

Open Enrollment Meeting Schedule

Open Enrollment informational meetings have been scheduled so that employees can learn directly from the HR Benefits team about important medical plan changes and be given an overview about other employee benefits. These changes can be viewed as a PowerPoint presentation “2020 Open Enrollment” on the Open Enrollment website listed below.

The Open Enrollment meetings schedule is included below and on the Employee News Digest. The Open Enrollment meetings are open to **all City employees** and are not department specific. The presentation will be given in the first 30 minutes and the last hour will be used for Q&A and assistance with forms and paperwork.

<u>Departments</u>	<u>Date</u>	<u>Time</u>	<u>Room</u>	<u>Location</u>
Utilities	9/25/2019	7:30 a.m.	Service Center Conference Room	1101 E. Main Street, Mesquite, TX 75149
Solid Waste	10/2/2019	7:30 a.m.		
Equipment Services	10/9/2019	2:30 p.m.	Equip Services Conference Room	
Streets	10/10/2019	2:30 p.m.	Services Center Conference Room	1101 E. Main Street, Mesquite, TX 75149
Traffic	10/15/2019	2:30 p.m.	Services Center Conference Room	
All General Government	10/08/2019	10 -11:30 a.m. 1:30 to 3 p.m.	Art’s Center Rehearsal Hall	1527 N Galloway Ave, Mesquite, TX 75149
All General Government	10/16/2019	10 -11:30 a.m. 1:30 to 3 p.m. Both days	Art’s Center Rehearsal Hall	1527 N. Galloway Ave Mesquite, TX 75149

To access and print benefit forms, visit www.cityofmesquite.com/2020OE



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2020 City of Mesquite Employee Benefits Guide



Find your path to Health

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Annual Notices (Continued)

Your Health Information Rights

In most cases, you have the right to look at or get a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you the normal copy fees that reflect the actual costs of producing the copies including such items as labor and materials. You also have the right to receive a list of instances where The City of Mesquite has disclosed health information about you for reasons other than treatment, payment, healthcare operations, related administrative purposes, and when you explicitly authorized it. If you believe that information in your record is incorrect or if important information is missing, you have the right to request that The City of Mesquite correct the existing information or add the missing information. You have the right to request that The City of Mesquite restrict the use and disclosure, then The City of Mesquite must abide by the request and may only reverse the position after you have been appropriately notified. You have the right to request an alternative means of communication with The City of Mesquite and are not required to explain why you want the alternative means of communication.

Privacy Complaints

If you are concerned that The City of Mesquite has violated your privacy rights, or you disagree with a decision The City of Mesquite has made about access to your records, you may address them to the Privacy Contact listed in this notice. You also may send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

Your Employer’s Responsibilities

The City of Mesquite is required by law to protect the privacy of your information, provide this notice about the City of Mesquite’s information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

Detailed Notice of Privacy Practices

For further details about your rights and the federal Privacy Rule, refer to the detailed statement of this Notice. You can ask for a written copy of the detailed Notice by contacting the Privacy Contact listed in this notice.

Privacy Contact

Address any questions about this notice or how to exercise your privacy rights to the Human Resources Department.

Notice Of Opportunity To Enroll In Connection With Extension Of Dependent Coverage To Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in The City of Mesquite. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to 01/01/2020. If you would like more information, contact your Plan Administrator.

Annual Notices (Continued)

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE 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 The City of Mesquite changes. You also may request a copy of this notice at any time. 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. 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, 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).

Health Plan Summary Notice of Privacy Practices (HIPAA)

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

Uses and Disclosures of Health Information

The City of Mesquite uses health information about you for treatment, to pay for treatment, and for other allowable healthcare purposes. Health care providers submit claims for payment for treatment that may be covered by the group health plan. Part of payment includes ascertaining the medical necessity of the treatment and the details of the treatment or service to determine if the group health plan is obligated to pay. Information may be shared by paper mail, electronic mail, fax, or other methods. Subject to certain requirements, The City of Mesquite may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. The City of Mesquite provides information when otherwise required by law, such as for law enforcement in specific circumstances. In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop any future uses and disclosures. We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and distribute the new notice. You can also request a copy of our full notice at any time. For more information about our privacy practices, contact the Office of the Privacy Officer or the Human Resources Department

Notice Lifetime Limit No Longer Applies/ Enrollment Opportunity

The lifetime limit on the dollar value of benefits under the City of Mesquite benefit Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. If you would like more information, contact your Plan Administrator.

Important Benefit Numbers

TYPE	Provider	Phone Number	Website
Health	Blue Cross Blue Shield of Texas	1-888-697-0683	Bcbstx.com
HSA	HSA Bank	1-800-357-6246	Hsabank.com
Dental	Cigna	1-800-244- 6224	Mycigna.com
Vision	Eyemed	1-866-800-5457	Eyemed.com
Compass	Compass	1-800-513-1667	Answers@compassphs.com
EAP	Alliance Work Partners	1-800-343-3822	Alliancewp.com
MEHC	Clinic	972-882-7120	
MEHC Pharmacy	Pharmacy	972-882-7125	
PRIME Therapeutics	Prescription Coverage	1-877-357-7463	Myprime.com
Life Insurance	The Standard	1-800-628-8600	Standard.com
Voluntary Long Term Disability	Reliance Standard	1-800-351-7500	Reliancestandard.com
Retirement	TMRS	1-800-924-8677	TMRS.com
MD Live		1-800-400-6354	MDLive.com
FMLA	Matrix	1-877-202-0055	Matrixabsence.com

Important Updates for 2020 Benefits

Starting 2020 the City has Four Benefit Plans

HDHP (High Deductible Health Plan)

- **For employees and eligible dependent(s) over or under age 65**
- Blue Choice PPO Network
- No Out-of-Network Benefits
- \$3000/\$6,000 Calendar Year Deductible
- Once Deductible is met 100% covered (when In-network)
- No City Contributions towards a Health Savings Account
- Employee Contributions to a Health Savings Account
- \$0 dollar premium for employee only coverage
- No Referrals Needed

HSA (HEALTH SAVING ACCOUNT)

- **Only for those employees and eligible dependent(s) under age 65**
- Blue Choice PPO Network
- No Out-of-Network Benefits
- \$5,000/\$10,000 Calendar Year Deductible
- Once deductible is met 100% covered (when In-network)
- City Contributions towards a Health Savings Account
- Employee Contributions to a Health Savings Account
- No Referrals Needed

HMO (HEALTH MAINTENANCE ORGANIZATION)

- **For employees and eligible dependent(s) over or under age 65**
- Blue Essentials HMO Network
- No Out-of-Network Benefits
- \$1,000/\$2,000 Calendar Year Deductible
- Set Co-pays for services (defined on page 20)
- Maximum Out-of-Pocket is \$6,000/\$12,000
- Referrals are Required
- Primary Care Provider designation is required

EPO (EXCLUSIVE PROVIDER ORGANIZATION)

- **Only for those employees and/or eligible dependent(s) over age 65/receiving any Social Security Benefits**
- Blue Essentials HMO Network
- No Out-of-Network Benefits
- \$3,000/\$6,000 Calendar Year Deductible
- Co-Insurance 60% Plan, 40% Member after deductible is met
- Maximum Out-of-Pocket is \$7,000/\$14,000
- Referrals are required
- Primary Care Provider designation is required

****Please note:** Per the IRS, any individual who is entitled to Medicare benefits, or receiving a Social Security benefit (which automatically enrolls you in Medicare Part A) is not eligible for HSA contributions from their employer and therefore not eligible for the City's HSA plan. If this applies to you, or one of your covered dependents, you enroll in either the HMO, EPO or the HDHP medical plan.

Annual Notices (Continued)

IMPORTANT NOTICE ABOUT 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 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. It has been determined that the prescription drug coverage offered by BCBSTX is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because this 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.

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 15th to December 7th. 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 JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current coverage with The City of Mesquite will not be affected. You and/or your dependents can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will 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 The City of Mesquite 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.

Annual Notices (Continued)

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

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

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov. Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment 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). In addition, if you have a new dependent as a result of 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, adoption, or placement for adoption. Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the Human Resources Department.

Actions Required By Employee

- Review this Open Enrollment Guide and share it with your spouse, if applicable.
- Review your Benefits Summary previously provided to you or go to the Employee Self Service Portal. The summary is a snapshot of your current benefit elections and covered dependents.
- Review the 2020 Medical, Dental and Vision plans.
- **Complete the online Open Enrollment selection process by October 25, 2019.**
- When completing your 2020 Benefit Elections, please ensure the spelling of the name and social security numbers for yourself and covered dependents match exactly to what appears on the Social Security card.
- The City is required to provide you and the Internal Revenue Service a 1095-C form showing proof of insurance coverage. You will need to use the information from this form to prepare your individual income tax return. The law requires SSNs to be reported on Form 1095-C.
- If you are adding a dependent to your plan, remember **proof of dependency is required**, as we will need to verify your relationship to the dependent.
- If you wish to decline the City's medical plan and earn the \$100/month declination benefit, you will need to provide proof of other coverage with your enrollment form and have a physical in 2019, **with the physical form turned in by November 22, 2019.**
- When enrolling in the HSA medical plan, you must complete the HSA Contribution form located on the Open Enrollment website to specify if additional funds or no funds are able to be payroll deducted and added to your account.
- If you want to participate in Tax Saver for 2020, you can stop by the Human Resources office at 1515 N. Galloway Avenue, to pick up a Tax Saver election form or, you can find it located on the Open Enrollment Website. Keep in mind, you are now able to carryover a balance up to \$500 from your 2019 Healthcare Reimbursement account to use for next year's healthcare expenses. This provision is only allowed on Healthcare Reimbursement and does not affect Dependent Care. Dependent Care allows a grace period to March 15, 2021, to incur expenses (14 1/2 months).

