



Benefit Enrollment Guide

2020-2021



The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in the brochure and the actual plan documents or policies, the documents or policies will always govern.

Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your HR department. This guide is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description (SPD).

Table of Contents

| | |
|---|----|
| 2020-2021 OPEN ENROLLMENT | 3 |
| Eligibility | 4 |
| Benefits Resource Center | 5 |
| Mobile App | 6 |
| Medical Benefits | 7 |
| Medical Insurance Overview | 8 |
| Pharmacy Benefits Overview | 9 |
| Medical Benefit Cost | 10 |
| Virtual Visits | 12 |
| Dental Benefits | 13 |
| Dental Insurance Overview | 14 |
| Vision Benefits | 19 |
| Vision Insurance Overview | 20 |
| Life and Accidental Death & Dismemberment Insurance | 24 |
| Voluntary Term Life and AD&D Insurance | 24 |
| Voluntary Term Life and AD&D Cost | 25 |
| Long Term Disability | 26 |
| Health Savings Account (HSA) | 27 |
| Flexible Spending Accounts | 29 |
| Accident Insurance | 30 |
| Critical Illness | 31 |
| Critical Illness Cost | 32 |
| City of Burnet's Wellness Initiatives | 33 |
| Employee Assistance Program | 36 |
| Contact Information | 41 |

2020-2021 OPEN ENROLLMENT

City of Burnet recognizes the importance of providing our employees the opportunity to participate in a comprehensive and competitive benefits program. A competitive benefits program is key to our continued growth as an organization and offers our employees benefits in support of overall health and financial security. We continually review new developments in employee benefit programs and periodically add new benefits or change existing benefits to provide the maximum value to our employees.

To help you make your benefit choices, City of Burnet gives you several tools, including this Benefits Guide. Use these tools to help make your benefits decisions.

Review your options and make your choices

This Employee Benefits Enrollment Guide is designed to familiarize you with the health and welfare benefits that are available to you so that you can make the best choices for you and your family.

Here's what you need to know

- **NEW!** Medical Plans - Your medical benefits will now be administered through UnitedHealthcare. We will now offer three plan design choices.
- **NEW!** Dental Plans - Your dental benefits will now be administered through UnitedHealthcare.
- **NEW!** Vision Plan – Your vision benefits will now be administered through UnitedHealthcare.
- Health Savings Account - The HSA will continue to be administered through Ameriflex. The City will make a generous contribution to your HSA. See page 27 for more details.
- Healthcare FSA - The Healthcare FSA will continue to be administered through Ameriflex. The limit for 2020 is \$2,750.
- Dependent Care FSA– The Dependent Care FSA will continue to be administered through AmeriFlex. The limit for 2020 is \$5,000.
- **NEW!** Life and AD&D Insurance - Your life and AD&D benefits will now be administered through Mutual of Omaha.
- **NEW!** Voluntary Life and AD&D Insurance – Your voluntary life and AD&D benefits will now be administered through Mutual of Omaha.
- **NEW!** Long Term Disability – The City of Burnet will now offer long term disability through Mutual of Omaha to its employees.
- **NEW!** Accident & Critical Illness – These benefits will now be administered through Mutual of Omaha.

What is open enrollment and what do you need to do?

Open Enrollment is your once-a-year opportunity to make changes to your current benefits and to review which dependents you will cover during the new plan year. Open enrollment will take place **August 26-September 4, 2020**. Please complete your enrollment form and return it to human resources no later than September 9, 2020

All changes are effective October 1, 2020.

For questions regarding benefits or enrollment options, please contact:

City of Burnet

Kelli Sames

Human Resources Director

(512)715-3213

ksames@cityofburnet.com

USI Benefits Resource Center

855-USI-0110 (Toll Free)

BRCSouthwest@usi.com

Monday-Friday

8:00AM-5:00PM

Eligibility

Eligible Employees:

You may enroll in the City of Burnet Employee Benefits Program if you are a Full-Time employee working at least 30 hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legal spouse, your dependent children up to age 26, regardless of student or marital status, and adult children with disability (Contact HR for criteria and required documentation).

Dependent verification will be required when employees enroll in Employee + Spouse, Employee + Child(ren) or Employee + Family coverage.

How do I certify my dependents?

To maintain compliance with our plan documents, and to help manage the cost of benefits for our employees and our City, the City of Burnet requires that all dependents enrolled in a City benefit plan be verified as having a legal relationship with our employee. This applies to all dependents, whether those of a new hire, a rehire, someone transferring between departments or a new dependent joining a plan as a result of birth or marriage. Please see below a list of documents that are acceptable to verify your dependent's eligibility.

Proof of family member status?

You must provide written proof of your marriage and/or legal relationship to your dependents when you add a family member to the City's benefit plans. For example, you may provide a certified copy of:

- Marriage Certificate
- Spousal Affidavit
- Birth Certificate - children under age 26
- Court Orders

Contact the Human Resources Department for more information and approval of your legal dependents.

When Coverage Begins:

The effective date for your benefits is October 1, 2020. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status change event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)
- Qualification by the plan administrator of a medical Child Support Order
- Entitlement to Medicare or Medicaid

If you experience a qualified life event and wish to add or remove a dependent from your coverage, you **MUST** notify Human Resources within 31 days of the event.

If you fail to provide notice and supporting documentation of the event within the 31-day timeframe, you will be required to wait until the next Open Enrollment period to make changes to your plan.

A NOTE ABOUT:

Enrolling as a New Employee
If you are enrolling for the first time and are a new employee, you will be eligible for benefits on the first day of the month following 60 days of employment.



Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

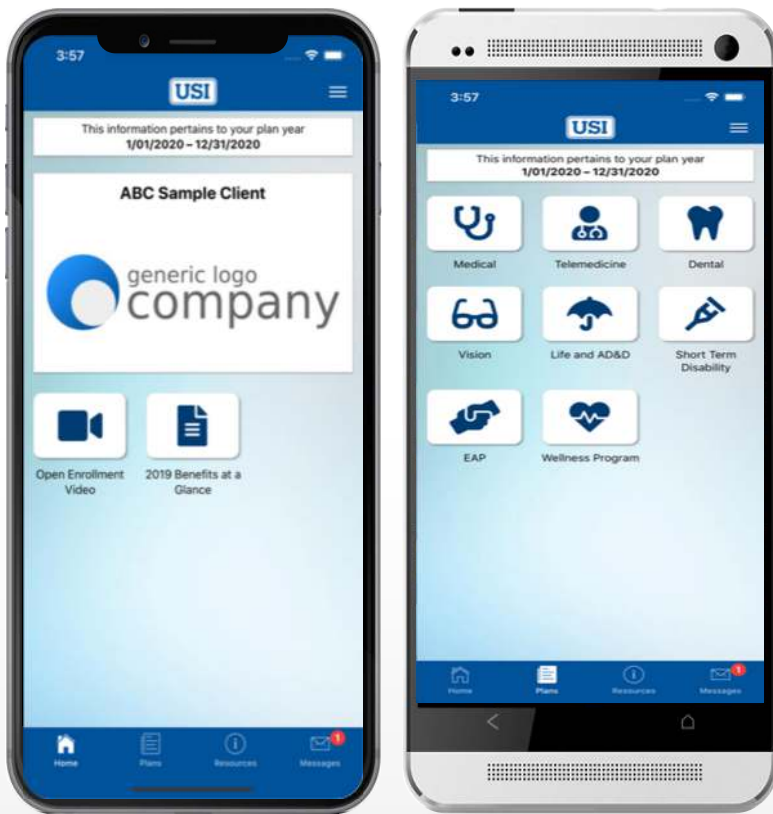


Benefit Resource Center

BRCSouthwest@usi.com | Toll Free: 855-874-0110

Monday through Friday 8:00am to 5:00pm Eastern & Central

Standard Time



Download **usieb** from the app store and access your benefits details and contact information when you need it.

City of Burnet-Active Employees

Enter this code when prompted:

380845

Benefits Information When You Need It Most

Available for iPhone and Android

Getting In Touch

The app provides employees and their enrolled dependents single-point contact information for benefits resources and insurance carriers.

Keeping Up-to-Date

The app automatically connects you with the most updated plan information and allows for message reminders from your employer.

Lightening Wallets

The app allows you to store images of your ID cards, freeing up space and giving you access when you need it.

Staying Organized

The app gives you access to benefit plan information and ID cards—all in one place.



Medical Benefits

City of Burnet is pleased to offer 3 medical plans to eligible employees this year. The chart on the next page is a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Two of the plans offered are PPO plans and you will need to utilize in-network providers to be covered & fully maximize your benefits. You also have an EPO plan available, which only allows for in-network benefits.

To better understand the difference between an EPO and PPO please scan the QR Code with your mobile or tablet device below to watch a short video:



Health Coverage Reminder

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have minimum essential health coverage. You may obtain coverage through your employer or through the Marketplace. You are responsible for all charges over this allowance.

Visit www.HealthCare.gov for Marketplace information.

