care plan. Examples of these types of expenses include deductibles, co-payments, coinsurance payments and uninsured dental and vision care expenses.

You may elect a specific annual contribution for each FSA in which you plan to participate. Your annual contribution is then divided by your number of pay periods and that amount will be deducted pre-tax each pay period. The amount you elect may not be changed or revoked during the plan year unless you experience a Qualifying Life Event. Also, you may not transfer funds between a Health Care FSA and a Dependent Care FSA.

If you elected to participate in an FSA account last year, you must enroll again and specify your annual contribution if you wish to participate in the upcoming Plan Year.

Your previous elections **will not** carry over to the new Plan Year.

**For the 2025 Plan Year, the maximum amount that you may contribute to a Health Care FSA is \$3,300.**

### Dependent Care FSA

A Dependent Care Flexible Spending Account (FSA) provides you with the ability to set aside money on a pre-tax basis for day care expenses for your child, disabled parent or spouse. Generally, expenses will qualify for reimbursement if they are the result of care for:

- Your children, under the age of 13, for whom you are entitled to a personal exemption on your Federal income tax return
- Your spouse or other dependents, including parents, who are physically or mentally incapable of self-care

The IRS has set the maximum allowable contribution per calendar year for a Dependent Care Flexible Spending Account as follows:

- \$5,000 for a married couple filing jointly
- \$5,000 for a single parent

### Health Care FSA Debit Card

Employees enrolled in a health care FSA will receive a Benefits Debit Card, which allows you to access your FSA account to pay for eligible expenses immediately and conveniently at point of service. Be sure to save your receipts as you may be audited or will need to submit proof of qualified expenses.

# Eligible FSA Medical Expenses

- Abdominal supports
- Abortion
- Acupuncture
- Air conditioner  
(when necessary for relief from difficulty in breathing)
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Autoeette (when used for relief of sickness/disability)
- Birth Control Pills  
(by prescription)
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Contraceptive devices  
(by prescription)
- Convalescent home  
(for medical treatment only)
- Crutches
- Dental Treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Diathermy
- Drug addiction therapy
- Drugs (prescription)
- Elastic hosiery (prescription)
- Eyeglasses
- Fees paid to health institute prescribed by a doctor
- FICA and FUTA tax paid for medical care service
- Fluoridation unit
- Guide dog
- Gum treatment
- Gynecologist
- Healing services
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- Lead paint removal
- Legal fees
- Lodging (away from home for outpatient care)
- Metabolism tests
- Neurologist
- Nursing  
(including board and meals)
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant  
(including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath
- Oxygen and oxygen equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical services
- Prenatal care
- Prescription medicines
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses  
(relative to health care)
- Ultra-violet ray treatment
- Vaccines
- Vasectomy
- Vitamins (if prescribed)
- Wheelchair
- X-rays

*\*The above list of Eligible FSA Medical Expenses is from IRS Publication 502 and is subject to change by the IRS at any time. To see the full IRS Publication 502 list visit: <https://www.irs.gov/pub/irs-pdf/p502.pdf>.*

# How To Submit A Reimbursement Claim (FSA)



All sections of the claim form must be completed in order to receive reimbursement.

## Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) Social Security Number
- Employee Name
- Employee Address
- Employee Phone Number

## Claim Form Section 2: Claim Information

The following must be included for each claim:

### For Medical Expenses

- Date of Service
- Description of Service
- Patient Name
- Amount of Claim
- Name of Provider

### For Dependent Care Expenses:

- Date of Service
- Care Provider Address
- Dependent Name
- Provider Tax ID/SSN
- Dependent Age
- Amount of Claim
- Name of Care Provider

For Medical Expenses, you must provide a provider receipt or insurance carrier explanation of benefits (EOB) that contains ALL of the information listed under “For Medical Expenses” above.

Cancelled checks, non-detailed credit card receipts, or generic cash receipts do not provide all the information necessary to substantiate claims and cannot be accepted. Statements with “Previous Balance”, “Balance Forward”, or “Paid on Account” do not contain all of the necessary information and cannot be accepted.

For Dependent Day Care Expenses, you must provide either a receipt that contains ALL of the information listed under “For Dependent Day Care Expenses” or a signature of the Care Provider on the completed claim form. Expenses submitted for Dependent Care reimbursement must allow the participant to be gainfully employed (or looking for work). Overnight camps, extracurricular activity fees, care for children over the age of 12, and private school fees (for grades Kindergarten and up) are not eligible expenses for Dependent Care reimbursement.

## Claim Form Section 3: Signature

The participant must sign and date the claim form in order for the claims to be reimbursed.

## For Reimbursement

Submit the claim form by email, mail, fax, your administrator's website, or mobile app (if applicable).



1801 Alma Road | Suite 170  
Plano | Texas | 75075  
Phone | 972.680.3394 | 817.731.6258  
Fax | 972.470.9392 | Toll Free 877.731.3532  
abybenefits.com

# Dental Insurance

## Principal

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 dental plan offers in-network and out-of-network coverage. If you receive dental care from an out-of-network dentist, your out-of-pocket expenses will be higher.