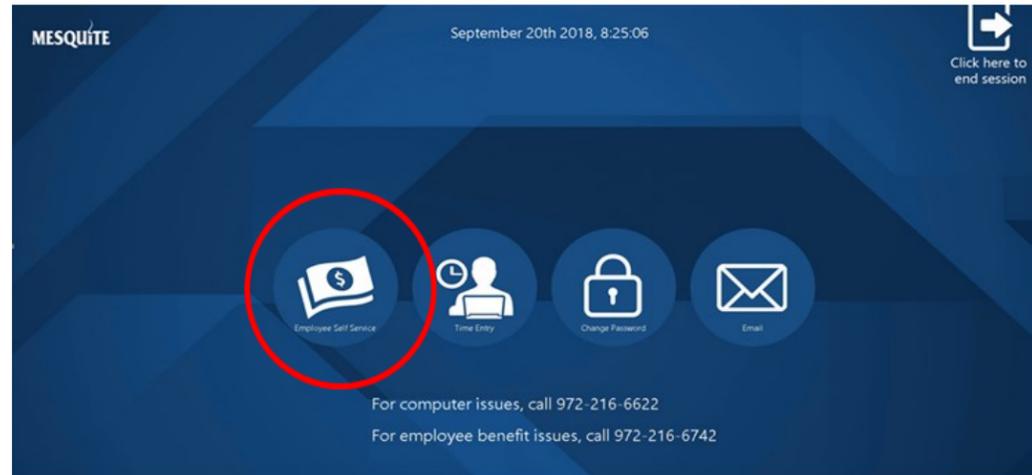
Other Actions:

- If you are on a City Health Plan and **are not** participating in the City's Wellness Program, we ask you submit proof of a physical on the Wellness scorecard (to eliminate multiple forms) by November 22, 2019, in order to avoid the \$9.23 bi-weekly surcharge for 2020.
- If you are on a City Health Plan and **are not** participating in the City's Wellness Program we ask you submit a tobacco statement on the Wellness scorecard (to eliminate multiple forms) by November 22, 2019, in order to avoid the \$40 bi-weekly surcharge for 2020.
- If you **are** participating in the City's Wellness Program, please ensure that you have turned in your completed Wellness scorecard by November 22, 2019, in order to be eligible for additional HSA funds for 2020 and to avoid the \$40 bi-weekly tobacco use surcharge, as well as the \$9.23 bi-weekly no physical surcharge. If a spouse is covered by medical insurance, they must also complete the Wellness Scorecard.

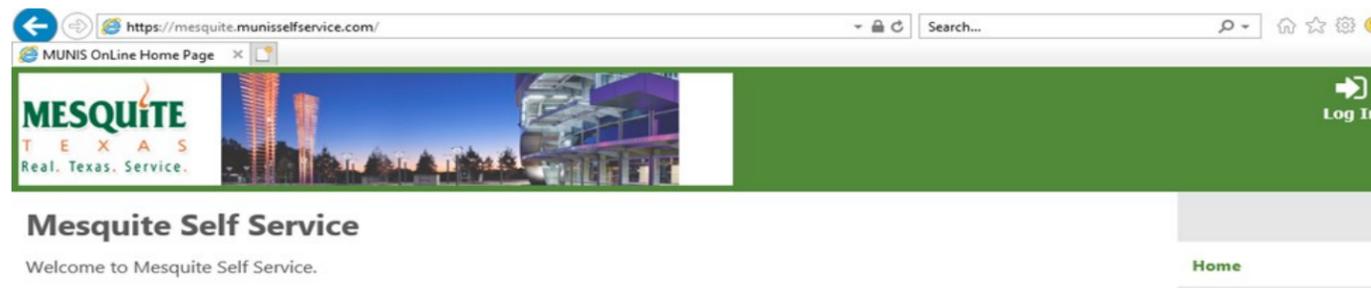
Online Enrollment Instructions

Log In to Employee Self Service

To access the Employee Self Service application from a desktop computer, open an internet browser and type <https://mesquite.munisselfservice.com> into the URL address bar. To access from Kiosk, click on the ESS Icon.



The Mesquite Self Service program will appear.



Log In

To Log In, click the Log In Icon  located on the upper right area of the program.

Login

Username [Forgot your username?](#)

Password [Forgot your password?](#)

Annual Notices (Continued)

COBRA AND RETIREMENT

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the City of Mesquite, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA CONTINUATION COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of COBRA continuation coverage

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

Annual Notices (Continued)

COVERAGE AFTER TERMINATION (COBRA) CONTINUATION OF HEALTH COVERAGE

If you or your dependents have coverage at the time of a qualifying event, you may be eligible to elect continuation of coverage under one or more of the following:

- Medical/Dental/Vision/FSA Plans

You have a legal right under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to purchase a temporary extension of your coverage at group rates. However, you must pay the full cost of the coverage, plus a 2% administrative fee.

WHAT IS COBRA CONTINUATION COVERAGE?

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

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

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

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

Online Enrollment Instructions (continued)

The Log In screen will appear to enter Username and Password. Enter details and click “Log In” on the bottom right corner. Your username is the name on your email address (example: ecraven@cityofmesquite.com, username would be ecraven). Your password is your login to the computer.

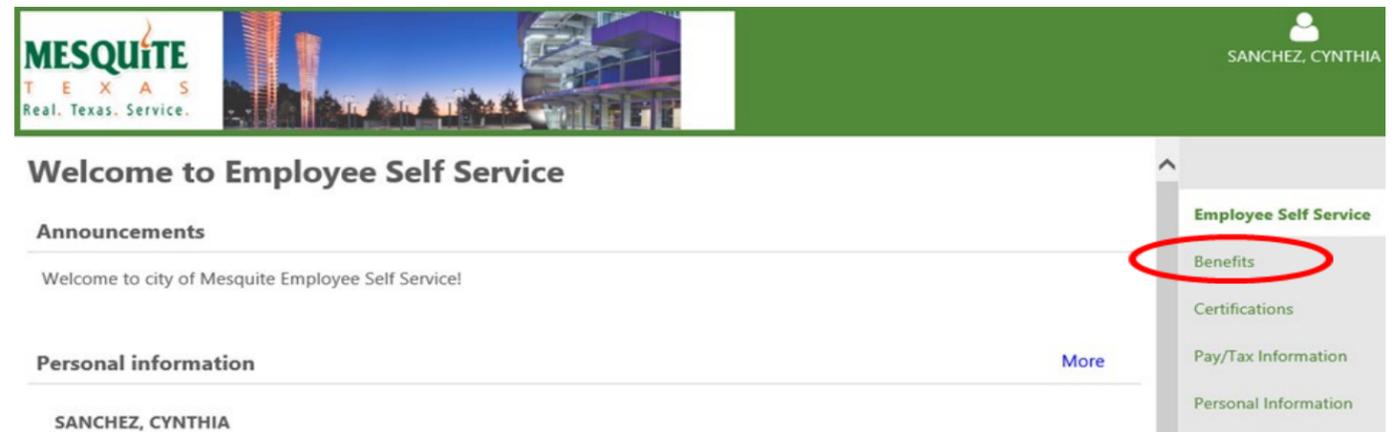
Open Enrollment

Open Enrollment through Employee Self Service provides benefit elections for the upcoming calendar year. During the Open Enrollment period established by your organization, you can select your preferred options or decline one or more of the benefits provided.

The Employee Benefit Enrollment process is an efficient way to sign up for benefits online without the burden to you or the HR-Benefits staff having to collect paperwork and manually enter the benefits directly into Munis. Within the Benefits menu in ESS is the Open Enrollment process.

Your current benefits elections are listed along with their associated cost. Detailed information is shown regarding the options you have chosen, such as the Plan and Coverage of Health Insurance along with the cost per pay period to the employee. This information can be helpful to you if you do not recall which plan or coverage you elected. Having access to this information through ESS eliminates the need to contact the HR department to ask for this information. A total cost per pay period is displayed under the list of all elections. In addition, a link is available for the employee to print a listing of these elections.

When you get to the self service menu, please click “Benefits”, which is on the right.



Online Enrollment Instructions (continued)

After clicking on the “Benefits” option, you will see your current year benefits summary. At the top of the summary is a blue hyperlink which reads “Open Enrollment”. Please click on the blue “Open Enrollment” hyperlink.

Benefits

Current Year Elections

! You must complete your **open enrollment** before 10/26/2019.

Benefit	Current Election
HSA MEDICAL 2019	HSA EMPLOYEE PLUS CHILD \$41.80 details
DENTAL	DPPO CHOICE DENTAL EMPLOYEE PLUS CHILDREN \$28.52 details
VISION 2019	VISION EMPLOYEE PLUS CHILDREN \$2.98 details
SUPPL LIFE EMPLOYEE	SUPPLEMENTAL LIFE EMPLOYEE ONLY \$13.86 details
SUPP LIFE CHILD 2019	SUPPLEMENTAL LIFE EMPLOYEE PLUS CHILD \$0.12 details

All costs are per pay period. Your estimated total cost per pay period is **\$87.28**.

Once you have clicked on “Open Enrollment”, you will see your current year benefit elections as well as your 2020 new election options.

Benefit	Current Election	New Election
HDHP MEDICAL PLAN 2020	No Election Made	Election Not Made Decline benefit Make New Election
HMO MEDICAL PLAN 2020	No Election Made	Election Not Made Decline benefit Make New Election
HSA MEDICAL 2020	HSA EMPLOYEE PLUS CHILD \$41.80 details	Election Not Made Decline benefit No changes Make New Election
HSA VOLUNTARY DEDUCTION 2020	No Election Made	Election Not Made Decline benefit Make New Election
EPO PREMIUM 2020	No Election Made	Election Not Made Decline benefit Make New Election
SPOUSAL SURCHARGE	No Election Made	Election Not Made Decline benefit Make New Election
TOBACCO USER	No Election Made	Election Not Made Decline benefit Make New Election
TOBACCO USER SPOUSE	No Election Made	Election Not Made Decline benefit Make New Election
DENTAL	DPPO CHOICE DENTAL EMPLOYEE PLUS CHILDREN \$28.52 details	Election Not Made Decline benefit No changes Make New Election
VISION 2019	VISION EMPLOYEE PLUS CHILDREN \$2.98 details	Election Not Made No changes Make New Election
ACCIDENTAL DEATH & DISMEM 2020	No Election Made	Election Not Made Decline benefit Make New Election

Annual Notices

Health Insurance Portability and Accountability Act (HIPAA) requires a group health plan to provide Notice of Special Enrollment Rights annually to all employees who are eligible to participate in the plan.

WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: 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; Protheses; and treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

NEWBORN’S AND MOTHER’S HEALTH PROTECTION ACT (NMHPA)

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).

MEDICAID & 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. If you or your dependents are already enrolled in Medicaid or CHIP, 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 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 or call 1-866-444-EBSA (3272). To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either: U.S. Department of Labor-Employee Benefit Security Administration, 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 1-877-267-2323, menu Option 4, Ext. 61565

Retirement Plans (Continued)

ICMA-RC: (Retirement Health Savings)

City employees that retire from the City who have a vacation balance of 160 hours or more, **are required to contribute** a percentage (see Denise Childs for specific parameters) or all of their final sick and vacation pay into a Retirement Health Savings Account (RHS), tax-free. Contributions of final sick and vacation pay is based on a pre-determined schedule. The RHS plan is managed by ICMA-RC.

With an RHS account:

- You accumulate assets, tax-free, to pay for medical expenses. Eligible expenses may include medical premiums, out-of-pocket expense, etc., for you, your spouse and/or your dependents.
- Assets grow in a tax-deferred account.
- Upon your death, your account balance is transferred to an account to pay medical expenses for your surviving spouse and/or dependents tax-free.

Those employees who do not want to participate in the RHS plan will be asked to use vacation time so that the final vacation leave balance does not exceed 160 hours (240 hours for fire shift employees) on the day they retire. All these options will be explained when you have your initial retirement meeting with an HR Benefits representative.

Number of Vacation Hours at Retirement*		Percentage Contribution of Term Pay to RHS (Vacation and Sick Leave)
General Government, Sworn Police & Fire (non-shift personnel)	24-hour Shift Sworn Fire	
168 or more	248 or more	100%
less than 168	less than 248	80%
less than 166	less than 246	60%
less than 164	less than 244	40%
less than 162	less than 242	20%
160 and below	240 and below	0%

**Contribution into the RHS plan will not exceed maximum of 160 hours of vacation and 720 hours of sick for staff or maximum of 240 hours of vacation and 1,080 hours of sick for fire shift employees.*

Online Enrollment Instructions (continued)

One of the three decisions **MUST** be made on each benefit option. If you're not making any changes to your benefit selection, click "No Changes".

Benefit	Current Election	New Election
HDHP MEDICAL PLAN 2020	No Election Made	Election Not Made Decline benefit Make New Election
HMO MEDICAL PLAN 2020	No Election Made	Election Not Made Decline benefit Make New Election
HSA MEDICAL 2020	HSA EMPLOYEE PLUS CHILD \$41.80 details	Election Not Made Decline benefit No changes Make New Election
HSA VOLUNTARY DEDUCTION 2020	No Election Made	Election Not Made Decline benefit Make New Election
EPO PREMIUM 2020	No Election Made	Election Not Made Decline benefit Make New Election
SPOUSAL SURCHARGE	No Election Made	Election Not Made Decline benefit Make New Election
TOBACCO USER	No Election Made	Election Not Made Decline benefit Make New Election
TOBACCO USER SPOUSE	No Election Made	Election Not Made Decline benefit Make New Election
DENTAL	DPPO CHOICE DENTAL EMPLOYEE PLUS CHILDREN \$28.52 details	Election Not Made Decline benefit No changes Make New Election
VISION 2019	VISION EMPLOYEE PLUS CHILDREN \$2.98 details	Election Not Made No changes Make New Election
ACCIDENTAL DEATH & DISMEM 2020	No Election Made	Election Not Made Decline benefit Make New Election

If you are declining that benefit option, please click "Decline benefit".

Benefit	Current Election	New Election
HDHP MEDICAL PLAN 2020	No Election Made	Election Not Made Decline benefit Make New Election
HMO MEDICAL PLAN 2020	No Election Made	Election Not Made Decline benefit Make New Election
HSA MEDICAL 2020	HSA EMPLOYEE PLUS CHILD \$41.80 details	Election Not Made Decline benefit No changes Make New Election
HSA VOLUNTARY DEDUCTION 2020	No Election Made	Election Not Made Decline benefit Make New Election
EPO PREMIUM 2020	No Election Made	Election Not Made Decline benefit Make New Election
SPOUSAL SURCHARGE	No Election Made	Election Not Made Decline benefit Make New Election
TOBACCO USER	No Election Made	Election Not Made Decline benefit Make New Election
TOBACCO USER SPOUSE	No Election Made	Election Not Made Decline benefit Make New Election
DENTAL	DPPO CHOICE DENTAL EMPLOYEE PLUS CHILDREN \$28.52 details	Election Not Made Decline benefit No changes Make New Election
VISION 2019	VISION EMPLOYEE PLUS CHILDREN \$2.98 details	Election Not Made No changes Make New Election
ACCIDENTAL DEATH & DISMEM 2020	No Election Made	Election Not Made Decline benefit Make New Election

Online Enrollment Instructions (continued)

If you are opting to enroll in that benefit option, please click “Make New Election”.

Benefit	Current Election	New Election	
HDHP MEDICAL PLAN 2020	No Election Made	Election Not Made	Decline benefit Make New Election
HMO MEDICAL PLAN 2020	No Election Made	Election Not Made	Decline benefit Make New Election
HSA MEDICAL 2020	HSA EMPLOYEE PLUS CHILD \$41.80 details	Election Not Made	Decline benefit No changes Make New Election
HSA VOLUNTARY DEDUCTION 2020	No Election Made	Election Not Made	Decline benefit Make New Election
EPO PREMIUM 2020	No Election Made	Election Not Made	Decline benefit Make New Election
SPOUSAL SURCHARGE	No Election Made	Election Not Made	Decline benefit Make New Election
TOBACCO USER	No Election Made	Election Not Made	Decline benefit Make New Election
TOBACCO USER SPOUSE	No Election Made	Election Not Made	Decline benefit Make New Election
DENTAL	DPPO CHOICE DENTAL EMPLOYEE PLUS CHILDREN \$28.52 details	Election Not Made	Decline benefit No changes Make New Election
VISION 2019	VISION EMPLOYEE PLUS CHILDREN \$2.98 details	Election Not Made	No changes Make New Election
ACCIDENTAL DEATH & DISMEM 2020	No Election Made	Election Not Made	Decline benefit Make New Election



When you select “Make New Election” you are required to select the level of coverage desired for each benefit.

Benefits

HSA MEDICAL 2020

[2020 Open Enrollment Guide](#)

For 2020, the deductible and out-of-pocket will remain \$5,000. You will have to meet your calendar year deductible before any co-insurance applies. This medical plan uses a PPO network through BCBS. NO OUT-OF-NETWORK BENEFITS.

- HSA EMPLOYEE ONLY
Annual Costs: Employee Cost \$314.60 / Employer Cost \$5,824.52
Pay Period Costs: Employee Cost \$12.10 / Employer Cost \$224.02
- HSA EMPLOYEE PLUS CHILD
Annual Costs: Employee Cost \$1,086.80 / Employer Cost \$7,773.48
Pay Period Costs: Employee Cost \$41.80 / Employer Cost \$298.98
- HSA EMPLOYEE PLUS CHILDREN
Annual Costs: Employee Cost \$1,458.60 / Employer Cost \$8,361.60
Pay Period Costs: Employee Cost \$56.10 / Employer Cost \$321.60
- HSA EMPLOYEE PLUS SPOUSE
Annual Costs: Employee Cost \$2,459.60 / Employer Cost \$11,754.34
Pay Period Costs: Employee Cost \$94.60 / Employer Cost \$452.09
- HSA EMPLOYEE PLUS FAMILY
Annual Costs: Employee Cost \$3,203.20 / Employer Cost \$12,874.42
Pay Period Costs: Employee Cost \$123.20 / Employer Cost \$495.17
- I Decline

[Continue](#) [Cancel](#)

Retirement Plans at the City

TMRS-(Texas Municipal Retirement System)

TMRS is the City’s mandatory retirement program and participating employees make retirement contributions through payroll deductions. Seven percent of your gross pay, each paycheck, is deposited into an individual retirement account with TMRS. The City matches funds 2 to 1 and employees are vested after five years of service.

Each March, employees will receive a detailed statement about their account. At any time of the year employees can receive a benefit estimate at www.tmr.com (login required).

With the City of Mesquite, employees are vested after five years. Vested simply means that if your employment terminates after you are vested, you have the right to leave your member contributions and interest in TMRS until you are eligible to retire. Interest will continue to accrue.

You are eligible to retire:

- With at least five years of creditable service at age 60, or
- With 20 years of creditable service at any age.

For more information regarding TMRS, refer to the information provided by TMRS.

Lincoln 457(b) Plan

This 457 (b) plan permits you, on a voluntary basis, to authorize a portion of your salary to be withheld from your paycheck and invested. Payroll contributions into a Lincoln account can begin, end or be modified at anytime in the year. All changes must be made online.

Neither the deferred amount nor earnings on the investments in this plan are subject to current federal income taxes. Taxes become payable from the 457 (b) plan when the deferred income plus earnings are distributed to you at retirement - when you may be in a lower income bracket.

The maximum annual deferral for 2020, increased to a maximum of \$19,500, employees can also make contributions after taxes in a ROTH account. Employees should speak with a Lincoln Financial Retirement Consultant about deferred compensation options, investment options and fund choices.

