

2015 BENEFIT GUIDE

October 1, 2015
EMPLOYEE BENEFITS



City of Maryville

Welcome to your



Dear Valued Employees:

At the City of Maryville, our employees are an integral part of our continued success.

We recognize the importance of your family's financial security, which is why we feel it is our responsibility to offer you a complete employee benefits package. To achieve our goal of meeting your needs and expectations we invest many hours each year evaluating our benefits plan.

The benefits plan we offer includes: Health Insurance, Dental Insurance, Vision Insurance, Voluntary Plans, Life Insurance, Voluntary Life, and Flexible Spending Accounts.

This booklet is designed to be an outline of our benefit plans. If you have any questions regarding these plans, please contact management.

I hope you find these benefits useful and will participate in them to the fullest extent possible. If you have any questions regarding these plans, please contact Gallagher Benefit Services at (316) 977-9779.

Sincerely,

Greg McDanel

The City of Maryville provides a wide range of employee benefits for you and your dependents and encourages you to thoroughly evaluate your needs and the needs of your family before enrolling or declining to participate in any of the benefit plans. This Benefit Guide contains an overview of some elements of the employee benefit plans sponsored by City of Maryville.

This Guide is intended to provide a summary of the main features of our benefits package. It is much shorter and less technical than the legal documents and contracts that govern our benefits. We have made every effort to make sure the information in this Guide is accurate; however, in the case of any discrepancy, the provisions of the legal plan documents and insurance certificates will govern. Each plan may be amended or terminated at the sole discretion of the City of Maryville. Nothing in this guide is intended to guarantee employment of any employee with the City of Maryville.

If you do not enroll at your first opportunity, you may only be able to enroll during an annual open enrollment period or during a special enrollment period. Since your premiums are paid through a Section 125 Plan, you will not be able to terminate coverage until the next open enrollment period, unless you terminate employment or have a qualified Election Change Event. If you have questions, contact Gallagher Benefit Services at (316) 977-9779.

2015 Benefit Guide



What's New in 2015

- In plan year 2015-2016, you will be still be allowed to carry over up to \$500 of your unused health FSA balance from plan year 2014-2015
- Your maximum contribution for flex will increase from \$2,500 to \$2,550 for plan year 2015-2016.

Who is Eligible?

Employee - All active full time employees working 30 or more hours per week are eligible to enroll in the group medical insurance plan. New employees are eligible the first of the month following date of hire.

Dependents- As an employee eligible to enroll in the group insurance plans, you may elect certain options for your dependents. Eligible dependents include:

- Your legal spouse;
- Your dependent child or step child up to age 26 for medical, dental and vision;
- Any child placed with you for adoption or for whom you have legal guardianship;
- Any unmarried, disabled child of any age who resides with you, medically certified as disabled prior to his/her 26th birthday and primarily dependent upon you for support;
- Any eligible child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order.

Qualifying Life Events

After your initial eligibility date and other than the annual open enrollment period, you may only change your benefit election and covered dependents within 31 days following a Qualifying Life Event including:

- Birth or adoption of a dependent child;
- Marriage, legal separation, annulment, or divorce;
- Death of spouse and/or dependent;
- Dependent's loss of eligibility (see above);
- Termination or commencement of spouse's employment with health care coverage offered or open enrollment;
- Employee or spouse's eligibility for Medicare.



Open Enrollment

Open Enrollment is the one time during the year employees may elect to enroll, change how enrolled or waive coverage without a qualifying life event. The Open Enrollment Period occurs during August 14, 2015 through August 28, 2015. Your benefit elections will be effective October 1, 2015. Medical deductibles will remain on a calendar year basis January 1st - December 31st.

Medical Plan Information

Important Information

The City of Maryville pays 100 % of the employee premium and 70% of the family premium for the medical plan. New employees are eligible the 1st of the month following date of hire.

We offer a medical plan insured by United Healthcare. We want to help you understand more about your health care and the resources that are available to you.

Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor, hospital and much more at: www.myuhc.com

A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.

Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.



To find contracting providers:

1. On the internet, go to: www.myuhc.com
2. Click on "Physician & Facilities Tab" or "Find a Doctor"
3. Click on "Find a Provider"
4. Search for a doctor by name, facility, specialty, condition or any of the other available filter options.