Carrier & Network Details		
Carrier	Principal	
Network	Principal	
Network Provider Search Phone	800-247-4695	
Network Provider Search Website	<a href="http://www.principal.com/dentist">www.principal.com/dentist</a>	
Type of service	Amount you pay	
	Low Plan	High Plan
Preventive Services	<b>No Charge</b> Routine exams and cleanings (once per six months), x-rays, fluoride (once per calendar year, covered dependent children under age 14), space maintainers (covered dependent children under age 14)	
Deductible	<b>Individual: Preventative - \$10; Basic &amp; Major - \$50</b> <b>Family: Preventative - \$30; Basic &amp; Major - \$150</b>	<b>Individual: \$50</b> <b>Family: \$150</b>
Basic Services	<b>50%</b> Emergency exams, periodontal maintenance, fillings, oral surgery, general anesthesia/IV sedation, harmful habit appliance	<b>20%</b> Emergency exams, periodontics, fillings, oral surgery, general anesthesia/IV sedation, harmful habit appliance, root canals
Major Services	<b>80%</b> Root canals, all other periodontics, crowns, implants, dentures, bridges	<b>50%</b> Crowns, implants, dentures, bridges
Annual Max Benefit Paid by Ins	<b>\$1,000</b>	<b>\$1,500</b>
Orthodontics (Lifetime Maximum Benefit)	<b>Not Covered</b>	<b>50% - Child(ren) before age 19</b> <b>\$1,500</b>

The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions.

*Periodontal program: If pregnant or have diabetes or heart disease, you may receive scaling and root planning covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.*



Employee Cost per Paycheck (24)				
# of Payroll Deductions	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low Plan	\$6.62	\$14.24	\$16.23	\$20.32
High Plan	\$20.95	\$43.14	\$56.04	\$78.21

# Vision Insurance

## Principal

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Vision insurance entitles you to specific eye care benefits with the strong network of providers. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Carrier & Network Details			
Carrier	Principal		
Network	VSP Choice		
Network Provider Search Phone	800-877-7195		
Network Provider Search Website	<a href="http://www.vsp.com">www.vsp.com</a>		
Type of Service	Frequency	In Network Copays & Allowances	Out of Network Reimbursements
Eye Exams	12 Months	\$10 Copay	Up to \$45
Lenses	12 Months	\$25 Copay	Up to \$100
Frames	12 Months	\$25 Copay / \$250 Allowance	Up to \$70
Contact Lense Fitting and Evaluation	12 Months	Up to \$60	
Contacts - Elective	12 Months	\$250 Allowance	Up to \$105
Contacts - Necessary	12 Months	\$25 Copay / Covered in Full	Up to \$210
Additional Information			
Frames	20% discount over allowance		
Contacts - Necessary	Covered in full for specific conditions		
Additional Savings	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses		

The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions.



Employee Cost per Paycheck				
# of Payroll Deductions	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
24	\$4.40	\$9.22	\$9.47	\$15.31

# Basic Life and AD&D Insurance

## Mutual of Omaha

All full time benefit eligible employees are automatically enrolled for group life and AD&D insurance that provides up to \$10,000 of coverage through City of Gainesville at **no cost to you**.

In the event of a death, life insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your accidental death & dismemberment (AD&D) coverage may apply.

Summary of Benefits	
Schedule of Benefits	\$10,000
Guaranteed Issue Amount	\$10,000
Age Reduction	Reduces to 65% at age 65; Reduces to 50% at age 70
Accelerated Death Benefit	Included
Waiver of Premium	Included
Seatbelt Benefit	Included
Airbag Benefit	Included
Portability	Included
Conversion	Included
Accidental Death & Dismemberment (AD&D)	Included

*The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions.*

## Naming a Beneficiary

Your beneficiary is the person(s) you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Mutual of Omaha insurance. Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions. **Your beneficiary allocation must be equal to exactly 100%.**



# Voluntary Life and AAD&D Insurance

## Mutual of Omaha

In addition to the company paid life and AD&D insurance, you can purchase additional coverage by enrolling in voluntary life and AD&D for yourself and your eligible dependents. Dependent coverage is contingent upon you having voluntary life and AD&D coverage. The voluntary life insurance is convertible or portable for eligible employees.

Evidence of insurability (EOI) will be required if:

- you previously waived coverage, or
- were declined coverage, or
- you are increasing your current coverage amount more than \$40k.

Summary of Benefits			
Supplemental Life and AD&D	Increments	Guarantee Issue *	Maximum Coverage Available
Employee	\$10,000	\$250,000 Not to exceed 7X basic annual earnings	\$500,000, not to exceed 7X basic annual earnings
Spouse	\$5,000	\$30,000	\$250,000, not to exceed 100% of employee benefit
Child(ren)	\$10,000	\$10,000	\$10,000, not to exceed 100% of employee benefit
Benefit Features			
Age Reduction	Reduces to 65% at age 65 Reduces to 50% at age 70		
Accelerated Death Benefit	Included		
Waiver of Premium	Included		
Portability	Included		
Conversion	Included		
Accidental Death & Dismemberment (AD&D)	Included		

*The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions.*

*\* A medical questionnaire will be required for any amount over the guarantee issue or after new hire enrollment*

## Naming a Beneficiary

Your beneficiary is the person(s) you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Mutual of Omaha insurance. Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions. **Your beneficiary allocation must be equal to exactly 100%.**