Visit the Lincoln website at www.lfg.com or call and schedule an appointment with the Retirement Consultants:

Clayton Bunting: 469-534-9927, Clayton.Bunting@lfg.com
Janet Mooney: 469-486-1053, Janet.Mooney@lfg.com

Tax Saver (Continued)

How Tax Saver Works

Example:

Elizabeth and Gregory Smith earn \$40,000 combined income per year. They are in a 32% tax bracket for Federal, State, FICA and Medicare taxes. The Smith family spends \$800 per year in medical care expenses for deductibles, eyeglasses and dental visits. The Smith's also have a daughter in day care. They spend \$75 per week, or \$3,900 per year, on childcare expenses. By using Tax Saver, Elizabeth and Gregory's spendable income increases \$1,504 per year because less tax is withheld.



	Without Tax Saver	With Tax Saver
Combined Gross Annual Salary	\$40,000	\$40,000
Pre-Tax Medical Care Expenses	—	\$800
Pre-Tax Dependent Care Expenses	—	\$3,900
Taxable Income	\$40,000	\$35,300
Income Taxes	\$10,800	\$8,825
After-Tax Medical Care Expenses	\$800	—
After-Tax Dependent Care Expenses	\$3,900	—
Spendable Income	\$24,500	\$26,475

INCREASE IN SPENDABLE INCOME: \$1,975

Online Enrollment Instructions (continued)

If you are adding a dependent for 2020, you must click on "Add New Dependent" at the bottom.

EPO PREMIUM EMPLOYEE PLUS CHILD
 Annual Costs: Employee Cost \$2,488.20 / Employer Cost \$7,671.82
 Pay Period Costs: Employee Cost \$95.70 / Employer Cost \$295.07

EPO PREMIUM EMPLOYEE PLUS CHILDREN
 Annual Costs: Employee Cost \$2,917.20 / Employer Cost \$8,255.52
 Pay Period Costs: Employee Cost \$112.20 / Employer Cost \$317.52

EPO PREMIUM EMPLOYEE PLUS SPOUSE
 Annual Costs: Employee Cost \$4,747.60 / Employer Cost \$11,587.94
 Pay Period Costs: Employee Cost \$182.60 / Employer Cost \$445.69

EPO PREMIUM EMPLOYEE PLUS FAMILY
 Annual Costs: Employee Cost \$5,662.80 / Employer Cost \$12,695.54
 Pay Period Costs: Employee Cost \$217.80 / Employer Cost \$488.29

I Decline

Add coverage | Add new dependent

Coverage must be added for exactly 1 dependent.

There are no dependents to display.

Continue Cancel

ALL fields are required when adding a new dependent.

Add a new dependent

First name *

Middle initial

Last name *

Suffix

Date of birth *

Gender *

Relationship *

SSN # (include dashes)

OK Cancel

Once you have entered all information on the dependent, you will click the "ok" button at the bottom. If adding a dependent that is already listed, you will need to select their name from the drop-down box and click add coverage.

Online Enrollment Instructions (continued)

Voluntary Benefits

If making updates to your voluntary benefits, a paper enrollment form is required. The forms are located in the HR Benefits Office as well as on the 2020 Open Enrollment Website (www.cityofmesquite.com/2020oe). Once the voluntary benefits enrollment forms have been completed, please turn them into the HR Benefits Office. If the paper application is not received, your voluntary election will be cancelled.

ACCIDENTAL DEATH & DISMEM 2020	No Election Made	Election Not Made	Decline benefit Make New Election
CRITICAL CARE 2020	No Election Made	Election Not Made	Decline benefit Make New Election
SUPPL LIFE EMPLOYEE	SUPPLEMENTAL LIFE EMPLOYEE ONLY \$13.86 details	Election Not Made	Decline benefit No changes Make New Election
SUPP LIFE SPOUSE 2020	No Election Made	Election Not Made	Decline benefit Make New Election
SUPP LIFE CHILD 2019	SUPPLEMENTAL LIFE EMPLOYEE PLUS CHILD \$0.12 details	Election Not Made	Decline benefit No changes Make New Election
TAX SAVER HEALTH 2020	No Election Made	Election Not Made	Decline benefit Make New Election
TAX SAVER DEPENDENT 2019	No Election Made	Election Not Made	Decline benefit Make New Election
VOL LONG TERM DISABILITY 2020	No Election Made	Election Not Made	Decline benefit Make New Election

If you are declining the voluntary benefit option, you will need to click “Decline Benefit”.



ACCIDENTAL DEATH & DISMEM 2020	No Election Made	Election Not Made	Decline benefit Make New Election
CRITICAL CARE 2020	No Election Made	Election Not Made	Decline benefit Make New Election
SUPPL LIFE EMPLOYEE	SUPPLEMENTAL LIFE EMPLOYEE ONLY \$13.86 details	Election Not Made	Decline benefit No changes Make New Election
SUPP LIFE SPOUSE 2020	No Election Made	Election Not Made	Decline benefit Make New Election
SUPP LIFE CHILD 2019	SUPPLEMENTAL LIFE EMPLOYEE PLUS CHILD \$0.12 details	Election Not Made	Decline benefit No changes Make New Election
TAX SAVER HEALTH 2020	No Election Made	Election Not Made	Decline benefit Make New Election
TAX SAVER DEPENDENT 2019	No Election Made	Election Not Made	Decline benefit Make New Election
VOL LONG TERM DISABILITY 2020	No Election Made	Election Not Made	Decline benefit Make New Election

Tax Saver Program

Healthcare Reimbursement Account

Healthcare Tax Saver gives all full-time employees participating in either the EPO, HMO medical plans, the opportunity to set money aside for next year’s healthcare needs. You do not pay federal withholding tax on the money you set aside through Tax Saver for healthcare expenses.

The maximum election for 2019 is \$2,700, per the IRS, and claims must be incurred from January to December 31. The deadline to submit claims is March 15. The maximum allowable amount is subject to change for 2020. If an amount change occurs, you will be notified.

Healthcare Reimbursement Tax Saver participants are allowed to carryover up to \$500 for the following year’s healthcare expenses. The carry-over of up to \$500 will not count against the \$2,700 maximum permitted. The carryover provision only applies to Healthcare Reimbursement and does not apply to Dependent Care Reimbursement.

Healthcare Tax Saver money must be used for qualified health, dental or vision expenses. For those employees enrolling in the HSA and HDHP plans for 2020, you will not be eligible to participate in the Healthcare Tax Saver Program.

Dependent Care Reimbursement Account

Dependent Care Tax Saver works very similar to Healthcare Tax Saver because all employees (on any city plan) can set aside money for next year’s dependent care expenses.

The maximum total contribution allowed in 2019 is \$5,000 single or married filing jointly and \$2,500 for married filing separately on your tax return. The maximum allowable amount is subject to change for 2020. If an amount change occurs, you will be notified.

Dependent care expenses for the 2020 plan year can be incurred from January 1 to March 15. The deadline to submit dependent care claims is June 15.

The Dependent Care Tax Saver account can be used for daycare expenses for dependents claimed on your federal income tax return. They can either be dependents under age 13 or dependents physically or mentally incapable of self-care, regardless of age, and who spend at least eight hours a day in your home.

It is important to estimate what your dependent care expenses will be for the 2020 plan year before enrolling in Dependent Care Tax Saver because it is a “use-it-or-lose-it” program. Any unused funds will be forfeited.



Please call the Human Resources Benefits Office if you have any questions:

Denise Childs 972-216-6463

Employee Assistance Program

The Employee Assistance Program (EAP) is a City paid benefit that provides confidential counseling for you and your family to help with any type of personal problem(s) that might be affecting your life.

The EAP is completely confidential and the EAP provider will not share any information concerning an individual's use of the EAP with anyone in the City, other family members or any other person or organization, without the individual's prior knowledge and written permission, except as required by law.

There is no cost to you for EAP services. You can receive up to 6 free visits per person, per occurrence for the employee and their dependents per year. Referrals made to treatment providers and/or community resources, when more extensive care is needed, are subject to the medical plan benefits, co-payments and deductibles.

The EAP offers assistance for a broad range of issues, including:

- Stress
- Psychological or emotional problems
- Financial problems
- Marital and family problems
- Child and adolescent problems
- Alcohol/Drug abuse
- Anger/Conflict/Violence management
- Initial consultation for legal assistance
- Care for the elderly
- Referral to community resources

To access the City's EAP plan, call the toll-free number (800-343-3822). Additional information and brochures are available in the HR Benefits Office.



Online Enrollment Instructions (continued)

Once all your benefit selections have been made, you **MUST** click "Continue" at the bottom.

No Election Made	Election Not Made	Decline benefit Make New Election
No Election Made	Election Not Made	Decline benefit Make New Election
SUPPLEMENTAL LIFE EMPLOYEE ONLY \$13.86 details	Election Not Made	Decline benefit No changes Make New Election
No Election Made	Election Not Made	Decline benefit Make New Election
SUPPLEMENTAL LIFE EMPLOYEE PLUS CHILD \$0.12 details	Election Not Made	Decline benefit No changes Make New Election
No Election Made	Election Not Made	Decline benefit Make New Election
No Election Made	Election Not Made	Decline benefit Make New Election
No Election Made	Election Not Made	Decline benefit Make New Election



This will take you to a total review of the selections you have made for 2020.

Review your enrollment

Review

HSA MEDICAL 2019

ELECTION - HSA EMPLOYEE PLUS CHILD

██████████	
Pay Period Employee Cost	\$41.80
Pay Period Employer Cost	\$298.98
Annual Employee Cost	\$1,086.80
Annual Employer Cost	\$7,773.48

HSA VOLUNTARY DEDUCTION 2019

ELECTION - HSA DEDUCTION CITY CONTRIBUTION WITH WELLNESS FAM

Pay Period Employee Cost	\$150.00
Annual Employee Cost	\$3,900.00
Election amount	\$150.00

Online Enrollment Instructions (continued)

If all of the selections are correct, you will need to click “Submit Choices” at the bottom of the review page.

Pay Period Employee Cost	\$0.12
Annual Employee Cost	\$3.12
Election amount	\$10,000.00
TOTAL PAY PERIOD EMPLOYEE COST	\$238.72
TOTAL ANNUAL EMPLOYEE COST	\$6,206.72


Submit Choices
Modify
Cancel

You will receive confirmation of your benefit selections for 2020.