REMINDER:

You may purchase insurance through the Marketplace only if you experience a Qualifying Life Event OR during Open Enrollment. The Federal Marketplace Open Enrollment dates are from November 1 through December 15.

How to Find a Provider

- <https://connect.werally.com/plans/uhc>
- Click Medical Directory
- Click All UnitedHealthcare Plans
 - Click UHC Member
 - Click Choice as your plan option for the EPO plan
 - Click Choice Plus as your plan for the HSA or Copay plan
- From your device you can input your location and search by provider, service, or condition

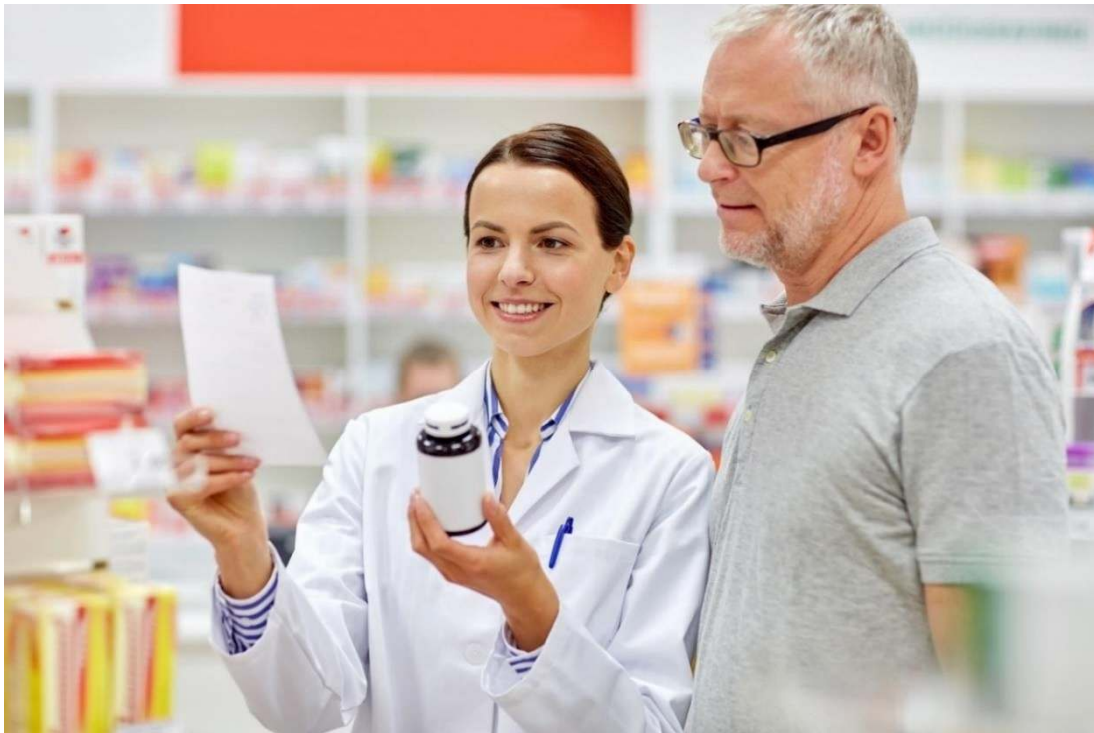


Medical Insurance Overview

| | United Healthcare Plan 1 BMCW Choice Plus \$4,000 HSA Plan | | United Healthcare Plan 2 BCZZ Choice \$2,500 EPO Plan | | United Healthcare Plan 3 BCYG Choice Plus \$2,500 PPO Plan | |
|--|---|----------------------------|--|----------------------------|---|----------------------------|
| | In-Network Benefits | Out-of-Network Benefits | In-Network Benefits | Out-of-Network Benefits | In-Network Benefits | Out-of-Network Benefits |
| Annual Deductible | | | | | | |
| Individual | \$4,000 | \$5,000 | \$2,500 | N/A | \$2,500 | \$5,000 |
| Family | \$8,000 | \$10,000 | \$5,000 | N/A | \$5,000 | \$10,000 |
| Coinsurance | 100% | 70% | 80% | N/A | 80% | 50% |
| Maximum Out-of-Pocket* | | | | | | |
| Individual | \$5,000 | \$10,000 | \$6,000 | N/A | \$6,000 | \$10,000 |
| Family | \$10,000 | \$20,000 | \$12,000 | N/A | \$12,000 | \$20,000 |
| Preventive Care | | | | | | |
| Adult Periodic Exams | 100% covered | 30% deductible | 100% covered | N/A | 100% covered | 50% after deductible |
| Well-Child Care | 100% covered | 30% deductible | 100% covered | N/A | 100% covered | 50% after deductible |
| Physician Office Visit | | | | | | |
| Virtual Visits | \$50 visit fee | 30% deductible | \$0 copay | N/A | \$0 copay | 50% after deductible |
| Primary Care | 100% after deductible | 30% deductible | \$30 copay | N/A | \$30 copay | 50% after deductible |
| Specialty Care | 100% after deductible | 30% deductible | \$30/\$60 copay | N/A | \$30/\$60 copay | 50% after deductible |
| Diagnostic Services | | | | | | |
| X-ray and Lab Tests | 100% after deductible | 30% deductible** | 20% deductible | N/A | 20% deductible | 50% After Deductible** |
| Urgent Care Facility | 100% after deductible | 30% deductible | \$75 copay | N/A | \$75 copay | 50% After Deductible |
| Emergency Room Facility | 100% after deductible | 100% after deductible | 20% \$250 copay | N/A | 20% \$250 copay | 20% \$250 copay |
| Inpatient Facility Charges | 100% after deductible | 30% deductible | 20% deductible | N/A | 20% deductible | 50% after deductible |
| Outpatient Facility and Surgical Charges | 100% after deductible | 30% deductible | 20% deductible | N/A | 20% deductible | 50% after deductible |
| Mental Health | | | | | | |
| Inpatient | 100% after deductible | 30% deductible | 20% deductible | N/A | 20% deductible | 50% after deductible |
| Outpatient | 100% after deductible | 30% deductible | \$30 copay | N/A | \$30 copay | 50% after deductible |
| Partial Hospitalization | 100% after deductible | 30% deductible | 20% deductible | N/A | 20% deductible | 50% after deductible |
| *The maximum out-of-pocket includes your co-pays, coinsurance and deductibles (including pharmacy) | | | | | | |
| **Preventive Lab, X-Ray, or other preventive tests are not covered | | | | | | |

Pharmacy Benefits Overview

| | United Healthcare Plan 1 BMCW Choice Plus \$4,000 HSA Plan | United Healthcare Plan 2 BCZZ Choice \$2,500 EPO Plan | United Healthcare Plan 3 BCYG Choice Plus \$2,500 PPO Plan |
|--|---|--|---|
| | Schedule of Benefits | Schedule of Benefits | Schedule of Benefits |
| Retail Pharmacy (30 Day Supply) | | | |
| Generic (Tier 1) | \$10 after deductible | \$15 | \$15 |
| Preferred (Tier 2) | \$35 after deductible | \$45 | \$45 |
| Non-Preferred (Tier 3) | \$60 after deductible | \$80 | \$80 |
| Mail Order Pharmacy (90 Day Supply) | | | |
| Generic (Tier 1) | \$25.00 after deductible | \$37.50 | \$37.50 |
| Preferred (Tier 2) | \$87.50 after deductible | \$112.50 | \$112.50 |
| Non-Preferred (Tier 3) | \$150 after deductible | \$200 | \$200 |



Medical Benefit Cost

| Employee Contributions (Semi-Monthly 24 per yr) | |
|---|----------|
| 2020 HDHP-Wellness | |
| Employee | \$0.00 |
| Employee & Spouse | \$302.65 |
| Employee & Child(ren) | \$186.25 |
| Employee & Spouse & Child(ren) (Family) | \$488.89 |
| Employee Contributions (Semi-Monthly 24 per yr) | |
| 2020 HDHP-Non Wellness | |
| Employee | \$46.56 |
| Employee & Spouse | \$349.21 |
| Employee & Child(ren) | \$232.81 |
| Employee & Spouse & Child(ren) (Family) | \$535.45 |
| Employee Contributions (Semi-Monthly 24 per yr) | |
| 2020 EPO Plan-Wellness | |
| Employee | \$0.00 |
| Employee & Spouse | \$346.50 |
| Employee & Child(ren) | \$213.23 |
| Employee & Spouse & Child(ren) (Family) | \$559.73 |
| Employee Contributions (Semi-Monthly 24 per yr) | |
| 2020 EPO Plan-Non Wellness | |
| Employee | \$53.31 |
| Employee & Spouse | \$399.80 |
| Employee & Child(ren) | \$266.54 |
| Employee & Spouse & Child(ren) (Family) | \$613.03 |
| Employee Contributions (Semi-Monthly 24 per yr) | |
| 2020 Copay PPO Plan-Wellness | |
| Employee | \$8.84 |
| Employee & Spouse | \$377.18 |
| Employee & Child(ren) | \$235.52 |
| Employee & Spouse & Child(ren) (Family) | \$603.86 |
| Employee Contributions (Semi-Monthly 24 per yr) | |
| 2020 Copay PPO Plan-Non Wellness | |
| Employee | \$65.51 |
| Employee & Spouse | \$433.85 |
| Employee & Child(ren) | \$292.19 |
| Employee & Spouse & Child(ren) (Family) | \$660.53 |

Compare quick care options to help keep costs down.