**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
0-29	\$0.42	\$0.82	\$1.24	\$1.64	\$2.06	\$2.46	\$2.88	\$3.28	\$3.70	\$4.10
30-34	\$0.45	\$0.89	\$1.34	\$1.78	\$2.23	\$2.67	\$3.12	\$3.56	\$4.01	\$4.45
35-39	\$0.61	\$1.21	\$1.82	\$2.42	\$3.03	\$3.63	\$4.24	\$4.84	\$5.45	\$6.05
40-44	\$0.77	\$1.53	\$2.30	\$3.06	\$3.83	\$4.59	\$5.36	\$6.12	\$6.89	\$7.65
45-49	\$1.12	\$2.23	\$3.35	\$4.46	\$5.58	\$6.59	\$7.81	\$8.92	\$10.04	\$11.15
50-54	\$1.80	\$3.59	\$5.39	\$7.18	\$8.98	\$10.77	\$12.57	\$14.36	\$16.16	\$17.95
55-59	\$3.15	\$6.28	\$9.43	\$12.56	\$15.71	\$18.84	\$21.99	\$25.12	\$28.27	\$31.40
60-64	\$4.78	\$9.55	\$14.33	\$19.10	\$23.88	\$28.65	\$33.43	\$38.20	\$42.98	\$47.75
65-69	\$7.85	\$15.69	\$23.54	\$31.38	\$39.23	\$47.07	\$54.92	\$62.76	\$70.61	\$78.45
70+	\$12.56	\$25.11	\$37.67	\$50.22	\$62.78	\$75.33	\$87.89	\$100.44	\$113.00	\$125.55

**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
0-29	\$0.21	\$0.42	\$0.63	\$0.83	\$1.04	\$1.25	\$1.46	\$1.66	\$1.87	\$2.08
30-34	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
35-39	\$0.31	\$0.61	\$0.92	\$1.22	\$1.53	\$1.83	\$2.14	\$2.44	\$2.75	\$3.05
40-44	\$0.39	\$0.77	\$1.16	\$1.54	\$1.93	\$2.31	\$2.70	\$3.08	\$3.47	\$3.85
45-49	\$0.56	\$1.12	\$1.68	\$2.24	\$2.80	\$3.36	\$3.92	\$4.48	\$5.04	\$5.60
50-54	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
55-59	\$1.58	\$3.15	\$4.72	\$6.29	\$7.87	\$9.44	\$11.01	\$12.58	\$14.16	\$15.73
60-64	\$2.39	\$4.78	\$7.17	\$9.56	\$11.95	\$14.34	\$16.73	\$19.12	\$21.51	\$23.90
65-69	\$3.93	\$7.85	\$11.78	\$15.70	\$19.63	\$23.55	\$27.48	\$31.40	\$35.33	\$39.25
70+	\$6.28	\$12.56	\$18.84	\$25.12	\$31.40	\$37.68	\$43.96	\$50.24	\$56.52	\$62.80

**ALL CHILDREN PREMIUM TABLE  
(24 PAYROLL DEDUCTIONS PER YEAR)\*****\$10,000**

\$0.65



# 2025 supplemental insurance benefits

The Aflac coverage described herein is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this booklet is intended to provide a **general summary** of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.

Aflac is different from major medical insurance. If you're sick or injured, Aflac pays cash benefits directly to you (unless otherwise assigned) to help address out-of-pocket medical costs, everyday expenses, whatever you choose. For over 60 years, we have focused on giving customers the best supplemental insurance experience possible. Aflac supplemental insurance plans help to provide the added comfort of being better prepared for what life may bring.

## Why Aflac?

- Claims are processed and paid quickly.
- Cash benefits are paid directly to you, unless otherwise assigned.
- Benefits are paid for covered claims, regardless of any other insurance you may have.
- No deductibles or copayments.
- Freedom to choose any provider.
- Plans are transferable (with certain stipulations).

Aflac individual coverage is underwritten by American Family Life Assurance Company of Columbus.

Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999

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Exp.

## Aflac Accident Insurance

Policy Brochures, Option 2 [A38275TX](#) and Option 3 [A38375TX](#) <https://qrco.de/AccidentVideo>

Accidents can happen at any time. You could suffer an accidental injury whether you're working around the house or walking into your office. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses to pay.

Aflac's Accident Advantage insurance plan offers benefits for the following: accident treatment and follow-up, major diagnostic and imaging exams, initial accident hospitalization, accident hospital confinement, intensive care unit confinement, ambulance, appliances, wellness, transportation and lodging, and many other benefits for covered accidents.

Aflac Accident Insurance	Option 2	Option 3		
Accident treatment benefit	\$200	\$250		
Name Injury benefits	\$25 - \$30,000	\$40 - \$50,000		
Initial accident hospitalization benefit	\$1,500 - \$3,500	\$1,500 - \$3,500		
Accident hospital confinement benefit	\$300 - \$500	\$300 - \$500		
Ambulance Ground / Air	\$300 / \$2,000	\$400 - \$2,500		
Emergency Dental & Vision benefit	\$75 - \$400	\$200 - \$500		
Accident follow-up treatment benefit/physical therapy	\$35 up to 30 visits	\$35 up to 30 visits		
Accidental-death benefit	\$40,000 - \$150,000	\$80,000 - \$200,000		
Wellness visit	\$100 (1 per plan per year)	\$100 (1 per plan per year)		
SEE BROCHURES FOR COMPLETE LIST OF BENEFITS				
SEMI-MONTHLY PAYROLL RATES				
Age 18-75	Employee Only	EE & Spouse	EE & Child(ren)	Family
Option 2	\$12.33	\$17.07	\$20.72	\$26.85
Option 3	\$14.08	\$20.21	\$24.15	\$31.52

See Agent for levels and available riders.

This is a brief product overview only. Coverage options, benefits, and premium rates vary based on plan selected. Optional riders may be available at an additional cost. The policy listed has limitations and exclusions that may affect benefits payable. Refer to the exact policy forms and brochures for limitations, and exclusions.

Aflac supplemental insurance benefits

## Aflac Cancer Protection Assurance

Policy Brochures [B70200TX](#), [B70300TX](#) <https://arco.de/CancerVideo>

Major medical insurance may not cover the cost of things like deductibles, copays, lost work time or even travel.