Confirmation

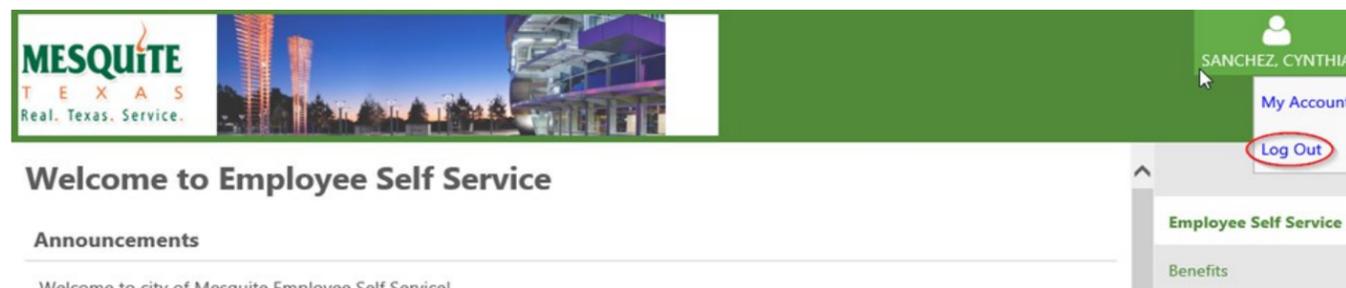
Confirmation

 Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

You have successfully made your elections

Log Off

To log out, click on your name in the upper right corner of the screen. A drop-down menu will appear. Select “Log Out” from the list and close the browser to exit ESS.



Voluntary Group Cancer Insurance

Critical Care Insurance, also known as Cancer Insurance, is provided by Allstate. It pays for necessary treatments of cancer and 29 other specified diseases, in addition to your medical plan.

This insurance is a supplement to your medical plan; not a substitute. There are two levels of coverage, Basic and Enhanced. Enhanced benefits will pay more.

Examples of Benefits included under this plan:

- Lump sum payment (\$3,000 on Basic plan and \$5,000 on Enhanced plan) for the first diagnosis of cancer (other than skin cancer) or specified disease. Pays for necessary treatments of cancer or a specified disease including hospitalization and surgery.
- Pays the actual charges for radiation/chemotherapy, inpatient drugs, private duty nursing services, new and experimental drugs and more.
- Pays in addition to your medical plan coverage amounts

The benefit is paid directly to you and can be used for direct as well as indirect expenses. Examples:

- Lost income
- Housekeeping expenses
- Long-distance phone calls
- Special diets
- Special clothes and prostheses
- Transportation costs
- Meals and lodging away from home

Bi-weekly Rates	Employee Only	Employee & Family
Basic	\$5.84	\$10.12
Enhanced	\$10.04	\$17.46

You can choose between Basic or Enhanced as well as Employee Only or Employee plus Family coverage. **Enrollment and evidence of Insurability forms are required.** Above are the bi-weekly rates.

If you would like to apply or make changes to this benefit, please visit the HR Benefits Office to complete the appropriate forms. If you do not want to make any changes for 2020, no action is required.



Accidental Death and Dismemberment

Accidental Death & Dismemberment (AD&D), also known as Personal Accident Insurance provided by Zurich, provides broad 24-hour protection, year around. It covers accidents that may occur on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile or any other public conveyances. Benefits are payable in addition to any other insurance you may have at the time of accident. Evidence of Insurability is not required.

Employees may select Employee Only or Employee and Family coverage in increments of \$1,000 (a sample of bi-weekly rates are listed below); however, the amount you select may not exceed 10 times your annual salary.

If you would like to apply or make changes to this benefit, please visit the HR Benefits Office to complete the appropriate forms. If you do not want to make any changes for the 2020 year, then no action is required.

Plan I – Employee Only

Employees may select any amount of principal sum in multiples of \$25,000, from a minimum of \$25,000 to a maximum of \$500,000; however, the amount selected, if more than \$150,000, may not exceed ten times your base annual salary.

Plan II – Employee & Family

Employees may select any amount of principal sum as stated above. The spouse and eligible dependent children are automatically insured as follows:

- Spouse:
50% of the principal sum benefit if there are no dependent children at time of loss.
40% of the principal sum benefit if there are dependent children at time of loss.
- Dependent Children:
10% of the principal sum benefit up to \$25,000, if there is a spouse at time of loss.
15% of the principal sum benefit up to \$25,000, if there is no spouse at time of loss.

Employee Cost:

The bi-weekly premium rates for the AD&D coverage are as follows:

- Plan I – Employee Only \$0.02 per 1,000 units of coverage.
- Plan II – Employee & Family \$0.029 per 1,000 units of coverage.

Changing Your Selections

You may enroll for AD&D coverage:

- As a new employee.
- Any time during the year, No EOI is required.

Principal Sum	Employee Only	Employee & Family
\$25,000	\$0.50	\$0.73
\$50,000	\$1.00	\$1.45
\$75,000	\$1.50	\$2.18
\$100,000	\$2.00	\$2.90

Online Enrollment Instructions (continued)

Forms Needed:

If you are electing to enroll in the HSA Deduction you **MUST** complete a HSA Deduction form. This form is online at www.cityofmesquite.com/2020oe, you can also find this form linked to the HSA Deduction option in ESS.

If you are declining the medical insurance, the physical affirmation on the wellness scorecard and proof of other insurance is required. The wellness scorecard is available at www.cityofmesquite.com/2020oe.

If you are enrolling in the HMO or EPO Plan, you **MUST** select a Primary Care Physician. To find an In-Network provider, you can go online to www.BCBSTX.com and search for providers, or you can do so by stopping by the HR Benefits office and selecting a doctor from the list of providers.

If you chose to enroll in Tax Saver for 2020, you **MUST** fill out the 2020 Tax Saver form and submit it to the HR Benefits Office. This form is located on the 2020 Open Enrollment Website (www.cityofmesquite.com/2020oe) or the form is also located 1515 N. Galloway Avenue, Mesquite, TX 75149.

If you are enrolling in any voluntary benefits for the first time, or adding coverage, you will need to fill out the applicable application forms and you **MUST** submit them to the HR Benefits Office. These forms will need to be sent to the carrier for approval. In some cases where medical approval is required by the carrier, there is a possibility of being declined for that coverage.

If you are adding a new dependent for 2020, employees **MUST** provide proof of dependency to the HR Benefits Office. (example: birth certificate, marriage license or tax return)

If any employee selects any of the benefits above or makes changes on current benefits, and the paperwork is not received, the new benefits will be cancelled.

Qualifying Life Events

Benefits plans run from January 1 through December 31 each year. You will make selections for the upcoming years' benefits during Open Enrollment in October. To make changes to those benefits options during the plan year, employees must have a qualifying life event. If you have a qualifying event, you have 30 days to make a change to your pre-taxed benefits (pre-tax

Qualifying Event	Deadline to enroll	Change date	Required Documentation
Marriage/Common Law Marriage	30 days from event	Date of Marriage	Marriage License/Common Law Certificate
Birth	30 days from birth	Date of Birth	Birth Certificate or verification of birth facts
Spouse benefit coverage change	30 days from effective date of gain or loss of coverage	Effective date of loss	Letter from Spouses employer
Death	ASAP	Date of Death	Death Certification or Obituary
Divorce	30 days from divorce	Date of Divorce	Divorce Decree

When electing medical, dental, vision, life insurance, or AD&D, you can choose which eligible family members you want to cover under each plan. Eligibility may vary. Please review the chart below.

Who is Your Dependent?

An employee's dependent(s) is defined as follows:

- Your lawful spouse, including common-law;
- Any child who is less than age required by the plan (refer to chart below)

A child includes your natural child, stepchild, legally adopted child, child for whom you are the legal guardian or your grandchild who is your dependent for federal income tax purposes in the prior year. Special eligibility requirements apply to disabled children. Employees whose spouse or child is employed full-time by the City are not eligible to be covered on the other family member's Health coverage as a dependent. Only one parent may cover a child(ren) as a dependent. Double coverage is prohibited.

If you are not adding any new dependents on your medical coverage for 2020, **no audit documentation required**. If you are adding an eligible dependent, that is not already on the City's insurance for the 2019 plan year, will need to show documentation that complies with the City's dependent eligibility audit.

Examples of proper documentation include your most recent tax return, copy of your marriage license, copy of the child's birth certificate or adoption court order. For questions on accepted documentation, please contact the HR Benefits Office.

Benefit	Employee	Spouse	Children
Medical	Yes	Yes	Yes, children under age 26 regardless of student or marital status
Dental	Yes	Yes	Yes, children under age 26 regardless of student or marital status
Vision	Yes	Yes	Yes, children under age 26 regardless of student or marital status
Life Insurance	Yes	Yes	Yes, unmarried children, up to age 25 regardless of student status
AD&D	Yes	Yes	Yes, unmarried children, under age 19 or under age 25 and a full-time student
Critical Care	Yes	Yes	Yes, unmarried children, up to age 25 regardless of student status
LTD	Yes	No	Benefit only available to employees

Voluntary Long Term Disability

The City offers eligible employees the opportunity to participate in the Voluntary Long Term Disability (LTD) insurance. LTD coverage is for employees only; it does not cover dependents. LTD provides a portion of your salary when you are unable to work as a result of a disability. An Evidence of Insurability form is required along with enrollment form, if not a new hire.

Reliance Standard underwrites this plan and the following information is only a summary of the LTD program. For more information, refer to the information provided by Reliance Standard.

The City provides limited salary protection through Workers' Compensation, Personal Leave and Disability Retirement. However, these programs may leave gaps in coverage for disabled employees. LTD coverage (if elected) helps bridge these gaps by providing coverage for disabilities which result from an illness or injury that occurs on or off the job.

If you are unable to work your normal work schedule for any reason, you must address the issue of your work status with your supervisor. This is true, whether or not you are eligible for LTD benefits.