Call 911 or go to an emergency room (ER) if you have a life-threatening condition. For everything else, see your primary care physician (PCP) or family doctor first. If seeing your PCP isn't possible, it's important to know your quick care options, especially before heading to an ER.

Getting care at the best place for your condition could **save you up to \$1,900 compared to an ER visit.**

For more details on quick care options, visit uhc.com/checkchoosego.

Quick Care Options

START HERE



PCP

Care from the doctor who knows you best.



Virtual Visits

See a doctor whenever, wherever.



Convenience Care

Basic conditions that aren't life-threatening.



Urgent Care

Serious conditions that aren't life-threatening.



Emergency Room

Life- and limb-threatening emergencies.

| Average Cost* | Varies by plan type | Less than \$50** | \$95 | \$180 | \$2,100 |
|----------------|---------------------|---|---|--|---|
| Hours | Varies by location | 24/7 | Varies by location | Varies by location — may be open nights/weekends | 24/7 |
| How to Connect | Contact your PCP | myuhc.com/virtualvisits | myuhc.com ® | myuhc.com | myuhc.com |

✓ indicates the recommended place for care for the following common conditions:

| | | | | | |
|-------------------------|---|---|---|---|---|
| Broken bone | | | | ✓ | ✓ |
| Chest pain | | | | | ✓ |
| Cough | ✓ | ✓ | ✓ | | |
| Fever | ✓ | ✓ | ✓ | | |
| Muscle strain | ✓ | | ✓ | | |
| Pinkeye | ✓ | ✓ | ✓ | | |
| Shortness of breath | | | | | ✓ |
| Sinus problems | ✓ | ✓ | ✓ | | |
| Sore throat | ✓ | ✓ | ✓ | | |
| Sprain | ✓ | | ✓ | ✓ | |
| Urinary tract infection | ✓ | ✓ | ✓ | | |

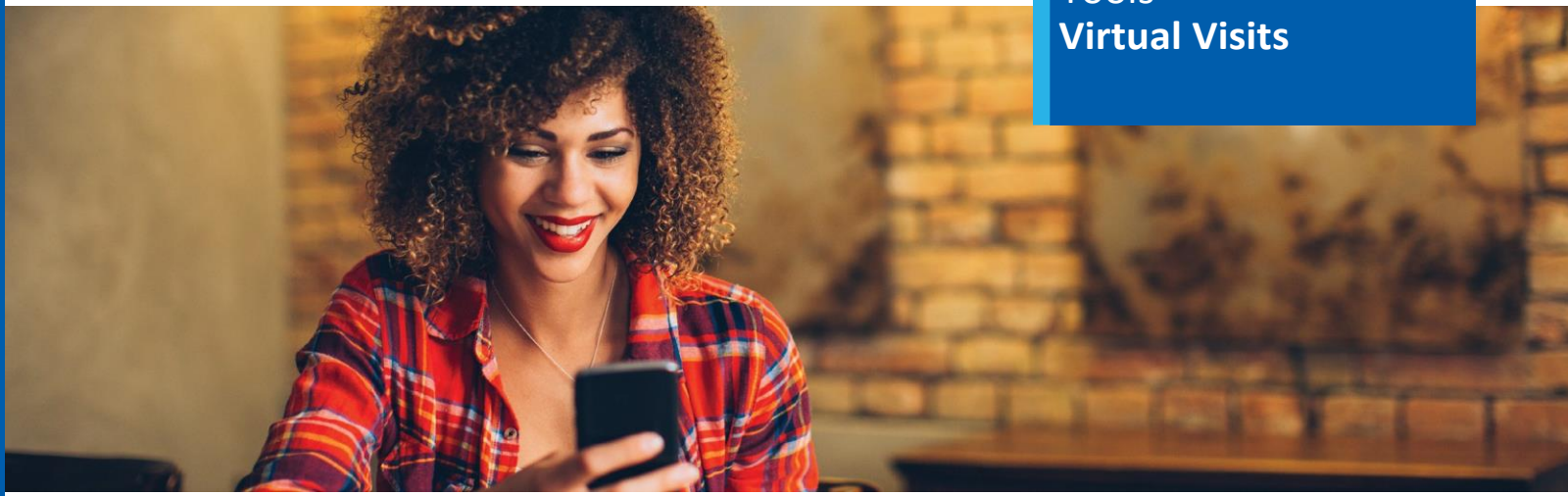


Need to find a network provider or PCP? Visiting an out-of-network provider could end up costing you more for care. To find a PCP, urgent care centers and emergency rooms in your network, go to myuhc.com.

Not sure where to go for care? Call the number on your health plan ID card.



CONTINUED



With Virtual Visits, it's easy to video chat with a doctor 24/7— whenever, wherever.

Whether you're at work, home, traveling, you name it—a Virtual Visit lets you talk with a doctor by video 24/7. If needed, a Virtual Visit doctor can treat and prescribe* medication for everyday illnesses like the flu, sinus infections, a cough and more.

And, with a UnitedHealthcare plan, your cost is **\$50 or less.****

To get started sign in at myuhc.com/virtualvisits or download the UnitedHealthcare® app.

In addition to all of the great things you can do on myuhc.com® or the UnitedHealthcare app, you can now talk to a doctor as well. There are no additional accounts to set up or apps to download.



American
Well



Doctor on
Demand



Teladoc

Quality care when and where you need it.

Use a Virtual Visit for everyday medical conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more



Virtual Visits may save you time and money.

An estimated 25% of ER visits could be treated with a Virtual Visit—bringing a potential \$1,700 cost down to just \$50.***



* Certain prescriptions may not be available, and other restrictions may apply.

**The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

*** UnitedHealthcare data: based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting. The UnitedHealthcare® app is available for download for iPhone® or Android™. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates. Health plan coverage provided by or through a UnitedHealthcare company.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare 9541190.0 8/19 ©2019 UnitedHealthcare Services, Inc. 19-13232-A

Dental Benefits

City of Burnet is pleased to offer its dental plan to eligible employees this year through UnitedHealthcare. The chart on the next page is a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

Both dental plan options utilize a PPO network which means employees have both in and out of network benefits. Out of network benefits are covered at Maximum Allowable Charge (MAC) reimbursement. What this means is insurance will pay up to the agreed upon reimbursement amount per service and you are responsible for paying the remainder.

Just like medical benefits, to pay the least amount out of pocket you must utilize in-network providers whenever possible.



How to Find a Provider

- Please register as a first time user
- <https://dbp.optum.com/content/dental-benefits-provider/en.html>
- Click Provider Search at the top
 - You can also log in from this page as well
- Enter your State, Network (PPO) and Dentist Information
 - You can search by Location, Dentist Name & Practice Name

Logging in will allow you to see your benefits, copays, etc



Dental Insurance Overview

| | UnitedHealthcare Insurance Company DENTAL PPO (30100) | |
|--------------------------------|---|--------------------------------------|
| | In-Network Benefits | Out-of-Network Benefits |
| Annual Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Waived for Preventive Care | Yes | Yes |
| Annual Maximum | | |
| Per Person / Family | \$1,500 per person per Calendar Year | \$1,500 per person per Calendar Year |
| Preventive | 100% | 100% |
| Basic | 80% | 80% |
| Major | 50% | 50% |
| Orthodontia | | |
| Benefit Percentage | 50% | 50% |
| Adult and Dependent Child(ren) | Covered | Covered |
| Lifetime Maximum | \$1,000 per person per Lifetime | \$1,000 per person per Lifetime |
| Benefit Waiting Periods | None | None |

| Employee Contributions (Semi-Monthly 24 per yr) | |
|---|---------|
| Dental PPO | |
| Employee | \$ 0.00 |
| Employee & Spouse | \$11.43 |
| Employee & Child(ren) | \$17.73 |
| Employee & Spouse & Child(ren) (Family) | \$33.23 |



A dental plan
that gives
you plenty to
smile about.



We're focused on helping you save money and keeping your teeth and gums healthier.



Giving you freedom and choice.

You can see any dentist you want, anywhere across the country. When you choose a dentist who is part of the plan's large national network, you may receive discounted rates only available to members.

See any network dentist and save.

There's no need to get referrals to see a specialist.

Preventive care is covered 100% in our network.

Get coverage on hundreds of services.

Visit welcometouhc.com/openaccess20 to find network providers and learn more.



Helping you stay healthier.

Oral cancer screenings.

With our dental plan, adults (age 18 and older) get oral cancer screenings as part of your preventive care benefit.

There are over 49,000 new cases of oral cancer detected¹ and a little over 60% survive more than five years.²

Extra care during pregnancy.