Aflac Cancer Protection Assurance insurance plans offer benefits for the following: initial diagnosis, hospital confinement, skin cancer surgery, radiation therapy, chemotherapy, bone marrow transplantation, stem cell transplantation, experimental treatment, transportation, lodging, extended care facility, hospice care, and many other benefits for covered cancer treatments.

Aflac Cancer Protection Assurance	Level 2	Level 3		
Annual cancer screening benefit	\$75	\$100		
Initial diagnosis benefit	\$5,000/\$10,000	\$7,500/\$15,000		
Nonsurgical treatment benefits	\$250-\$1200	\$400-\$1500		
Skin cancer surgery benefits	\$35-\$400	\$50-\$600		
Hospital confinement benefits	\$200-\$300	300-\$600		
SEE BROCHURES FOR COMPLETE LIST OF BENEFITS				
SEMI-MONTHLY PAYROLL RATES				
	Employee Only	EE & Spouse	EE & Child(ren)	Family
Level 2	\$16.75	\$28.82	\$16.75	\$28.82
Level3	\$23.69	\$40.43	\$23.69	\$40.43
Building Benefit Rider	\$2.98	\$7.03	\$2.98	\$7.03

See Agent for levels and available riders. BBR rates are based on 5 Units.

This is a brief product overview only. Coverage options, benefits, and premium rates vary based on plan selected. Optional riders may be available at an additional cost. The policy listed has limitations and exclusions that may affect benefits payable. Refer to the exact policy forms and brochures for limitations, and exclusions.

Aflac supplemental insurance benefits

## Aflac Critical Care Protection

Policy Brochure Option 2 [A74200TX](#)

<https://qrco.de/CriticalCareVideo>

If you become seriously ill, your focus should be on your health – not on your finances. Aflac’s easy-to-understand Critical Care Protection, specified health event insurance policies can help you concentrate on what’s important: getting well. We developed this policy series by focusing on several specified health events, such as heart attack, stroke, coronary artery bypass graft surgery (CABG), sudden cardiac arrest, third-degree burns, coma, paralysis, major human organ transplant, end-stage renal failure, and persistent vegetative state.

The Aflac Critical Care Protection insurance plan offers the following: First-occurrence benefit, subsequent specified health event benefit, Coronary Angioplasty benefit, hospital confinement benefit, ambulance benefit, continuing care benefit, ICU benefit, transportation benefit, lodging benefit, and waiver of premium benefit.

Aflac Critical Care Protection	Option 3			
First-occurrence benefit	\$25,000 / \$30,000 (child)			
Subsequent specified health event benefit	\$12,500			
Coronary Angioplasty benefit	\$2,000			
Hospital confinement benefit	\$300 per day			
Continuing care benefit	\$125 per day (limited to 75 days)			
Ambulance benefit	\$250 ground or \$2,000 air			
Hospital Intensive Care Unit benefit (Level 2)	\$800 (days 1-7), \$1,300 (days 8-15)			
Step-down ICU benefit (Level 2)	\$500 per day			
Specified Heart Surgery Benefits	\$2,000 - \$4,000			
Subsequent Tier One Specified Heart Surgery Benefit	\$1,000			
SEE BROCHURE FOR COMPLETE LIST OF BENEFITS				
SEMI-MONTHLY PAYROLL RATES				
CCP Level 3	Employee Only	EE & Spouse	EE & Child(ren)	Family
Age 18-35	\$8.91	\$17.10	\$15.15	\$19.37
Age 36-45	\$12.61	\$22.62	\$17.88	\$24.64
Age 46-55	\$18.59	\$34.84	\$23.01	\$36.92
Age 56-70	\$25.74	\$49.66	\$32.44	\$53.17

See Agent for levels and available riders.

This is a brief product overview only. Coverage options, benefits, and premium rates vary based on plan selected. Optional riders may be available at an additional cost. The policy listed has limitations and exclusions that may affect benefits payable. Refer to the exact policy forms and brochures for limitations, and exclusions.

Aflac supplemental insurance benefits

## Aflac Choice

Hospital Confinement Indemnity Insurance- Option 1 Policy Brochure [B40100TX](#)  
<https://grco.de/HospitalVideo>

If you are confined to the hospital, major medical insurance can help with many medical expenses, but you may be left with out-of-pocket expenses. You may also lose pay while you're out of work, but the bills will keep coming. Aflac is here to help.

This hospital plan offers the following: Hospital confinement benefit, hospital emergency room benefit, hospital short stay benefit, and waiver of premium benefit. *Optional riders/levels available.*

Aflac Hospital Choice	Option 1			
Hospital confinement benefit	Pays \$1,000 (optional \$1,500 or \$2,000)			
Hospital emergency room benefit	Pays \$100			
Hospital short-stay benefit	Pays \$100 for hospital stay less than 18 hours			
Rehabilitation facility benefit	Pays \$100 per day			
Extended Benefits Rider				
Physician visit benefit	Pays \$25			
Laboratory test and X-ray benefit	Pays \$35			
Medical diagnostic and imaging exams benefit	Pays \$150			
Ambulance benefit	Pays \$200 (ground) or \$2,000 (air)			
SEE BROCHURE FOR COMPLETE LIST OF BENEFITS				
SEMI-MONTHLY PAYROLL RATES				
Hospital Choice \$1000/EBR	Employee Only	EE & Spouse	EE & Child(ren)	Family
Age 18-49	\$19.37	\$31.40	\$28.80	\$35.24
Age 50-59	\$20.41	\$34.06	\$29.32	\$35.69
Age 60-75	\$20.87	\$35.56	\$29.84	\$37.77

See Agent for levels and available riders.