Premium rates for LTD coverage are based on the employee's age and annual salary.

LTD Features

If you have a qualifying disability, your monthly LTD benefit is up to 60% of your base monthly salary, up to a \$5,000 maximum monthly benefit. The amount you receive from LTD will be reduced by deductible income you receive from other sources. These sources may include, but are not limited to, income from Workers' Compensation, Social Security, Personal Leave, Texas Municipal Retirement System (TMRS) and your work earnings while you are disabled. Provided you qualify, benefits are payable after a 90-day period of disability. The 90-day period is called your benefit waiting period, or elimination period.

Limitations/Exclusions

Pre-existing Condition Exclusion – You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; and
- The disability begins in the first 23 months after your effective date of coverage; unless you have been treatment-free from the pre-existing condition for 12 consecutive months after your effective date.

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries.
- Active participation in a riot.
- War, declared or undeclared, or any act of war.
- Conviction of a crime.
- Loss of professional license, occupational license or certification.
- Pre-existing conditions.



Life Insurance

Basic and supplemental life insurance is provided by The Standard. Employees may purchase additional supplemental life insurance for themselves, as well as their spouse and children, in addition to the basic life provided by the City. See chart for more details.

For employees wanting to leave coverage as is, NO action is required. Please review your benefits summary for information on your current coverage. It is advised that you visit the HR Benefits Office to update a beneficiary card if you have had a major life event, such as a marriage, divorce, or any other change in relationship. For employees that want to increase life insurance coverage or apply for new coverage, please visit the HR Benefits Office. Applying for coverage over the guaranteed issue amount would require an employee to complete an Evidence of Insurability (EOI) form. All supplemental coverage is subject to plan maximum. If changing amount of \$20,000 or less, no EOI, is required.

Rates for additional employee and dependent life insurance are listed on The Standard Life Insurance Enrollment Form. Visit the HR Benefits Office for more information.

Summary of Life Insurance Coverage		
The City of Mesquite provides basic life insurance to all full-time employees at a rate of two (2) times your annual salary. Employees should keep an updated beneficiary card on file with the HR Benefits Office. This table shows your basic, City-paid coverage, as well as your options for additional and dependent coverage.		
Benefit Plan	Coverage Amount	Who pays
Basic Life Insurance for the employee	Two (2) times your annual salary	City of Mesquite
Additional Life Insurance for the employee	Up to seven (7) times your annual salary with a maximum of \$500,000. Guaranteed issue amount is \$300,000	Employee
Dependent Life Insurance		
Spouse Life Insurance	Up to but not to exceed the employee's amount of life insurance with a maximum of \$250,000. Guaranteed issue amount is \$50,000.	Employee
Child(ren) Life insurance	\$10,000 for all your eligible children, coverage begins from date of live birth.	Employee



Medical Plans for 2020

HDHP (High Deductible Health Plan) - On a HDHP you will need to meet the calendar year deductible first before any co-insurances are applied.

This health plan utilizes the **Blue Choice PPO Network**, through Blue Cross Blue Shield of Texas.

For 2020, the calendar year deductible will be \$3,000/\$6,000, with the maximum out-of-pocket expense being the same. Once you have reached your maximum out-of-pocket, all medical expenses are covered at 100%, as long as services are **In-Network**.

There is No Out-of-Network insurance provided, with the exception of emergencies.

This plan will NOT include City Contributions towards a Health Savings Account. However, employees are able to make pre-tax contributions to their own HSA account.

This plan offers a **zero dollar** bi-weekly charge for employee only coverage.

HSA (Health Savings Account) - This plan is for employees and eligible dependent(s) under age 65

On an HSA plan, you need to meet your calendar year deductible first before any co-insurances are applied.

This health plan utilizes the **Blue Choice PPO Network**, through Blue Cross Blue Shield of Texas.

For 2020, the deductible is \$5,000/\$10,000, with the maximum out-of-pocket expense, being the same. Once you have reached your deductible, you will have also met your out-of-pocket maximum and all medical expenses would be covered at 100% thereafter, when services are **In-Network**.

This plan includes City Contributions towards a Health Savings Account (HSA) and those annual contributions are \$600 Individual/\$1,000 Family, depending on elections.

The funds will be deposited into your HSA account in 4 equal amounts (January, April, July and October).

- If you completed Moving Toward Wellness for 2019, you will see a one-time deposit of \$400 (individual) or \$1,000 (family) in January into your HSA account.
- You can contribute additional money, anytime in the year. 100% of unused funds rollover each year.
- It is your own account to use after you leave the City or if you switch plans.

There is No Out-of-Network insurance provided, with the exception of emergencies.

Medical Plans for 2020 (Continued)

EPO (Exclusive Provider Organization) - This plan is for employees age 65 or older in 2020, or employees or dependents receiving any type of Social Security Benefits or Medicaid.

On this plan, co-insurance begins with your first doctor visit. This plan requires a primary care physician to act as the gatekeeper who will provide referrals to specialists.

This health plan utilizes the **Blue Essentials HMO Network**, through Blue Cross Blue Shield of Texas.

For 2020, the calendar year deductible will be \$3,000 individual/\$6,000 family.

There is **No Out-of-Network** insurance provided, with the exception of emergencies.

Referrals for specialists and procedures is required with this plan.

HMO – (Health Maintenance Organization) On a HMO plan there are set **co-pay amounts for services**. This plan requires you to select a primary care physician to act as the gatekeeper who will provide referrals to specialists.

For 2020, the calendar year deductible will be \$1,000/\$2,000, with a max out-of-pocket of \$6,000/\$12,000. A more detailed list is provided on page 20.

This health plan utilizes the **Blue Essentials HMO Network**, through Blue Cross Blue Shield of Texas.

There is **No Out-of-Network** insurance provided with the exception of emergencies.

Referrals for specialists and procedures is required with this plan.

Spousal Surcharge (Applies to all plans)

- An employee must pay a \$40 bi-weekly surcharge if they choose to cover a working spouse, who has the option to elect health coverage through his or her employer, and has declined the coverage. This does not apply to spouses who are not employed, or whose employers do not offer insurance. This also does not apply to the coverage of children.
- There is a spousal coverage insurance question on your Benefit Elections for Online Open Enrollment that all employees are required to answer. If it does not apply to you, please select the “Decline” option.
- **Please note, falsifying the spousal surcharge insurance question may lead to disciplinary action, up to and including termination of employment.**

Vision Benefits

For 2020, the City will continue to offer a vision benefit to all employees, even if you decline health coverage with the City. Coverage is provided at no cost to you. You will also have the option to pay for coverage for your dependents. Rates for dependent coverage are listed below. Vision insurance is a benefit that provides reimbursements and reduced fees for common vision expenses such as exams, lenses, frames and contacts. This is a fully insured benefit through EyeMed.

This vision benefit will provide eye exams for a \$10 co-pay at in-network providers and substantial allowances towards frames or contacts. For those employees who do not wear glasses, you will be able to purchase sunglasses in-network at reduced pricing. No new ID cards will be sent.



2020 Vision Benefit	Bi-weekly Rates
Employee Only	No charge (City paid)
Employee + Spouse	\$2.75
Employee + Children	\$2.98
Employee + Family	\$5.39

Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$10 Co-pay	Up to \$42
Frames (Once every 24 months)	\$0 Co-pay; \$125 allowance; 20% off balance over \$125	Up to \$68
Single Vision Lenses (Once every 12 months) Or Contacts (Once every 12 months)	\$10 Co-pay \$0 Co-pay; \$150 allowance; plus balance over \$150	Up to \$32 Up to \$120

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

	With EyeMed	Without Insurance**
Exam	\$10 Co-pay	Exam \$106
Frame	\$163 -\$125 allowance \$38 -\$7.60 (20% discount off balance) \$30.40	Frame \$163
Lens	\$10 Co-pay \$15 UV treatment add-on +\$0 Scratch coating add-on \$25	Lens \$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
Total	\$65.40	Total \$395

84% SAVINGS with us*

Dental Plans (Continued)

Dental PPO (DPPO) Two separate plans, DPPO and DPPO Enhanced		
This is a summary of benefits for your dental plan. All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.		
	Cigna Dental Choice	Cigna Dental Choice Enhanced
Benefits	In-Network/Out-of-Network	In-Network/Out-of-Network
Calendar Year Maximum		
(Class I, II, and III Expenses)	\$1500, Class I Applies	\$2000, Class I Applies
Calendar Year Deductible		
Per Individual	\$50	\$50
Per Family	\$150	\$150
Class I Expenses - Preventive & Diagnostic Care (two visits per year needed to progress)		
Oral Exams	100%, No Deductible	100%, No Deductible
Cleanings		
Routine X-Rays		
Fluoride Application		
Sealants		
Space Maintainers (limited to non-ortho treatment)		
Class II Expenses - Basic Restorative Care		
Non-Routine X-Rays	Progressive, After Deductible Year 1: 80%, Year 2: 85% Year 3: 90%, Year 4: 95%	Progressive, After Deductible Year 1: 80%, Year 2: 85% Year 3: 90%, Year 4: 95%
Fillings		
Oral Surgery - Simple Extractions		
Surgical Extraction - Impacted Teeth		
Anesthetics		
Class III Expenses - Major Restorative Care		
Major Periodontics	Progressive, After Deductible Year 1: 50%, Year 2: 55% Year 3: 60%, Year 4: 65%	Progressive, After Deductible Year 1: 50%, Year 2: 55% Year 3: 60%, Year 4: 65%
Minor Periodontics		
Root Canal Therapy / Endodontics		
Oral Surgery - All Except Simple Extraction		
Relines, Rebases, and Adjustments		
Repairs - Bridges, Crowns, and Inlays		
Repairs - Dentures		
Crowns / Inlays / Onlays		
Dentures		
Bridges		
Class IV Expenses - Orthodontia		
Coverage for Eligible Children and Adults	50%, No Ortho Deductible	50%, No Ortho Deductible
Lifetime Maximum	\$1,500	\$1,500
Progression	Member benefits progress to the next level by utilizing Class I services	
Member benefits are the same for in and out-of-network. However, members may receive additional savings by using a CIGNA DPPO provider. Visit cigna.com to conduct a provider search.		