We cover extra dental visits during pregnancy and the first three months after birth.³

Pregnant women are at higher risk of dental disease.⁴

During pregnancy, a woman is more likely to have gum disease. And gum disease is associated with pregnancy complications. Once a woman gives birth, she can pass oral bacteria on to her baby through kisses and sharing spoons. That's why it's so important to treat and detect oral diseases during pregnancy. And it's good to know that seeing a dentist when you're pregnant is safe.



How your teeth affect your health.

Gum disease is a painless disease that causes bacteria and toxins to enter your blood, which may also be connected to:⁵

- ✓ **Diabetes**
- ✓ **Heart disease**
- ✓ **Pregnancy complications**
- ✓ **Respiratory conditions**
- ✓ **Rheumatoid arthritis**



Paying for dental care.

Please review your dental plan documents to view the plan's specific coverage and cost details.

1 Deductible.

The deductible is the amount you need to pay before your plan will start to pay for covered services. You'll pay for all dental services until you meet your deductible.

This does not apply to preventive care services received in the network.

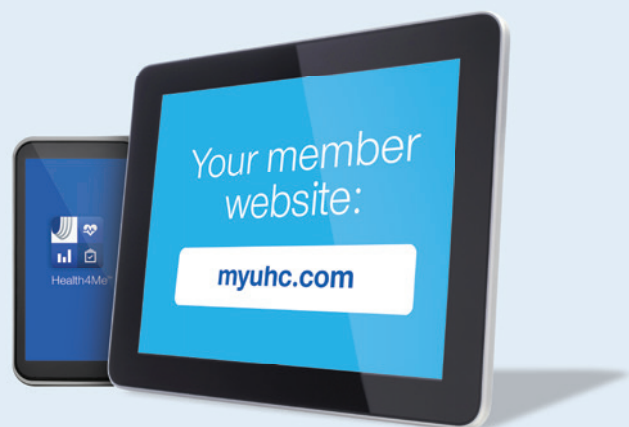
2 Coinsurance.

After you reach the deductible, you will share the cost of covered services with the plan. You will only pay a percentage of the cost.

This does not apply to preventive care services received in the network.

3 Annual maximum.

This is the most the dental plan will pay for covered services in the plan year. Once the plan pays this amount, the plan will no longer help pay for services.



Tap into your benefits on myuhc.com® and the UnitedHealthcare Health4Me® app.

SEARCH
for a network dentist or dental clinic.

ACCESS
and share your digital dental plan ID card.

ESTIMATE
dental costs.*

VIEW
claims and more.

* Not currently available on Health4Me.

Learn more.



Call 1-888-679-8925
Habla Español? Podemos ayudar.



Visit welcometouhc.com/openaccess20

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어 (Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

ألب قصاعل فبر عتلا فطاب ىلع جردمل ايناجمل فحاتلا مقرب لاصتالا ىجرى ابل احاتم ايناجمل فيوجلل ادعاسمل تامدخ ناف. فيبر عل شحتت تنك اذ: عيبنت

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

ديري گب سامت دىق ايش يي اسانش تراك يور مك ين اگيار نفلت رامش اب افطل. يشاب يم امش رايت خا رد ناگيار روط بب ين ابز دادا تامدخ، تنسا (Farsi) ميراف امش نابز رگا: عيوت

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEBOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Khmer) សូមទូរស័ព្ទលេខសេវាអនុវត្តចំពោះអ្នក។ សូមទូរស័ព្ទលេខសេវាអនុវត្តចំពោះអ្នកដែលមានលេខសម្គាល់សមាជិក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yániit'í go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'ízi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

¹ American Cancer Society. Oral cavity and pharynx. 2017 American Cancer Society, Inc. Web.

² American Cancer Society. Oral cavity and pharynx. Surveillance, Epidemiology, and End Results (SEER) 18 registries, National Cancer Institute, 2016.

³ This service is not available in all states.

⁴ Pregnancy, American Dental Association. Center for Scientific Information, ADA Science Institute. 10 July 2017, Web.

⁵ American Dental Association. Mouth Healthy Gum Disease. © 2017 American Dental Association, Web.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your employer, broker or the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

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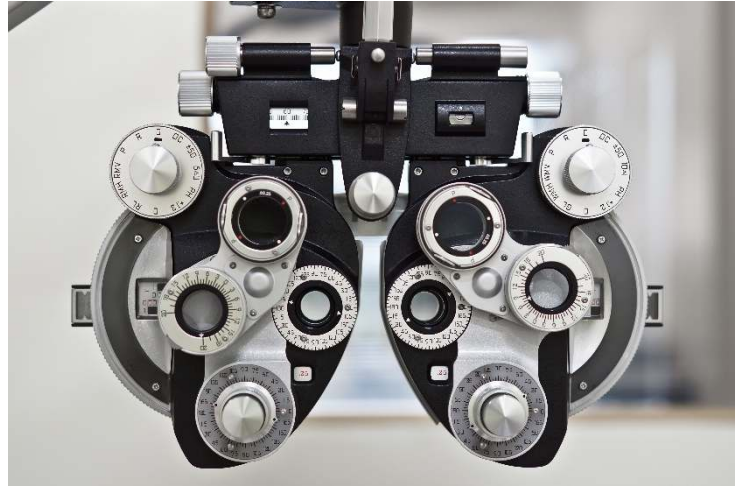
MT-1154553.1 2/18 ©2018 United HealthCare Services, Inc. 18-7172



Vision Benefits

Sight, it's a beautiful thing and not to be taken for granted. Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

City of Burnet provides Vision Insurance. Under this plan, you may use the eye care professional of your choice. However, when you use a participating network provider, you receive higher levels of coverage.



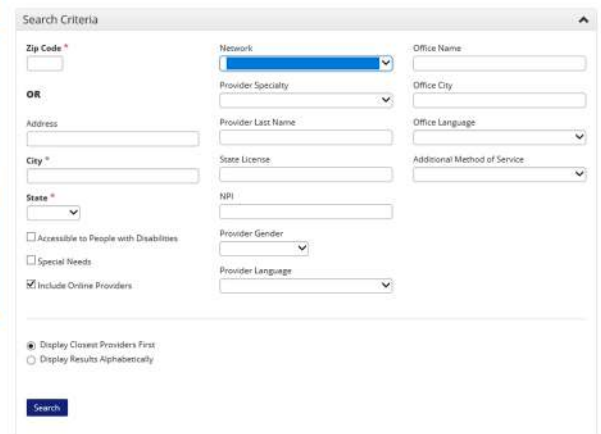
How to Find a Provider

- <https://www.myuhcvision.com>
- Search by Zip Code or Address
- You can log in from this page as well
- Network: *UnitedHealthcare Vision Plans
- To return the most results limit the amount of data you enter

Logging in will allow you to see your benefits, copays, etc



Provider Search



Vision Insurance Overview

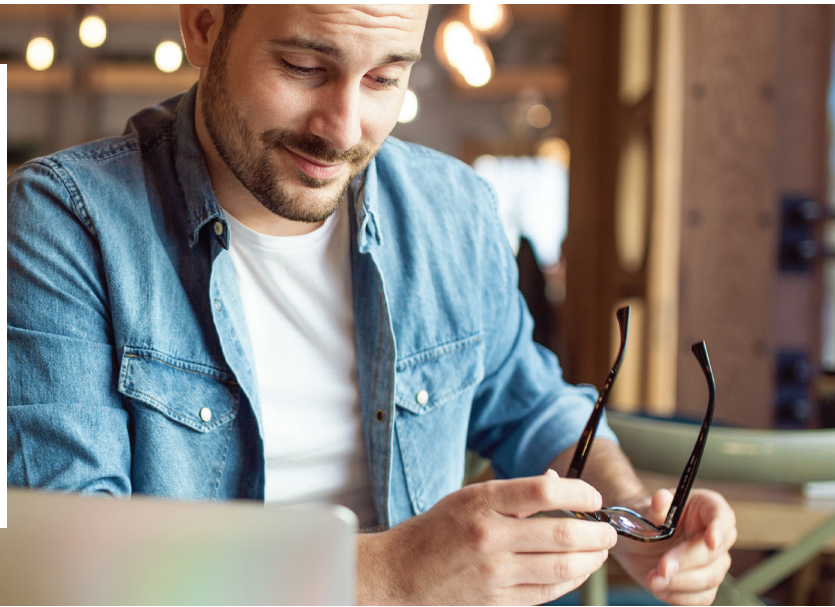
| | UnitedHealthcare Insurance Company VH101 | |
|--|---|--|
| | In-Network Benefits | Out-of-Network Reimbursements (Copays do not apply) |
| Copay | | |
| Routine Exams (Annual) | \$10.00 copay Covered every 12 months | Up to \$40.00 reimbursed |
| Vision Materials | | |
| Materials Copay | \$10.00 copay | N/A |
| Eyeglasses (Frames &Lenses) | \$10.00 copay Covered up to \$150 allowance Covered every 12 months | Frames – Up to \$45.00 reimbursed |
| | | Single Vision Lenses - Up to \$40.00 reimbursed |
| | | Lined Bifocal and Progressive Lenses - Up to \$60.00 reimbursed |
| | | Lined Trifocal Lenses - Up to \$80.00 reimbursed |
| | | Lenticular Lenses - Up to \$80.00 reimbursed |
| Contacts - (Covered in lieu of frames) | | |
| Elective Formulary Contacts | \$10.00 copay Up to 6 boxes of disposable lens are included Covered every 12 months | Up to \$150.00 Reimbursed |
| Elective Non-Formulary Contacts | \$10.00 copay Covered up to \$150 allowance Covered every 12 months | Up to \$150.00 Reimbursed |
| Medically Necessary Contacts | Covered in full after copay (if applicable) | Up to \$210.00 Reimbursed |

| Employee Contributions (Semi-Monthly 24 per yr) | |
|---|---------|
| 2020 Vision PPO Employee Contributions | |
| Employee | \$4.32 |
| Employee & Spouse | \$8.21 |
| Employee & Child(ren) | \$8.65 |
| Employee & Spouse & Child(ren) (Family) | \$12.71 |



Enjoy the freedom of LASIK.