This is a brief product overview only. Coverage options, benefits, and premium rates vary based on plan selected. Optional riders may be available at an additional cost. The policy listed has limitations and exclusions that may affect benefits payable. Refer to the exact policy forms and brochures for limitations, and exclusions.

Aflac supplemental insurance benefits

## Aflac Short-Term Disability

Policy Brochure [A57600TX](#) <https://arco.de/STDisabilityVideo>

No one plans on becoming disabled. It's just not something we typically think about. And yet, it is something that can happen to anyone. If you get sick or hurt and can't work, how would you pay the monthly mortgage? Pay health insurance deductibles and copays and all the other bills that won't go away, just because your paycheck is gone? That's where the Aflac Short Term Disability insurance plan can help make the difference. That means you can have a portion of your income to help take care of your bills while you're taking care of yourself. Optional riders may be available at an additional cost.

**Monthly benefit amount:** The monthly amount paid for covered disabilities, based on your income qualification.

**Elimination period:** The period when your benefit is activated due to a covered accident or illness.

**Benefits period:** The period when your benefits will be available (3, 6, 12 months).

### Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$30,000	\$40,000	\$50,000	\$60,000	\$78,000	\$102,000
Benefit Period	Age	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000
3 MONTHS	18-49	\$21.45	\$28.60	\$35.75	\$42.90	\$50.05	\$57.20
	50-64	\$22.43	\$29.90	\$37.38	\$44.85	\$52.33	\$59.80
	65-74	\$27.30	\$36.40	\$45.50	\$54.60	\$63.70	\$72.80
6 MONTHS	18-49	\$27.30	\$36.40	\$45.50	\$54.60	\$63.70	\$72.80
	50-64	\$29.25	\$39.00	\$48.75	\$58.50	\$68.25	\$78.00
	65-74	\$37.05	\$49.40	\$61.75	\$74.10	\$86.45	\$98.80

### Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		\$30,000	\$40,000	\$50,000	\$60,000	\$78,000	\$102,000
Benefit Period	Age	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000
3 MONTHS	18-49	\$12.68	\$16.90	\$21.13	\$25.35	\$29.58	\$33.80
	50-64	\$13.65	\$18.20	\$22.75	\$27.30	\$31.85	\$36.40
	65-74	\$16.58	\$22.10	\$27.63	\$33.15	\$38.68	\$44.20
6 MONTHS	18-49	\$14.63	\$19.50	\$24.38	\$29.25	\$34.13	\$39.00
	50-64	\$17.55	\$23.40	\$29.25	\$35.10	\$40.95	\$46.80
	65-74	\$22.43	\$29.90	\$37.38	\$44.85	\$52.33	\$59.80

Semi-monthly payroll rates. See Agent for other options and available riders.

This is a brief product overview only. Coverage options, benefits, and premium rates vary based on plan selected. Optional riders may be available at an additional cost. The policy listed has limitations and exclusions that may affect benefits payable. Refer to the exact policy forms and brochures for limitations, and exclusions.

Aflac supplemental insurance benefits

## Aflac Plus Rider

Policy Brochure [CIR076RTX](#)

The Aflac Plus Rider is designed to help cover the out-of-pocket costs associated with serious illnesses. This optional rider is available to be added to new or existing Aflac Accident Advantage (series A36000), Aflac Hospital Choice (series B40000), or Aflac Short-Term Disability (series A57600). Spouse and dependent children are covered at the same amount as the primary insured.

*(Note: When adding the Aflac Plus Rider to the Aflac Short-Term Disability policy, the only coverage type is individual.)*

Tier one critical illness event benefit	\$12,500 paid upon a covered person's onset date of one of the following: Heart attack; stroke; coma; paralysis; type 1 diabetes; traumatic brain injury; Alzheimer's disease; Parkinson's disease; amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) loss of independence; multiple sclerosis; permanent loss of sight, hearing, or speech; sudden cardiac arrest.			
Subsequent tier one critical illness event benefit	\$6,250 paid upon a covered person's onset date of a recurrence of same diagnosis named above, or occurrence of different tier one illness event diagnosis.			
Tier two critical illness event benefit	\$1,250 paid upon a covered person's onset date of one of the following: Encephalitis, bacterial meningitis, Lyme disease, sickle cell anemia, cerebral palsy, necrotizing fasciitis, osteomyelitis, systemic lupus, cystic fibrosis.			
Tier three critical illness event benefit	Pays the applicable benefit amount listed per period of hospital confinement or period of intensive care unit confinement upon a covered person's onset of the following: Human coronavirus, influenza, pneumonia, bird flu/H5N1 and Ebola. Hospital confinement 4-9 days: \$1,250. Hospital confinement 10 days or more: \$3,125. Intensive care unit confinement: \$5,000 (maximum amount payable per 180 days is \$5,000).			
SEE BROCHURE FOR COMPLETE LIST OF BENEFITS				
SEMI-MONTHLY PAYROLL RATES				
Critical Illness Plus Rider	Employee Only	EE & Spouse	EE & Child(ren)	Family
Age 18-29	\$1.56	\$2.93	\$3.12	\$3.77
Age 30-39	\$2.21	\$4.36	\$3.38	\$4.88
Age 40-49	\$3.77	\$7.15	\$4.55	\$7.35
Age 50-70	\$6.44	\$12.29	\$6.63	\$12.35

This is a brief product overview only. Coverage options, benefits, and premium rates vary based on plan selected. Optional riders may be available at an additional cost. The policy listed has limitations and exclusions that may affect benefits payable. Refer to the exact policy forms and brochures for limitations, and exclusions.