2020 Rates for Employees Under 65

2020 Bi-Weekly Rates	HDHP Blue Choice	HSA Blue Choice	HMO Blue Essentials
Employee Only	\$0.00	\$20.00	\$40.00
Employee + Spouse	\$94.60	\$120.00	\$140.00
Employee + Child	\$41.80	\$65.00	\$75.00
Employee + Children	\$56.10	\$80.00	\$98.00
Employee + Family	\$123.20	\$155.00	\$188.00

2020 Rates for Employees Over 65

2020 Bi-Weekly Rates	HDHP Blue Choice	HMO Blue Essentials	EPO Blue Essentials
Employee Only	\$0.00	\$40.00	\$50.00
Employee + Spouse	\$94.60	\$140.00	\$190.00
Employee + Child	\$41.80	\$75.00	\$105.00
Employee + Children	\$56.10	\$98.00	\$122.00
Employee + Family	\$123.20	\$188.00	\$232.00

Medical Plans for 2020 – For Employees Under 65

	HDHP Blue Choice	HSA Blue Choice*	HMO Blue Essentials
PCP/Referrals Required	NO	NO	YES
Out-Of-Network	Not Covered	Not Covered	Not Covered
Network	Blue Choice	Blue Choice	Blue Essentials HMO
City Contribution HSA	\$0	\$600/\$1,000 - \$1,000/\$2,000	\$0
CYD** Individual/Family	\$3,000/\$6,000	\$5,000/\$10,000	\$1,000/\$2,000
Coinsurance	100% after CYD	100% after CYD	100% after CYD and Copay
MOOP*** Individual/Family	\$3,000/\$6,000	\$5,000/\$10,000	\$6,000/\$12,000
Preventive/MEHC Office Visit/MD Live	\$0/\$15/\$20	\$0/\$15/\$20	\$0/\$15/\$20
Primary Care Office Visit w/Lab	100% after CYD	100% after CYD	\$60 Copay CYD Waived
BCBSTX Standalone Clinics	\$75	100% after CYD	\$60 Copay CYD Waived
Specialist Office Visit	100% after CYD	100% after CYD	\$85 Copay CYD Waived
Urgent Care Office Visit	100% after CYD	100% after CYD	\$95 Copay CYD Waived
Routine Imaging	100% after CYD	100% after CYD	\$250 Copay CYD Waived
Advanced Imaging	100% after CYD	100% after CYD	\$500 Copay CYD Waived
Routine Lab (In-Network)	100% after CYD	100% after CYD	\$50 Copay CYD Waived
Outpatient Surgery	100% after CYD	100% after CYD	\$1,500 Copay
Outpatient Diagnostic Testing	100% after CYD	100% after CYD	\$50 Copay
Emergency Room	100% after CYD	100% after CYD	\$300 Copay
In-Patient Hospital Stay	100% after CYD	100% after CYD	\$2,500 Copay
Retail Pharmacy			
Preventive Drug List	\$10 Copay	\$10 Copay	\$10 Copay
Generic	100% after CYD	100% after CYD	No Rx CYD-\$20 Copay
Preferred Brand	100% after CYD	100% after CYD	CYD-then, \$60 Copay
Non-Preferred Brand	100% after CYD	100% after CYD	CYD-then, \$120 Copay
Specialty	100% after CYD	100% after CYD	CYD-then, \$300 Copay
Mail Order Rx	2.5x Retail Copay for 3-Month Supply		

** CYD-Calendar Year Deductible includes Medical and Prescription

***MOOP-Maximum Out-of-Pocket

Dental Benefits

The City's dental plans will remain with CIGNA Dental for 2020, offering both the Dental HMO (DHMO) and the Dental PPO (DPPO). New for 2020, an Enhanced DPPO Plan offering a higher level of coverage on dental benefits will be added.

For the DHMO plan, the copay fee schedule will remain the same. Members of this plan must use a dentist on the CIGNA DMHO network. The fee schedule and plan summary are posted on the City's HR Benefits Open Enrollment web page.

For the DPPO plan, members can use any dentist they choose. For additional savings, members are encouraged to use in-network providers but the benefits are the same for out-of-network providers. Preventive care, considered Class I services, will be covered at 100%. When a member of this plan utilizes Class I services, the Class II and Class III benefits will increase the following year. Please see the schedule on the following page for more information. The DPPO plan summary is also posted on the City's HR Benefits web page.

To review dental providers for DHMO, DPPO and Enhanced DPPO plans, please visit CIGNA.com, or pick up a directory in the HR Benefits Office.

If you are enrolling in the DHMO plan for the first time in 2020 must list the OFC# found in the HMO Directory. Employees previously on the Dental HMO who wish to change dentists for 2020 may do so only by calling 1-800-CIGNA-24.

2020 Dental Bi-weekly Rates	DHMO	DPPO Choice	Enhanced DPPO Choice
Employee Only	\$ 0.0	\$12.74	13.62
Employee + Spouse	\$ 6.16	\$33.79	35.76
Employee + Child	\$ 7.16	\$30.27	32.06
Employee + Family	\$12.49	\$51.34	54.22



Dental HMO (DHMO)	
<ul style="list-style-type: none"> • Must use your elected dentist on the CIGNA Dental HMO provider list. • Visit cigna.com to review the list of DHMO providers. • Refer to plan summary for co-payment of services and orthodontic coverage. 	
Sample of Charges	
Office Visit Fee	\$5
Consultation	No Charge
Periodic Oral Evaluation	No Charge
Restorative (Fillings)	From \$21-\$45
Crown & Bridges	From \$415-\$520
Orthodontics - Maximum benefit of 24 months interceptive and/or comprehensive treatment. Available for children and adults	
Full patient charge schedule is available in the HR Benefits Office and online on the 2020 Open Enrollment website.	

Tobacco Cessation Program

All employees and spouses on a City medical plan will be required to sign an affidavit certifying that they do not use or have not used tobacco/nicotine products within the last 4 months. Current tobacco/nicotine users will see a **\$40/per paycheck tobacco surcharge** on their paychecks beginning the first payroll of 2020, unless they enroll in and complete the City of Mesquite's Tobacco Cessation Program: Tobacco-Free Me. This program provides free visits to the Mesquite Employee Health Center*.

Failure to accurately record any individual's tobacco usage may result in disciplinary action, up to and including termination.

Program participants will be required to provide documentation to the HR Benefits Office by the due date, certifying enrollment and completion of the Blue Cross Blue Shield Tobacco/Nicotine Cessation Program available through the BCBS website (www.bcbstx.com). It is solely the responsibility of the employee to submit proof of completion by the due date to avoid the \$40 surcharge.

If you **are** participating in the City's Wellness Program, the Tobacco Affidavit is located on the bottom of the Wellness Scorecard. If you **are not** participating in the City's Wellness Program, you **WILL** need to complete the tobacco statement at the bottom of the Wellness Scorecard.

Those participating in the Tobacco Cessation program will receive additional details in January regarding the program design and requirements.

*Please note that your free visits to the MEHC will only be tobacco related. Other health issues should be addressed in a separate appointment.

For purposes of the Tobacco Cessation program, "smoke or use of tobacco/nicotine products" means any use of cigarettes, e-cigarettes, vaping devices that contain nicotine products, clove cigarettes, pipes, cigars, all forms of smokeless tobacco and smoking devices that use tobacco/nicotine such as hookahs regardless of the number of times, frequency or method of use.

It is a violation of City policy if an employee purposefully falsifies their Tobacco Affidavit. Any violation of this policy is subject to disciplinary actions.



Medical Plans for 2020 – For Employees over 65 / SSI Benefits

	HDHP Blue Choice	HMO Blue Essentials	EPO Blue Essentials
PCP/Referrals Required	NO	YES	YES
Out-Of-Network	Not Covered	Not Covered	Not Covered
Network	Blue Choice	Blue Essentials HMO	Blue Essentials EPO
City Contribution HSA	\$0	\$0	\$0
CYD** Individual/Family	\$3,000/\$6,000	\$1,000/\$2,000	\$3,000/\$6,000
Coinsurance	100% after CYD	100% after CYD and Co-pay	60% Plan/40% Member
MOOP*** Individual/Family	\$3,000/\$6,000	\$6,000/\$12,000	\$7,000/\$14,000
Preventive/MEHC Office Visit/MD Live	\$0/\$15/\$20	\$0/\$15/\$20	\$0/\$15/\$20
Primary Care Office Visit w/Lab	100% after CYD	\$60 Copay CYD Waived	60% Plan/40% Member
BCBSTX Standalone Clinics	\$75	\$60 Copay CYD Waived	60% Plan/40% Member
Specialist Office Visit	100% after CYD	\$85 Copay CYD Waived	60% Plan/40% Member
Urgent Care Office Visit	100% after CYD	\$95 Copay CYD Waived	60% Plan/40% Member
Routine Imaging	100% after CYD	\$250 Copay CYD Waived	60% Plan/40% Member
Advanced Imaging	100% after CYD	\$500 Copay CYD Waived	60% Plan/40% Member
Routine Lab (In-Network)	100% after CYD	\$50 Copay CYD Waived	60% Plan/40% Member
Outpatient Surgery	100% after CYD	\$1,500 Copay	60% Plan/40% Member
Outpatient Diagnostic Testing	100% after CYD	\$50 Copay	60% Plan/40% Member
Emergency Room	100% after CYD	\$300 Copay	CYD, then 60% Plan/40% Member
In-Patient Hospital Stay	100% after CYD	\$2,500 Copay	60% Plan/40% Member
Retail Pharmacy			
Preventive Drug List	\$10 Copay	\$10 Copay	\$10 Copay
Generic	100% after CYD	No Rx CYD-\$20 Copay	No Generic Rx Deductible-\$10 Copay
Preferred Brand	100% after CYD	CYD-then, \$60 Copay	CYD-then, 40% to \$100
Non-Preferred Brand	100% after CYD	CYD-then, \$120 Copay	CYD-then, 40% to \$200
Specialty	100% after CYD	CYD-then, \$300 Copay	CYD-then, 40% to \$300
Mail Order Rx	2.5x Retail Copay for 3-Month Supply		

** CYD-Calendar Year Deductible includes Medical and Prescription

***MOOP-Maximum Out-of-Pocket

Mesquite Employee Health Clinic (MEHC)

The Mesquite Employee Health Center (MEHC) provides basic primary and minor emergency care, with a focus on wellness and prevention. Physicals, screenings, and referrals are also offered to participants. Orders for lab work received from an MEHC provider or an outside provider can be performed at the MEHC Quest collection site.