Ready to break up with your glasses? See how you can save with your UnitedHealthcare vision plan.



See the savings.

You have access to discounts on laser vision correction procedures through our alliance with QualSight® LASIK. All QualSight LASIK surgeons offer members a discount of up to 35% off national pricing.

Looking for even more savings?

When you choose QualSight LASIK, you get extra value, including:

- Free LASIK consultation.
- Bladeless laser vision correction procedures.
- The choice of more than 900 locations nationwide.
- Financing options.
- Enhancements are included for optimal vision correction results. Extended enhancements plans are also available.
- Personal QualSight Care Manager for one-on-one help throughout the process.

Save up to
35%
on laser vision
correction at
QualSight
LASIK.



More information?

To learn more about laser vision correction, and to find a surgeon in your network, visit myuhcvision.com or call 1-855-321-2020.



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UnitedHealthcare members are served through QualSight LASIK. All rights reserved.

LASIK is not a covered benefit, but a discount available to UnitedHealthcare vision members.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

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Your benefits could go further with Warby Parker.

Get a new pair of Warby Parker eyeglasses, prescription sunglasses or contact lenses with your UnitedHealthcare vision benefits.



See the savings on glasses and contacts.

You can get glasses for just the cost of your copay—typically \$25 or less.* Plus, you can get contact lenses, including easy-to-carry flat packs of Scout daily contact lenses, built for all-day comfort. (Please note that Scout daily contact lenses are not yet available for astigmatism.)

Always free shipping.

Warby Parker is a network provider for UnitedHealthcare vision members, and shipping is always free. If you're not totally satisfied with your purchase, you can get a full refund or exchange within 30 days of receipt.** Plus, for every pair of eyeglasses purchased, a pair is given to someone in need.



All Warby Parker glasses come with:

- High-quality, hand-finished frames.
- Single-vision or progressive lenses.
- Scratch-resistant and anti-reflective lens treatments (and UV protection, too).



Learn more at warbyparker.com/united.

WARBY PARKER



*A copay of \$25 or less is the amount owed for glasses by most UnitedHealthcare members whose plans are eligible to be used at Warby Parker. For costs and complete coverage details, refer to your benefits information.

**Returns or exchanges of contact lenses are only accepted if they're in the original, unopened box—or if the contacts are defective or arrive damaged. Warby Parker does not accept returns or exchange for trial packs of contact lenses. Visit warbyparker.com/united for more details.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOOC.INT.06.TX or VCOOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOOC.INT.06.VA or VCOOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

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Use your vision benefits at Warby Parker.

You may be eligible to save on Warby Parker glasses online and at retail locations nationwide using your UnitedHealthcare vision benefits.



Choose from single-vision and progressive eyeglasses and sunglasses.

Warby Parker frames are designed in-house and crafted from top-tier materials. The optical lenses are anti-reflective, scratch-resistant and smudge-resistant, while the prescription sun lenses are scratch-resistant and polarized to reduce glare.

| What you get | Without vision insurance | With a UnitedHealthcare vision plan* |
|--|--------------------------|---|
| Single-vision eyeglasses | \$95 | You only pay your copay. Usually \$25 or less. Seriously, that's it! |
| Single-vision eyeglasses with high-index lenses | \$125 | |
| Single-vision sunglasses | \$175 | |
| Single-vision sunglasses with high-index lenses | \$205 | |
| Progressive eyeglasses | \$295 | |
| Progressive sunglasses | \$375 | |
| Comprehensive eye exam (at participating stores) | \$75 | |



Learn more at warbyparker.com/united.

WARBY PARKER



*This is the amount owed by most UnitedHealthcare members whose plans are eligible to be used at Warby Parker.

For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

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Life and Accidental Death & Dismemberment Insurance

City of Burnet provides Basic Term Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

DESIGNATING A BENEFICIARY

Designating a beneficiary ensures to whom your Life and AD&D insurance benefits are paid in case of your death.

You can name more than one beneficiary, and you can change beneficiaries at any time. If you name more than one beneficiary, identify the share for each. Be sure all names are correct when you designate your beneficiaries.

Note: Due to Texas Law if you are married your legal spouse must be your beneficiary unless they give consent for you to select someone else.

Mutual of Omaha Insurance Company Basic Life AD&D

| You | |
|------------------------|---------------------|
| Benefit Maximum | \$50,000 |
| Guaranteed Issue | Full Benefit Amount |
| Age Reduction Schedule | |
| Age 65 | Reduces by 65% |
| Age 70 | Reduces by 50% |

Voluntary Term Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life insurance with Mutual of Omaha which can help achieve peace of mind by giving your family the financial security they can depend on. Your contributions will depend on your age and the amount of coverage you elect. Late applicants are subject to evidence of insurability requirements.

Your AD&D insurance coverage is equal to the amount of your Term Life coverage.

Mutual of Omaha Insurance Company Voluntary Life and AD&D – Employee Paid

| You | |
|------------------|---|
| Benefit Maximum | \$10,000 to 5x/salary up to \$500,000 Increments of \$10,000 |
| Guaranteed Issue | \$130,000 |
| Age Reductions | Amounts Reduce to 65% at age 65 and 50% at age 70 |
| Your Spouse | |
| Benefit Maximum | 100% of employee's salary up to \$30,000 Increments of \$5,000 (coverage terminates at age 70) |
| Guaranteed Issue | \$30,000 |
| Age Reductions | Coverage terminates at age 70 |
| Your Child | |
| Benefit Maximum | \$10,000 |
| Guarantee Issue | \$10,000 |

Voluntary Term Life and AD&D Cost

| Mutual of Omaha Insurance Company Voluntary Life and AD&D Cost | | |
|---|---|--------|
| Employee Age | Employee & Spouse Per Pay Period Cost per \$1,000 of benefit | |
| | Employee | Spouse |
| Underage 24 | 0.079 | 0.079 |
| 25-29 | 0.079 | 0.079 |
| 30 - 34 | 0.089 | 0.089 |
| 35 - 39 | 0.109 | 0.109 |
| 40 - 44 | 0.159 | 0.159 |
| 45 - 49 | 0.269 | 0.269 |
| 50 - 54 | 0.529 | 0.529 |
| 55 - 59 | 0.859 | 0.859 |
| 60 - 64 | 1.049 | 1.049 |
| 65 - 69 | 1.819 | 1.819 |
| 70+ | 4.259 | 4.259 |
| Child Life (\$10,000) | 0.20 | - |

HOW TO CALCULATE MY SEMI-MONTHLY PREMIUM

Example: 35 years old and elect \$100,000 of coverage:

Amount of Coverage ÷ \$1,000 × Rate = Monthly Premium

\$100,000 ÷ \$1,000 × \$0.109 = \$10.90 Monthly Premium

\$10.90 × 12 ÷ 24 = \$5.45 Semi-Monthly Deduction

Long Term Disability

City of Burnet offers long-term income protection through Mutual of Omaha Company in the event you become unable to work due to a non-work-related illness or injury. This **employer paid benefit** covers 50% of your monthly earnings up to \$6,000/month. This benefit begins after 120 days and lasts up to 2 years or age 65. This benefit has a pre-existing condition limitation of 3/12. Please see the summary plan description for complete plan details.

| Mutual of Omaha Insurance Company Voluntary Long-Term Disability | |
|---|---|
| Description | |
| Monthly Benefit | 50% of your monthly earnings Earnings include your basic gross earnings. Commissions, bonuses, overtime pay, and extra compensation are not included. |
| Elimination Period | 120 Days |
| Maximum Monthly Benefit | \$6,000 |
| Maximum Benefit Duration | Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Limitation | 3 months for conditions treated within the 12 months prior to effective date of coverage |



Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

A health savings account (HSA) is a tax-advantaged medical savings account available only to Individuals who are enrolled in a qualified high deductible health plan (HDHP). **The City of Burnet's HDHP Plan is a qualified HDHP.** HSA dollars can be used to pay for medical and prescription drug expenses that are applied towards deductibles, over-the-counter medications if purchased with a prescription and non-covered medical, dental and vision expenses, all subject to IRS guidelines. **If you are enrolling in the HDHP/HSA Plan for the first time, please follow the steps below and visit www.myameriflex.com**

Am I eligible to participate?