Aflac supplemental insurance benefits



**EXCLUSIVE PLATINUM ACCESS MEMBERSHIPS  
for City of Gainesville Employees**

**This Exclusive Platinum Access Membership Offer is only available for employees who sign up for a membership through payroll deduction.**

Exclusive offer includes:

- 35% OFF DISCOUNTED MEMBERSHIPS
- Ability to add family members
- FREE 24-hour key fob (normally \$10.00)
- NO enrollment fee (normally \$50.00)
- FIRST MONTH FREE ... *this means it is completely comped!*  
(So, those who sign up on our on-site day will not have to pay anything for an entire month.)

**This includes FULL PLATINUM ACCESS:**

- Access to all Nautilus facilities (Gainesville, Whitesboro, Family Sherman, West on 1417, Denison, Durant, Paris)
- FREE VIP guest privilege (you can bring a guest for free when you work out)
- 24-hour access
- Zumba and Aerobics classes
- Wet services: sauna, pool, hot tub *\*In Sherman*
- Free personal training session
- Free Tanning bed access
- Basketball courts *\*In Sherman*

**Platinum Plan**

- SINGLE - \$19.95
- DOUBLE - \$33.95
- TRIPLE - \$47.95
- FAMILY - \$52.95

**Basic Plan**

- SINGLE - \$9.95
- DOUBLE - \$23.95
- TRIPLE - \$37.95
- FAMILY - \$42.95

...  
*And much more!*

*If you have a current active membership, please come see us to get your new discounted rate!*

**Note:** You must visit a Nautilus location for initial sign up and to get your key fob. Nautilus will forward your enrollment information to HR to begin your payroll deductions.

# Mental Health

Your mental health is incredibly important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Should you need assistance, there are resources available to you. Don't ever be afraid to ask for help.



988 Suicide & Crisis Lifeline

<https://988lifeline.org/get-help/>

Dial 988 to be connected with 24/7/365 emotional support.



Crisis Text Line

Text "HELLO" to 741741

Send a text 24/7 to speak with a crisis counselor. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families call 1-877-WAR-VETS (1-877-927-8387) to talk about their military experience and/or readjustment to civilian life.



Call 911 if you or someone you know is in immediate danger. Or if needed, go to the nearest emergency room.

There are steps we can take to improve our emotional wellness.

**Practice Mindfulness:** deep breathing, walking, enjoy nature, work to stay present in the moment

**Be Social:** reach out to friends and family daily. Connection is important even if a quick call or text.

**Sleep:** getting quality sleep consistently is helpful. Try turning off your electronics or limiting usage before bed.

**Kindness & Gratitude:** treat people well and appreciate the little things.

**Dealing with Stress:** exercise, think positively, set boundaries and priorities.



# Accident

## Cigna

CITY OF GAINESVILLE offers several ways to supplement your medical plan coverage. As you know, accidents happen. With accident insurance through Cigna, you can have help with medical expenses through this additional layer of protection. Coverage is available for yourself and your dependents.

Summary of Benefits	
Accidental Death (Common Carrier)	\$100,000
Catastrophic Dismemberment	\$15,000 or \$30,000
Ground Ambulance	\$400
Air Ambulance	\$1,600
Emergency Care Treatment	\$200
Physician Office	\$100
Hospital Admission	\$1,000
Hospital Stay	\$200 per day
Hospital ICU Stay	\$400 per day
Burns	\$300 - \$10,000
Coma	\$10,000
Concussion	\$150
Fractures (surgically and non-surgically corrected)	\$100 - \$8,000
Lacerations	\$100 - \$600
Paralysis	\$5,000 - \$10,000
Ruptured Disc	\$750
Wellness Benefit	\$75 per day

*The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions.*

## How to file a claim:

Complete, sign and submit the necessary forms that can be found at <https://www.cigna.com/individuals-families/member-guide/supplemental-health-claim-form>.

## Your Accident Cost in 2025 – 2026

Your level of coverage determines your semi-monthly contributions.



Employee Cost per Paycheck				
# of Payroll Deductions	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
24	\$4.60	\$8.43	\$10.58	\$14.42

# Hospital Indemnity

## Cigna

CITY OF GAINESVILLE offers several ways to supplement your medical plan coverage. Hospital Indemnity coverage provides protection against the expense of hospital care as a result of an illness or injury. Coverage is available for yourself and your dependents.

Summary of Benefits	
Hospital Admission (up to 1 day every 90 days)	\$1,000
Hospital Confinement (up to 30 days every 90 days)	\$100 per day
ICU Confinement (up to 30 days every 90 days)	\$200 per day
Newborn Nursery Care Stay (up to 30 days)	\$200 per day
Wellness Benefit	\$50 per day

*The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions.*

## How to file a claim:

Complete, sign and submit the necessary forms that can be found at <https://www.cigna.com/individuals-families/member-guide/supplemental-health-claim-form>.

## Your Hospital Indemnity Cost in 2025 – 2026

Your level of coverage determines your semi-monthly contributions.



Employee Cost per Paycheck				
# of Payroll Deductions	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
24	\$8.63	\$21.11	\$13.98	\$26.45

# Critical Illness

## Cigna

CITY OF GAINESVILLE offers several ways to supplement your medical plan coverage. Critical Illness Protection Plan helps protect employees from costly expenses associated with the diagnosis of a serious illness. All benefits are paid directly to the insured and can be used towards any expense. Coverage is available for yourself and your dependents.