Glossary of Insurance Terms

Copay or Copayment is an amount you pay for a specific covered medical service such as office visits, emergency room visits and prescription drugs. Copays are usually collected by the provider when you receive service.

Deductible is the amount you pay 100% before the insurance company begins to pay.

Coinsurance is the shared payment by you and the insurance company after your deductible is satisfied.

Out-of-pocket Limit is the total amount you pay for covered services including the deductible, coinsurance and copayments.

Contracting Providers contract with the insurance company's Preferred Provider Organization (PPO) and agree to accept a discounted payment for their services. The contracting provider agrees not to bill you for the difference between their normal fee and the discounted payment.

Non-contracting Providers do not contract with the insurance company. Non-contracting providers do not offer discounted fees and will probably bill you for the difference between the non-contracting provider's fee and the insurance company's "allowed" amount. This amount can be significant. The insurance company also requires you to pay more coinsurance for services received from a non-contracting provider.

Medical Plans



	\$500 Deductible Plan		
PCP Office Visits	\$25 copay then 100% \$0 for dependents under age 19		
Specialist Office Visits	Designated Network: \$25 copay per visit Network - \$50 copay then 100% per visit		
Deductible - per calendar year	\$500 per person \$1,000 per family		
Maternity Services	Designated Network: \$25 copay per visit Network - \$50 copay for initial visit then 100% for subsequent visits		
Preventive Services	Covered at 100% as required by Health Care Reform		
Emergency Services Urgent Care Center Hospital ER Ambulance	\$75 copay then 100% \$250 copay then coinsurance Deductible and coinsurance		
Hospital Inpatient Services	Deductible and coinsurance		
Maximum Out-Of-Pocket - per calendar year (includes deductible, copays and coinsurance)	\$3,500 per person \$7,000 per family		
Coinsurance - per calendar year	UHC pays 80% of the allowed amounts after deductible		
In Patient/Outpatient Lab Services	Paid at 100%		
Benefit Period	Calendar Year		
Outpatient Services MRI, CT & PT Scans Diabetic Equipment and Supplies	Deductible and coinsurance Deductible and coinsurance		
Prescription Drugs <i>30 day supply</i> Tier 1 Tier 2 Tier 3	\$ 10 Copay then 100% \$ 35 Copay then 100% \$ 60 Copay then 100%		
Mail Order <i>90 day supply</i> Tier 1 Tier 2 Tier 3	\$ 25 Copay then 100% \$ 87.50 Copay then 100% \$ 150 Copay then 100%		
Payroll Deductions Employee Only Family	Monthly Premium \$552.96 \$1,455.30	Per Payroll Deduction \$0.00 \$135.35	Monthly Deduction \$0.00 \$270.70

Generic vs. Brand Name Rx

What are Generic Drugs? A generic drug is the same as a brand-name drug in: dosage, safety, strength, quality, the way it works, the way it is taken, and the way it should be used.

Are Generic Drugs as safe as Brand-name Drugs? Yes. The FDA says that all drugs must work well and be safe. Generic drugs use the same active ingredients as brand-name drugs and work the same way. So they have the same risks and benefits as the brand-name drugs.

Are Generic Drugs as strong as Brand-Name Drugs? Yes. FDA requires generic drugs must be as: high quality, strong, pure, and stable as brand-name drugs.

Are Brand-Name Drugs made in better factories than Generic Drugs? No. All factories must meet the same high standards. If the factories do not meet certain standards, the FDA won't allow them to make drugs.

If Brand-Name Drugs and Generic Drugs have the same active ingredients, why do they look different? In the United States, trademark laws do not allow generic drugs to look exactly like the brand-name drug. However, the generic drug must have the same active ingredients. Colors, flavors, and certain other parts may be different. But these things don't affect the way the drug works and they are looked at by FDA.



Does every Brand-Name Drug have a Generic Drug? No. When new drugs are first made they have drug patents. Most drug patents are protected for 17 years. The patent protects the company that made the drug first. The patent doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling the generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Do Generic Drugs take longer to work in the body? No. Generic drugs work in the same way and in the same amount of time as brand-name drugs.

Why are Generic Drugs less expensive? Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less. But they must show that their product performs in the same way as the brand-name drug. All generic drugs are approved by FDA. Your medication guide should be kept with you and up to date. List your prescription and over-the-counter medicines as well as your dietary supplements. Also include any vitamins and herbal remedies you take.