1. You must be enrolled in the BCBS HDHP medical plan
2. You cannot be covered by any other non-HSA eligible health plan
3. You cannot be enrolled in Medicare or TRICARE
4. You cannot be claimed as a dependent on someone else's tax return

How do I access my HSA funds?

You will receive a MasterCard debit card from Ameriflex. Use this card at the doctors' office and pharmacies. You swipe your HSA debit card like you would your regular checking account debit card.



How much can I contribute to my HSA?

You may contribute up to the IRS maximum each year.

| | 2020 | 2021 |
|-----------------|---------|---------|
| Single coverage | \$3,550 | \$3,600 |
| Family coverage | \$7,100 | \$7,200 |

*If you are 55 and older you can contribute an additional \$1,000 as a catch-up contribution.

Employer contribution to your HSA

If your medical coverage is effective on or before 10/01/2020, the City of Burnet will contribute \$1,000 to each participants HSA account with employee only coverage and \$1,500 for employees with dependent coverage. For benefits effective after 10/01/2020, HSA contribution will be prorated.

Remember, your contribution to the HSA plus the contribution the City makes, cannot exceed the IRS contribution limits each year.

How do I open my HSA?

If you currently have an H.S.A. credit card, you will continue to use the card until it expires. If you are new to the HDHP plan, the City of Burnet will open your H.S.A. for you. Keep an eye on your mail as Ameriflex will be sending your card with additional information.

What happens to unused HSA money?

Money in your HSA bank account rolls over year after year and earns interest. At age 65, you will have the freedom to use your HSA funds for any purpose without a penalty.

Health Savings Account (HSA)

Your Health Savings Account (HSA) dollars can be used for a variety of out-of-pocket health care expenses. The following list is based on eligible and ineligible expenses used by federal employees and is not a complete list. Please go to www.irs.gov for a complete list of eligible and ineligible expenses.

Eligible Expenses (including, but not limited to):

| | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> • Abortion • Acupuncture • Alcoholism treatment, including meals, lodging and transportation • Ambulance service • Birth control pills/prescription contraceptives • Body Scans • Breast construction surgery following mastectomy • Chiropractor • Contact lenses – also materials and equipment • Crutches | <ul style="list-style-type: none"> • Dental treatment, except for teeth whitening Diagnostic items/services, such as blood sugar test kits • Eyeglasses/eye surgery • Hearing aids • Home care/nursing services • Laboratory fees • Laser eye surgery/Lasik • Learning disability • Long term care insurance • Medicare Parts A, B, C and D • Medicines (prescribed only) • Nursing home – only if there for medical reasons • Nursing services provided by a nurse or attendant | <ul style="list-style-type: none"> • Optometrist • Organ donors/transplants • Orthodontia • Oxygen • Prosthesis • Psychiatric care (includes cost for residential care) • Psychologist • Special education • Stop-smoking programs – cannot include non-prescribed drugs such as nicotine patches or gum • Surgery • Telephone modifications (for disability) | <ul style="list-style-type: none"> • Telephone modifications (for disability) • Therapy, including “patterning” exercises for a mentally retarded child • Transplants • Vasectomy • Vision correction • Weight loss program, foods or personal trainer – if prescribed by physician and substantiated (fees for gym not eligible) • Wheelchair/wheelchair maintenance • X-ray fees |
|---|--|--|--|

Ineligible Expenses (including, but not limited to):

| | |
|--|---|
| <ul style="list-style-type: none"> • Babysitting/childcare/nursing services for a normal, healthy baby – even if the expenses allow for other household members to receive medical treatment • Dancing lessons, even if recommended by a doctor • Diaper service • Elective cosmetic surgery • Electrolysis/Hair removal • Funeral expenses • Future medical care | <ul style="list-style-type: none"> • Hair Transplant • Health Club Dues • Insurance premiums other than those explicitly included • Maternity clothes • Medicines/Drugs from other countries • Nonprescription drugs, medicines and supplements (unless prescribed) • Teeth whitening • Veterinary fees, except for guide dogs or other animal aids |
|--|---|

***Please note: The CARES Act restores the ability to use HSAs, FSAs and HRAs to purchase certain OTC drugs and medications, like aspirin and other pain medications, allergy medication, etc., without a doctor’s prescription. Menstrual care products are considered qualified medical expenses for payment or reimbursement with an HSA, FSA or HRA. Both provisions for OTC and menstrual products apply to amounts paid or expenses incurred on or after January 1, 2020 and are ongoing without an expiration date.*

Eligible Over-the-Counter Items

The following is a high-level list of over-the-counter (OTC) items that clearly are not medicine or drugs and are eligible for purchase with Health Savings Account (HSA) dollars. You can use your benefits card for these items:

| | |
|--|---|
| <ul style="list-style-type: none"> • Antiseptics, wound cleaners - Alcohol, peroxide, Epsom salt • Baby electrolytes - Pedialyte, Enfalyte • Denture adhesives, repair & cleaners - PollGrip, Benzodent, Efferdent • Diabetes testing and aids - Insulin, Ascencia, One Touch, Diabetic Tussin, Insulin syringes, glucose products • Diagnostic products - Thermometers, blood pressure monitors, cholesterol testing • Elastics/athletic treatments - ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts | <ul style="list-style-type: none"> • Eye care - contact lens care • Family planning - Pregnancy & ovulation kits • First aid dressings and supplies - Band Aid, 3M Nexcare, non-support tapes • Hearing aid/medical batteries • Incontinence products - Attends, Depend, GoodNites for juvenile incontinence • Reading Glasses & maintenance accessories • Sunscreen (SPF 15 and over) • Heating Pads |
|--|---|

Flexible Spending Accounts



Flexible Spending Accounts (FSAs) allow you to have pre-tax money deducted from your paycheck to pay for eligible medical, dental and vision expenses and dependent care costs. The FSA program is administered by Ameriflex. Since contributions are made through payroll deductions with pre-tax dollars, you decrease your taxable income and increase your take home pay by taking advantage of this benefit.

HEALTHCARE FSA

This program allows City of Burnet employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan using pre-tax payroll contributions. You can receive reimbursement from your Healthcare FSA for eligible medical, dental and vision expenses incurred by you or an eligible dependent, as long as the expenses are not covered or reimbursed by other plans.

Some examples are:

- Charges not covered by your health plan such as deductibles and co-pays
- Hearing services, includes hearing aides and batteries
- Vision services, including contact lenses, lens solution, eye exams & eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription drugs

MAXIMUM CONTRIBUTION AMOUNTS

The maximum amount you may contribute to your Healthcare FSA is \$2,750 per plan year. ***Please be sure to estimate your healthcare costs conservatively.***

USE IT OR LOSE IT PROVISION

Unused balances at the end of the plan year cannot be carried over into the following plan year (the plan year is October 1, 2020 - September 30, 2021). You will have an additional 2.5-month grace period at the end of the plan year to incur expenses and be reimbursed. Any remaining balance, after the grace period, will be forfeited. You will have 90 days after September 30, 2021 for filing receipts for services that were performed prior to this date. You should plan cautiously in order to avoid forfeiting your money at the end of the plan.

DEPENDENT CARE FSA

This program lets City of Burnet employees pay for certain IRS-approved Dependent care expenses with pre-tax dollars. You may claim dependent care expenses for a dependent that lives with you and relies on you for more than half of his or her financial support. You must also claim the person as a dependent on your federal income tax return. Eligible dependents include your legal dependent children under age 13, spouse or parents.

Some examples are:

- Childcare, after-school care, day camps, and/or elderly care
- This covers only expenses that are work-related – both spouses must be employed or a full-time student
- The maximum contribution (per family) is the lesser of \$5,000, your salary, your spouse's salary, or your expenses
- Dependent must be under the age of 13 and be claimed on your tax return in order to be eligible for this portion of the plan. If the dependent is over the age of 13 they must be disabled
- Expenses must be incurred during the plan year

MAXIMUM CONTRIBUTION AMOUNTS

The maximum amount that you may contribute to your Dependent Care FSA is \$5,000 per plan year.

Please be sure to estimate your needs conservatively.

If you decline the City's medical coverage and show proof of the other medical coverage, the City will contribute \$500 to an FSA for you.



Download the Ameriflex Mobile App today through the App store or Google Play Store!



Accident Insurance

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs.

What is Accident Insurance?

Accidents happen all the time, and the out-of-pocket costs that may accompany a resulting injury—like fracturing your wrist or dislocating your shoulder—can add up quickly. Mutual of Omaha's Accident insurance pays you a benefit if you're hurt as a result of a covered accident. This extra money can help protect you from the financial impact of injury. The plan offers a wide range of covered benefits.