Coverage Limits			
Tier of Coverage	Option A	Option B	Option C
Employee	\$10,000	\$20,000	\$30,000
Spouse (50% issues employee benefit amount)	\$5,000	\$10,000	\$15,000
Children (25% issues employee benefit amount)	\$2,500	\$5,000	\$7,500

Summary of Benefits Covered Conditions	
Cancer – Invasive	100%
Cancer – Non-Invasive	25%
Cancer – Skin Cancer	\$250
Vascular Condition – Coronary Artery Disease	25%
Vascular Condition – Advanced Heart Failure	25%
Vascular Condition – Heart Attack	100%
Vascular Condition – Stroke	100%
Organ Failure – End-Stage Renal Failure	100%
Organ Failure – Major Organ Failure (Liver, Lung, Pancreas, Small Bowel)	100%
Coma	25%
Childhood Disease Conditions (Dependent Child Benefit Only)	100%
Neurological Disease Conditions (Diagnosis only) – Alzheimer's Disease	25%
Neurological Disease Conditions (Diagnosis only) – Amyotrophic Lateral Sclerosis (ALS)	25%
Neurological Disease Conditions (Diagnosis only) – Parkinson's Disease	25%
Neurological Disease Conditions (Diagnosis only) – Multiple Sclerosis	25%
Infectious Conditions – Severe Sepsis	25%
Wellness Benefit	\$50 per day

*The above information is a summary only. Please refer to your Certificate of Coverage (COC) for complete details of plan benefits, limitations, and exclusions. Some benefits are not eligible for the Reoccurrence benefit.*

## How to file a claim:

Complete, sign and submit the necessary forms that can be found at <https://www.cigna.com/individuals-families/member-guide/supplemental-health-claim-form>.

## Your Critical Illness Cost in 2025 – 2026

Your level of coverage determines your semi-monthly contributions.

### Employee Paid Guaranteed Issue Level: \$10,000

Uni-Tobacco				
Attained Age	Employee	Employee & Spouse, Domestic Partner, or Civil Union Partner	Employee & Child(ren)	Employee & Family
0-24	\$4.20	\$6.74	\$5.83	\$8.37
25-29	\$4.72	\$7.56	\$6.35	\$9.19
30-34	\$5.61	\$8.98	\$7.24	\$10.61
35-39	\$7.77	\$12.38	\$9.40	\$14.01
40-44	\$10.22	\$16.26	\$11.85	\$17.89
45-49	\$14.37	\$22.82	\$16.00	\$24.45
50-54	\$19.32	\$30.64	\$20.95	\$32.27
55-59	\$27.35	\$43.31	\$28.98	\$44.94
60-64	\$34.72	\$54.97	\$36.35	\$56.60
65-69	\$45.46	\$72.01	\$47.09	\$73.64
70-74	\$59.40	\$94.03	\$61.03	\$95.66
75-79	\$77.45	\$122.50	\$79.08	\$124.13
80-84	\$91.76	\$145.07	\$93.39	\$146.70
85+	\$120.93	\$190.99	\$122.56	\$192.62

### Employee Paid Guaranteed Issue Level: \$20,000

Uni-Tobacco				
Attained Age	Employee	Employee & Spouse, Domestic Partner, or Civil Union Partner	Employee & Child(ren)	Employee & Family
0-24	\$8.39	\$13.48	\$11.65	\$16.74
25-29	\$9.43	\$15.13	\$12.69	\$18.39
30-34	\$11.22	\$17.95	\$14.48	\$21.21
35-39	\$15.54	\$24.76	\$18.80	\$28.02
40-44	\$20.43	\$32.52	\$23.69	\$35.78
45-49	\$28.73	\$45.65	\$32.00	\$48.91
50-54	\$38.65	\$61.27	\$41.91	\$64.53
55-59	\$54.71	\$86.62	\$57.97	\$89.88
60-64	\$69.45	\$109.94	\$72.71	\$113.20
65-69	\$90.92	\$144.02	\$94.18	\$147.28
70-74	\$118.81	\$188.06	\$122.07	\$191.32
75-79	\$154.89	\$245.01	\$158.15	\$248.27
80-84	\$183.52	\$290.13	\$186.78	\$293.39
85+	\$241.86	\$381.99	\$245.12	\$385.25

### Employee Paid Monthly Age Banded Rates

**Employee Paid Guaranteed Issue Level: \$30,000****Uni-Tobacco**

Attained Age	Employee	Employee & Spouse, Domestic Partner, or Civil Union Partner	Employee & Child(ren)	Employee & Family
0-24	\$12.59	\$20.21	\$17.48	\$25.11
25-29	\$14.15	\$22.69	\$19.04	\$27.58
30-34	\$16.82	\$26.93	\$21.71	\$31.82
35-39	\$23.31	\$37.14	\$28.20	\$42.03
40-44	\$30.65	\$48.78	\$35.54	\$53.67
45-49	\$43.10	\$68.47	\$47.99	\$73.36
50-54	\$57.97	\$91.91	\$62.86	\$96.80
55-59	\$82.06	\$129.93	\$86.95	\$134.82
60-64	\$104.17	\$164.91	\$109.06	\$169.80
65-69	\$136.38	\$216.03	\$141.27	\$220.92
70-74	\$178.21	\$282.09	\$183.10	\$286.98
75-79	\$232.34	\$367.51	\$237.23	\$372.40
80-84	\$275.28	\$435.20	\$280.17	\$440.09
85+	\$362.78	\$572.98	\$367.68	\$577.87