Patients are seen by appointment only and the office visit co-pay is increasing for 2020, to **\$15**. There are walk-in hours daily from 7-8:00 am. It is on a first come, first serve basis. Annual physicals do not require a copay. Children ages 2-years-old and up are welcome. Medical ID cards and photo ID must be presented at appointment.

The MEHC pharmacy is staffed by two full-time pharmacists, along with two assistants. Pharmacists will fill prescriptions from any physician. Prescriptions can be called in by your physician or employees can drop off prescriptions during pharmacy hours.

The City of Mesquite and MISD are in a joint partnership of the Mesquite Employee Health Center (MEHC). The MEHC can be utilized by employees and dependents on a City medical plan. The MEHC is located at 300 West Kearney, Mesquite, Texas 75149.

Please be aware that all MEHC staff are trained in the privacy laws and follow the federal requirements. Your personal medical care and prescription history is not shared with anyone outside the MEHC.



MEHC Clinic	MEHC Pharmacy
972.882.7120	972.882.7125
Clinic Hours: Mon-Fri 7am - 5:30pm Walk-in Hours: Mon-Fri	Pharmacy Hours: Mon - Fri 7:30am - 5:30pm
Please note: Patients are seen by appointment only. Minors will not be seen unless parent is present.	Please note: 24-hours notice for prescription refills. Now accepting manufacturer coupons for prescription discounts.

Moving Towards Wellness in 2020

It is the City of Mesquite's intent and goal to help employees be as healthy as possible. To maximize these wellness efforts, it is important that we provide education and instruction on how to make healthy choices, which have a direct and positive impact on your well-being. This is a voluntary program to help you take charge of your personal wellness and productivity potential.

Each employee and spouse, if covered on the HSA medical plan ONLY, will be asked to complete the following 3 step program between January 1, 2020, and November 20, 2020. Those who fully complete all the Moving Toward Wellness Steps will receive additional funds into your HSA account for 2021. Employees who choose not to participate in the program will only be eligible for the basic annual City contribution, if any, for the 2021 plan year.

MTW Steps in 2020

- Complete an annual physical examination with the doctor of your choice.
- Complete ONE age-appropriate health screening, as recommended by your physician (**metabolic screening minimum**).
- Tobacco-users: Complete tobacco cessation requirements.

Moving Toward Wellness Scorecard
 January 1, 2020 - November 20, 2020
 SCORECARD DUE: NOVEMBER 20, 2020

DECLINE EPO HSA
 HDHP HMO

MTW Steps				
Employee Last Name	Employee First Name	Initial	Spouse Name	Department
Annual Physical Exam		Employee Signature		Date of Physical
		Spouse Signature (Employee may sign)		Date of Physical
Age Appropriate Screening <small>(i.e. bloodwork, mammogram, colonoscopy, etc.) Bloodwork must include testing for glucose, triglycerides, HDL, LDL and total cholesterol.</small>		Employee Signature		Date of Screening
		Spouse Signature (Employee may sign)		Date of Screening
Tobacco Affidavit Statement		<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I do not currently smoke or use tobacco products and haven't for the past 4 months, and I am not currently enrolled in the City's Tobacco Cessation program.		
		<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I am a tobacco user and would like to participate in the City's Tobacco Cessation program. (PROOF OF COMPLETION REQUIRED)		
		<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I am a tobacco user and do not want to participate in the City's Tobacco Cessation program, and I understand I will incur a surcharge of \$40 bi-weekly.		
		<input type="checkbox"/> Employee <input type="checkbox"/> Spouse I am currently enrolled in the City's Tobacco Cessation program and wish to continue in the program. (PROOF OF COMPLETION REQUIRED)		
		Employee Signature		Date
		Spouse Signature (Employee may sign)		Date

(See reverse side for instructions)

Preventive Benefit Incentive

Again for 2020, **all** regular full-time employees and their spouses on a City medical plan, are required to obtain a physical exam with lab work in the 2019 calendar year. This includes employees who have declined City insurance and are receiving the \$100/month stipend.

A physical exam from a medical provider should include blood testing for glucose, triglycerides, HDL, LDL, and total cholesterol. The provider will also need to check blood pressure and weight. All other tests completed during your physical, outside of what is required, may be the responsibility of the employee or spouse.

If You Are Enrolled in a Medical Plan

If you do not obtain a physical in 2019, you will incur a \$9.23 per paycheck surcharge. If you are covering a spouse that does not obtain a physical in 2019, you will incur a \$9.23 fee for your spouse per paycheck. These will be reflected on the first employee paycheck of 2020.

If you **are** participating in the City's Wellness Program, the Physical Affidavit is located on the Wellness Scorecard. If you **are not** participating in the City's Wellness Program, you will need to complete a Physical Affidavit, located on the Wellness Scorecard.

If You Are NOT Enrolled in a City Plan

Employees who decline City medical insurance and have not met the above requirements will NOT be eligible to receive the additional \$100/month for declining the City's medical insurance.

Preventive Benefit Incentive Requirements

Employees and spouses should receive a physical exam from an authorized medical provider, either your own physician or at the Mesquite Employee Health Center (MEHC). There is no cost for physicals on the medical plan.



MDLIVE

MDLIVE is a telehealth program, through Blue Cross Blue Shield of Texas, which provides you and your covered dependents access to care for non-emergency medical and behavioral health needs for only a **\$20** co-pay (copay will not go towards your deductible or out-of-pocket max).

Whether you are in the City, a rural area or you are on a weekend camping trip, access to a board-certified MDLIVE doctor is available 24 hours a day/seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. MDLIVE can also be a better alternative than going to the emergency room or urgent care.

MDLIVE doctors can help treat the following and more:

Pediatric Care

- Cold/flu
- Ear infections
- Pink eye

Behavioral Health

- Online counseling
- Child behavior/learning issues

General Health

- Allergies
- Asthma
- Joint aches

Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with an MDLIVE doctor



Connect

Access via phone
24/7



Interact

Real-time consultation
with board-certified doctor



Diagnose

ePrescribe medications
sent to select pharmacy
of your choice (when
appropriate)

MDLIVE®

Compass Professional Health Services

Compass Professional Health Services was established in 2005 with the mission to help employers and individuals lower their healthcare costs, while maintaining or improving the quality. Compass employees and leadership bring unparalleled expertise in price transparency and patient advocacy. This experience uniquely positions Compass as a leader in healthcare consumerism. Compass services return control to the patient in a way that benefits the entire healthcare system. Better care, lower costs, happier patients – members who use Compass see the difference.

No matter how complex or simple, we all have healthcare needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times. But you're in luck, you have a Compass. The City of Mesquite has hired Compass Professional Health Services to serve as your personal healthcare advisor.



Their mission is to help you understand and reap the full benefits from your healthcare plans. Here is just a sampling of the services Compass provides:

- Unlimited access to a healthcare expert
- Assistance in finding a Primary Care Physician in-network with your BCBS plan
- Unbiased doctor recommendations
- Hospital cost and quality information
- Straight answers about your benefits
- Bill reconciliation
- Insider information on saving money
- Complete advisor for your healthcare

Compass is available to ALL members on a City medical or dental plan.

Advantages to a Health Saving Account

When you enroll on the City's HSA Plan, the City will set up an HSA account for you at HSA Bank. If this is your first time on the HSA medical plan, it is advisable you sign up for an online account at www.hsabank.com to view your account balance. You will receive your VISA/debit card prior to January 1. Current members will continue to use the same cards previously issued to you.



2020 Maximum Annual Contribution Amounts

- \$3,550 Individual
- \$7,100 Family

Individual Coverage **\$3,550**

**\$2,950 after City's \$600 contribution without Wellness (\$113.46 bi-weekly max)

**\$2,550 after City's \$600 contribution & \$400 Wellness (\$98.07 bi-weekly max)

Family Coverage **\$7,100**

**\$6,100 after City's \$1,000 contribution without Wellness (\$234.61 bi-weekly max)

**\$5,100 after City's \$1,000 contribution & \$1,000 Wellness (\$196.15 bi-weekly max)

Age 55+ Catch-up amount **\$1,000**

YOU WILL RECEIVE YOUR ANNUAL CITY CONTRIBUTION IN FOUR EQUAL DEPOSITS

- January 1 - \$150 (Individual), \$250 (Family)
- April 1 - \$150 (Individual), \$250 (Family)
- July 1 - \$150 (Individual), \$250 (Family)
- October 1 - \$150 (Individual), \$250 (Family)

IF YOU COMPLETED MOVING TOWARDS WELLNESS IN 2019, YOU WILL SEE A ONE-TIME DEPOSIT OF \$400 (INDIVIDUAL) OR \$1,000 (FAMILY) INTO YOUR HSA ACCOUNT ON OR ABOUT JANUARY 1, 2020.

Tax Advantages - Contributions are pre-tax, distributions for eligible expenses are tax-free and earnings grow tax-deferred.

Funds Rollover Annually - There is no "use it or lose it" philosophy. If you don't use it, save it for next year.

You Own the Account - Even if your HSA-compatible coverage ends, you can still use your HSA funds tax-free for eligible expenses.

Additional contributions are 100% voluntary and amounts can be changed any time in the HR Benefits Office.