- For injuries: Insureds will receive a payment of a fixed amount for covered dislocations, fractures, lacerations, burns, additional injuries.
- For care: Insureds will receive a payment of a fixed amount for related covered medical services, hospital services, surgeries, emergency dental.
- For loss: The plan includes life and dismemberment benefits that result from a covered accident.

The chart (right) provides a brief summary of just a few of the accident benefits available to you. For a complete list of all your benefits and exclusions, please refer to your plan certificate booklet or contact your plan administrator.

| BENEFIT | AMOUNT |
|---|---|
| Principal Sum Accidental Death (300% of Principal sum) | \$50,000 EE \$25,000 Sp \$10,000 Ch |
| Air Ambulance | \$1,500 |
| Ground Ambulance | \$300 |
| Accident Emergency Room Admission | \$200 |
| Hospital Admission per covered accident | \$1,500 |
| Initial Physician Office Visit | \$100 |
| Physician Follow-Up Office Visit (Up to 6 per accident) | \$75 |
| Urgent Care | \$125 |
| X-Ray | \$75 |
| Dental | Up to \$300 |
| Burns | Up to \$15,000 |
| Lacerations 2 in- 6 in | \$450 |

| Accident Per Pay Period Cost | |
|------------------------------|---------|
| Employee Only | \$6.22 |
| Employee & Spouse | \$10.07 |
| Employee & Child | \$14.31 |
| Employee & Family | 17.17 |

Critical Illness

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. Coverage guidelines and benefits are outlined in the chart below.

For a complete list of benefits and exclusions, please refer to your plan certificate booklet or contact your plan administrator. This benefit is available through Mutual of Omaha.

| Mutual of Omaha Critical Illness | |
|-------------------------------------|--|
| Employee | |
| Benefit Minimum | \$5,000 |
| Benefit Maximum | \$10,000 |
| Increments | \$5,000 |
| Guaranteed Issue Amount | \$10,000 |
| Your Spouse | |
| Benefit Minimum | \$5,000 |
| Benefit Maximum | 100% of employee benefit amount up to \$10,000 |
| Increments | \$5,000 |
| Guaranteed Issue Amount | \$10,000 |
| Your Child | |
| Benefit Minimum | 25% of employee benefit |
| Benefit Maximum | |
| Increments | |
| Guaranteed Issue Amount | \$3,000 |

| Mutual of Omaha Critical Illness | |
|---|--------------------|
| Heart/ Circulatory | |
| Heart Attack (Myocardial Infarction) | 100% |
| Heart Transplant/Placement on UNOS List | 100% |
| Heart Valve Surgery | 25% |
| Coronary Artery Bypass | 25% |
| Aortic Surgery | 25% |
| Stroke | 100% |
| Organ | |
| Major Organ Transplant/Placement on UNOS List | 100% |
| End-Stage Renal Failure | 100% |
| Acute Respiratory Distress Syndrome (ARDS) | 25% |
| Childhood/Developmental Category (These benefits are available to children only) | |
| Cerebral Palsy* | 100% |
| Structural Congenital Defects* | 100% |
| Genetic Disorders* | 100% |
| Congenital Metabolic Disorders* | 100% |
| Type 1 Diabetes* | 100% |
| Cancer | |
| Cancer (Invasive) | 100% 50% 25% |
| Bone Marrow Transplant | |
| Carcinoma in Situ | |
| Benign Brain Tumor | 25% |

**A benefit for this critical illness is only payable once per insured person under the policy*

Critical Illness Cost

| Mutual of Omaha Insurance Company Critical Illness Cost | | |
|--|--|---------|
| Age | Employee & Spouse Monthly Cost per \$1,000 of benefit | |
| | Employee | Spouse |
| < 30 | \$0.37 | \$0.37 |
| 30-39 | \$0.65 | \$0.65 |
| 40-49 | \$1.43 | \$1.43 |
| 50-59 | \$3.08 | \$3.08 |
| 60-69 | \$6.53 | \$6.53 |
| 70-79 | \$12.19 | \$12.19 |
| 80-99 | \$16.68 | \$16.68 |

HOW TO CALCULATE MY SEMI-MONTHLY PREMIUM

Example: 35 years old and elect \$10,000 of critical illness coverage:

Amount of Coverage ÷ \$1,000 × Rate = Monthly Premium

\$10,000 ÷ \$1,000 × \$0.65 = \$6.50 Monthly Premium

\$6.50 × 12 ÷ 24 = \$3.25 Semi-Monthly Deduction



City of Burnet's Wellness Initiatives

Whether your goal is to have more energy, lose weight, manage stress, or improve your diet, City of Burnet Wellness program can help you. We consider Wellness to be a vital part of our overall benefits program.

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

To get started, go to:

www.myuhc.com

→ Health Resources

→ Rally

This voluntary Wellness Program is administered through UnitedHealthcare and is available to all employees and their spouse enrolled in the City's health plan. The program is provided to help employee's live and maintain healthier lives. When an employee chooses to participate in the wellness program, they will receive a 20% discount on their City paid employee health insurance premium which ultimately results in a 0% employee contribution.

The Wellness Program kicks off each year in February. To earn your premium incentive for the next plan year you and your spouse (if on the City plan) must complete two of the wellness tasks below no later than July 31, 2021:

1. Complete health survey and watch the video **
2. Complete a coaching program
3. Complete a biometrics screening**
4. Complete a virtual visit
5. Complete a gym check-in

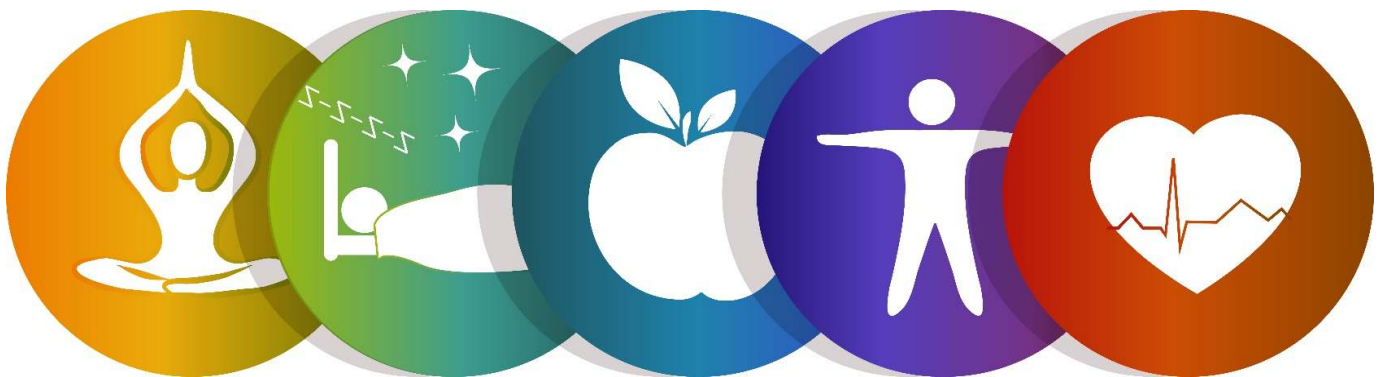


More details about City of Burnet's Wellness program can be found in the Simply Engaged Wellness Guide

***Denotes a required step for participation*

Reasonable Alternatives

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Human Resources Department and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.





Earn up to \$200* for completing health and wellness activities.

With SimplyEngaged, you can get rewarded for taking healthier actions.

Here's how SimplyEngaged works.

With Rally®, you can access the SimplyEngaged® health and wellness activities available to you. For each Health Action you complete, you'll earn Rally Coins,** which you can redeem for rewards. Plus, you can earn financial incentives provided through gift cards, health account deposits or premium reductions. Rally's digital experience gives you one place to track your activities and rewards.

To get started, go to myuhc.com® > Health Resources > Rally.

| Health Actions: | Reward: |
|--|--|
| <p>Complete the Health Survey and watch the video.</p> <p>The Health Survey takes about 15 minutes and upon completion you'll receive personalized suggestions to help you set health goals. Pair this with a short Health Actions video to see your opportunities to earn rewards.</p> | <div></div> <p>\$25 + Rally Coins</p> |
| <p>Complete a coaching program.</p> <p>The results of your Health Survey will provide recommendations for coaching programs that may help improve your health and wellness. These programs are available at no additional cost as part of your health plan benefits. Complete one of the following programs to earn more rewards:</p> <p>Wellness Coaching provides access to expert coaches and digital tools to help you reach your health goals. It's all about getting and staying healthy—your way—anytime. Choose from a variety of programs, like sleeping better, eating smarter and getting fit.</p> <p>Real Appeal® may help you start living a healthier life with online weight loss tools to help you achieve lifelong results, one small step at a time. Real Appeal delivers the support to help you lose weight through online coaching, a Success Kit delivered to your door and a community of members to keep you motivated.</p> <p>Quit For Life® has helped 4 million members quit smoking or using tobacco.¹ It provides the tools, 1-on-1 support and a personalized plan to help you quit your way.</p> | <div></div> <p>\$100 + Rally Coins</p> |

Complete a Biometric screening.