# Glossary of Terms

- **Balance Billing** – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.
- **Copay:** A copay is a fixed dollar amount that a plan member pays to a participating network doctor, caregiver, or other medical provider or pharmacy each time health care services are received.
- **Coinsurance:** The portion of an eligible medical bill a member must pay. Coinsurance amounts are a percentage of the total eligible medical bill, such as 80% paid by the carrier and 20% paid by the member. Coinsurance applies after the member meets a required deductible or copay amount.
- **Deductible:** A fixed-dollar amount that a plan member must pay for eligible services before the insurer begins applying insurance benefits. **Your deductible resets each calendar year on January 1<sup>st</sup>.**
- **Explanation of Benefits (EOB)** – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.
- **Flexible Spending Accounts (FSAs)** – A special taxfree account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.
  - **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
  - **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
  - **Limited Use FSA** – Designed to complement a Health Savings Account, a Limited Use FSA
    - allows for reimbursement of eligible dental and vision expenses.
- **Healthcare Cost Transparency** – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.
- **Health Reimbursement Account (HRA)** – A personal healthcare account funded by your employer that you can use to pay for qualified medical expenses
- **Health Savings Account (HSA)** – A personal healthcare bank account funded by your or your employer’s tax free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.
- **High Deductible Health Plan (HDHP)** – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.
- **Minimum Essential Coverage plan** – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.
- **Network** – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.
  - **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
  - **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
  - **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

- **Open Enrollment** – The period set by the employer during which employees and dependents may enroll for coverage
- **Out of Pocket Maximum:** The highest dollar amount you will pay during the benefit period for covered medical services from network providers. See your plan benefit for a list of services included.
- **Over-the-Counter (OTC) Medications** – Medications available without a prescription.
- **Prescription Medications** – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.
  - **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or nonpreferred versions. Usually the most cost-effective version of any medication.
  - **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
  - **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
  - **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
  - **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a nonpreferred brand.
- **Preventive Care Services:** Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups, and patient counseling to prevent illness, disease, or other health problems. Your policy specifies what qualifies as preventive coverage at a 100% level.
- **Reasonable and Customary Allowance (R&C)** – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.
- **Summary of Benefits and Coverage (SBC)** – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.
- **Summary Plan Description (SPD)** – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

# Online Enrollment Instructions



1. Go to <http://boss.employeenavigator.com> (First time users follow steps 2-5)
2. If this is your very first time to login, click on the New User Registration link.  
\*Once you register you will use your username and password to login.
3. Enter in your personal information and company identifier of **CityofGaines** and click Next.
4. Create a username (work email address will not be accepted) and password and then check "I agree to terms and conditions" before you click Finish.
5. If you used an email address as your username, you will receive a validation email to that email. You may now login to Benefits in Hand.
6. Once you logged in you can toggle from English to Spanish by clicking on your name in the right-hand corner and choose English or Spanish.
7. Click the *Start Enrollment* button to begin the enrollment process.
8. Confirm or update your personal information and click *Save & Continue*.
9. Edit dependents or add dependents that you will be enrolling in benefits. Once all dependents are listed click *Save & Continue*.
10. Follow the steps on the screen for each benefit to make your selection. Please notice there is an option to Decline Coverage. If you want to decline coverage, click the *Don't want this benefit?* Button and select the reason you are declining coverage.
11. Once you have elected or declined all benefits you will see a summary of your selections. Click the **Click to Sign** button. **Your enrollment is not complete until you click the Click to Sign button.**
12. **Aflac plans are NOT available for changes or enrollment on Employee Navigator. Please see HR for any requested changes or enrollments.**

# Creditable Coverage Notice

## Important Notice from CITY OF GAINESVILLE About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CITY OF GAINESVILLE and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare 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. CITY OF GAINESVILLE has determined that the prescription drug coverage offered by the
  - OAP P1 – PPO
 plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan while enrolled in CITY OF GAINESVILLE coverage as an active employee, please note that your Medicare coverage will be the primary payer for your prescription drug benefits and your CITY OF GAINESVILLE will pay secondary. Medicare will usually pay primary for your prescription drug benefits if you participate in CITY OF GAINESVILLE coverage as a former employee.

You may also choose to drop your CITY OF GAINESVILLE coverage. If you do decide to join a Medicare drug plan and drop your current CITY OF GAINESVILLE coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with CITY OF GAINESVILLE and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through CITY OF GAINESVILLE changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: October 1, 2025  
 Name of Entity/Sender: CITY OF GAINESVILLE  
 Contact--Position/Office: Leah Gore  
 Address: 200 S Rusk Street, Gainesville, TX 76240  
 Phone Number: 940-668-4590

## PLAN IS NOT AN EMPLOYMENT CONTRACT

The Plan is not to be construed as a contract for or of employment. Accordingly, nothing in the Plan documents or in this notice should be read to imply that participation in the Plan is a guarantee of continued employment with **CITY OF GAINESVILLE**. A participant does not have a vested right or guarantee in his or her medical coverage or in the benefits that may be provided, from time to time, or under any of the options offered under the Plan. **CITY OF GAINESVILLE** reserves the right to amend or terminate the terms of the Plan at any time.

## HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

### Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan, if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

### Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

### Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

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

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

- 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
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter. Additional consumer information on WHCRA is available in the publication [Your Rights After A Mastectomy](#).

## NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to 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 with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 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’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t 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, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

<p>Health First Colorado Website:  <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  Health First Colorado Member Contact Center:  1-800-221-3943/State Relay 711  CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a>  CHP+ Customer Service: 1-800-359-1991/State Relay 711  Health Insurance Buy-In Program  (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>  HIBI Customer Service: 1-855-692-6442</p>	<p>Website:  <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a>  Phone: 1-877-357-3268</p>
<b>GEORGIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>KANSAS – Medicaid</b>
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
<b>KENTUCKY – Medicaid</b>	<b>LOUISIANA – Medicaid</b>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<b>MAINE – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003 ; TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740 ; TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840 ; TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>

<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Website: <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a> Phone: 1-800-657-3672	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP) (pa.gov)">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)





*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.*