A Biometric health screening may help you and your doctor make more informed decisions about your health.

Get screened for:

- Total cholesterol.
- Blood pressure.
- Tobacco attestation.
- Body mass index (BMI).

You have 3 options to participate in the Biometric health screening:

- 1 Employer on-site event, if available.
- 2 Doctor's office or convenience care clinic. (Provider Results form must be completed.)
- 3 Participating Quest Diagnostics® provider.



**\$75 +
Rally Coins**

Complete a Virtual Visit.

Virtual Visits may be a convenient option when you need care. You can talk to a doctor—24/7—by phone or video for conditions like the flu, allergies, rashes, migraines and many more.



**\$25 +
Rally Coins**

Complete a Gym Check-In.

Check in to a participating fitness center at least 12 days per month on the Rally Health app. Select from a network of leading fitness centers, where you'll find boxing, climbing, cycling, yoga, Pilates, traditional gyms and more.



**\$20/mo. +
Rally Coins**



To get started, go to myuhc.com > Health Resources > Rally.



¹ Quit For Life Employer Book of Business Survey results, cumulative from 2006 to 2018.

*Earnings are per person and include covered spouse or domestic partner.

** Rally Coins can be earned under Rally Health. A reward can only be earned once per incentive year per health action, with the exception of the Fitness Action, up to the maximum incentive amount. Rally Coins may be used to enter sweepstakes for additional rewards.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

UnitedHealthcare understands the importance of protecting your privacy. We care about the relationship we have with you. Our business practices are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and security requirements.

The Quit For Life Program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Quest Diagnostics is a registered trademark of Quest Diagnostics.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

SimplyEngaged® is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional to determine what may be right for you. Rewards may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving rewards under this program. If you are unable to meet a standard related to a health factor to obtain a reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-855-215-0230 and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

Employee Assistance Program

Mutual of Omaha

Employee Assistance Program (EAP)



Mutual of Omaha

- Family and relationships
- Emotional well-being
- Substance abuse and addiction
- Physical health
- Work and career
- Legal assistance
- Financial wellness

Confidential Consultations
and Professional Resources
Available 24/7

Phone: 1-800-316-2796

Website:
www.mutualofomaha.com/eap

UnitedHealthcare EAP



Confidential Consultations
and Professional Resources
Available 24/7

Phone: 1-888-887-4114

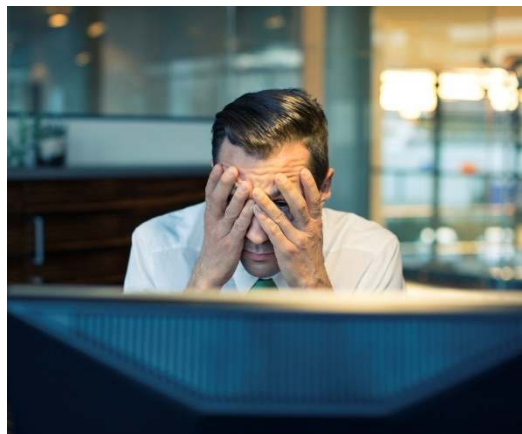
City of Burnet provides the City of Burnet employees with two Employee Assistance Programs (EAP).. At no cost to you, this program offers you and your family valuable, confidential services. The EAP program are designed to help you manage daily responsibilities, life events, work stresses, or issues affecting your quality of life.

Key provisions of the Mutual of Omaha EAP:

- **Unlimited telephonic support**, which is available 24/7 by Master level professionals in 120+ languages. Receive immediate guidance and support.
- **6 face to face counseling sessions per person per issue**, which includes assessment, referral and crisis services.
- **Legal and Financial Services:** Provides Legal and Financial resources online. Provides one consultation, on-line or telephonically, with a lawyer or financial professional specializing in your area of concern. Offers discounted services for attorney, legal services, and document preparation.
- **Life Balance Services:** Extensive online resources and offers child/elder care assistance and referrals.
- **EAP Website:** Your EAP website providing online assessments, webinars, information, referrals & more.

Key provisions of the UnitedHealthcare EAP:

- **Confidential consultations and counseling** to help address grief or loss, as well as family, relationship and workplace concerns. Retirees have unlimited, 24/7 access to the UHC EAP team who can provide in-person referrals to one of more than 150,000 network clinicians nationwide.
- **Legal assistance and financial coaching** including brief consultations on specific legal or financial issues at no initial cost to the individual, and discounted fees for attorneys retained through the EAP.



We're Here to Help

City of Burnet



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week
 - Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Six face-to-face sessions* with a counselor (per issue)

*One legal consultation per issue

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

- Legal resources
 - Online will preparation
 - Legal library & online forms
 - Legal consultations
- Resources for:
 - Financial tools and resources
 - Work/Life balance
 - Substance use and other addictions
 - Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help

Visit mutualofomaha.com/eap or call **800-316-2796** for confidential consultation and resource services.



Will Preparation Services

Services provided by Epoq, Inc.



Create your will at
www.willprepservices.com
and use the code **MUTUALWILLS**
to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code **MUTUALWILLS** to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Companion Life Insurance Company (United and Companion) and Epoq are independent, unaffiliated companies. Although United and Companion make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United and Companion do not provide, are not responsible for, do not assume any liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United and Companion also are not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United and Companion.

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Advocacy Services

For Employees



Getting help is easy

1. Call the number listed below.
2. Verify your name and company with the care advocate.
3. Inform the care advocate of your inquiry related to your diagnosis.

Contact Advocacy Services at 866-372-5577,
Monday thru Friday, 7 a.m.- 7 p.m.

You can also email
customerservice@gilsbar.com at any time.

When you or a family member has been diagnosed with a critical illness, you should be focused on treatment and recovery, not the stress of comparing medical costs, transferring records or getting preauthorizations for care.

We're here to help.

With Advocacy Services* available through your critical illness insurance coverage, you have access to skilled clinicians and nurses who provide friendly, personalized and confidential problem-solving assistance in a one-on-one setting.

You will receive:

- Clarification of your diagnosis and treatment options – in simple and straightforward terms
- Assistance finding a doctor, hospital or community resources
- Help with referrals, preauthorization and scheduling appointments
- Cost and quality comparisons to provide options for less expensive care and certain pharmaceuticals
- Explanations of test results after a doctor visit or health screening
- Coordination of home health care visits and equipment
- Explanations of what to expect before and after a surgery or procedure
- Lifestyle coaching to improve overall health



This is not health insurance. Advocacy services are administered by Gilsbar LLC. Gilsbar LLC is solely responsible for the administration of advocacy services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Gilsbar LLC are independent, unaffiliated companies.

*Additional premium may apply.

When life gets challenging, you've got caring, confidential help.

If you need guidance navigating mental health, financial or legal concerns, take advantage of the Employee Assistance Program (EAP) for 24/7 support—at no extra cost.



It's good to know you're not alone.

Reaching out to an EAP consultant is a good first step. They're trained to understand your concerns so they can connect you with the consultant or service best able to help you:

- Address depression, anxiety or substance use issues.
- Improve relationships at home or work.
- Manage stress.
- Work through emotional issues or grief.
- Assistance with legal and financial concerns.



One call puts you in touch with a clinician, counselor, mediator, lawyer or financial adviser who could help change your life for the better.



Call the member phone number on your health plan ID card and ask to speak to an EAP consultant. Or, contact EAP directly 24/7 at 1-888-887-4114.



The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

B2C 9925915.0 11/19 ©2019 United HealthCare Services, Inc. 19-13991

Contact Information

Have Questions? Need Help?

City of Burnet is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0110 or via e-mail at BRCSouthwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

| | CARRIER | PHONE NUMBER | WEBSITE |
|-------------------------------------|-------------------|-----------------|--|
| Medical PPO | United Healthcare | 1-866-633-2446 | www.myuhc.com |
| Dental PPO | United Healthcare | 1-888-679-8925 | www.myuhc.com |
| Vision | United Healthcare | 1- 800-638-3120 | www.myuhc.com |
| Life and AD&D | Mutual of Omaha | 1-800-877-5176 | www.mutualofomaha.com |
| Voluntary Life | Mutual of Omaha | 1-800-877-5176 | www.mutualofomaha.com |
| Long Term Disability | Mutual of Omaha | 1-800-877-5176 | www.mutualofomaha.com |
| FSA/HSA | Ameriflex | 1-888-868-3539 | www.myameriflex.com |
| Wellness Program | United Healthcare | 1-855-215-0230 | www.myuhc.com |
| Voluntary Accident/Critical Illness | Mutual of Omaha | 1-800-877-5176 | www.mutualofomaha.com |
| Employee Assistance Program | Mutual of Omaha | 1-800-316-2796 | www.mutualofomaha.com/eap |
| Employee Assistance Program | United Healthcare | 1-866-633-2446 | www.myuhc.com |
| COBRA Administrator | Ameriflex | 1-888-868-3539 | www.myameriflex.com |

This brochure summarizes the benefit plans that are available to City of Burnet eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