What is the best source of information about Generic Drugs? Contact your doctor, pharmacist or other healthcare worker for information on your generic drugs. For more information, you can also visit the FDA website at: www.fda.gov/cder and click on "Consumer Education".

Dental Plan

The City of Maryville offers Dental Insurance through Principal Financial. New employees are eligible the first of the month following date of hire.

The City of Maryville pays 100% of the employee premium and 70% of the family premium.

The Principal Financial dental program includes all of the following coverages.

You can look up contracting dentist by visiting:

www.Principal.com



Maximum	\$1,000.00 per person per calendar year.		
Preventive	No Deductible – 100% Payment Routine Exams (two per calendar year) Emergency Exams (subject to Routine Exam frequency limit) Teeth cleaning (two per calendar year) Fluoride treatments (one every calendar year for dependent children un age 14) Full mouth/Panoramic x-rays (one every 60 months) Sealants – on 1st and 2nd permanent molars, once every 36 months for dependent children under age 16		
Deductible	\$25 per person per calendar year \$75 maximum per family per calendar year		
Basic Services	After Deductible - 80% Payment Simple Oral surgery Complex Oral Surgery (includes extraction of impacted teeth) Endodontics (root canal therapy) Fillings Periodontal Prophy (covered if 3 months following active periodontal treatment. Subject to teeth cleaning frequency limit) Non-surgical Periodontics, including scaling and root planning (once every 24 months per quadrant)		
Major Services	After Deductible - 50% Payment Surgical Periodontics (once every 36 months per quadrant) Inlays, onlays, and crowns, including replacement (covered only if at least 60 months have elapsed since last placement). Bridgework, including replacement (covered once per 60 months)		
Orthodontics	No coverage		
Dependents	Covered up to age 26 (no full time student status required).		
Payroll Deductions	Monthly Premium	Per Payroll Deduction	Monthly Deduction
Employee Only	\$ 24.91	\$0.00	\$ 0.00
Family	\$74.12	\$7.38	\$14.76

Ways to Save

- Use Principal Financial contracting dentists to receive the most benefit from your dental plan.
- Protect your teeth – brush and floss at least once per day.
- Avoid surprises by obtaining a pre-treatment estimate before receiving dental work.
- Get an oral exam and have your teeth cleaned every six months. It is paid 100% at Principal Financial contracting dentists – up to your \$1,000 calendar year benefit.



**Employee
Paid Benefit**

Vision Plan

The vision plan is voluntary and is paid 100% by the employee.

MATERIALS	IN NETWORK	OUT OF NETWORK	FREQUENCY
Frames, Lens & Options Package: Any frame, lens & lens options Available at provider locations	\$ 200 Allowance for frame, lens & lens op- tions, 20% off balance over \$200	\$200	Per Calendar Year
Contact Lens: (in lieu of frames, lens & options package)	\$200 Allowance	\$200	Per Calendar Year
Dependent Eligibility	Dependents eligible up to age 26 (no full time student status required)		

All services are available once every calendar year, not date of service.

	<u>Monthly Premium</u>	<u>Per Payroll Deduction</u>
Employee Only	\$ 8.22	\$ 4.11
Employee + Spouse	\$17.28	\$ 8.64
Employee + Child(ren)	\$14.81	\$ 7.41
Family	\$27.68	\$13.84



Basic Life AD&D Insurance

The City of Maryville provides all active, full time employees with Group Life and Accidental Death and Dismemberment (AD&D) insurance upon the first of the month following date of hire and pays the full cost of this benefit.

**Employer
Paid Benefit**

Employees	Class 2: Department Heads Class 3: Supervisors Class 4: All Other Eligible Employees
Life Insurance AD&D	Class 2: \$50,000 Class 3: \$35,000 Class 4: \$15,000
Dependent Life	
Spouse	\$ 5,000
Child 0 days to 6 months	\$ 1,000
Child 6 months and older	\$ 2,000



Children covered up to 19 years of age (26 if full time student)

Voluntary Life AD&D Insurance

**Employee
Paid Benefit**

The voluntary life insurance plan is available to all active employees regularly working at least 40 hours per week are eligible the first of the month following date of hire. These plans are voluntary and are paid 100% by the employee.

Employee Coverage - Up to \$500,000 Guaranteed

The voluntary life insurance plan allows each employee the option to purchase additional life insurance coverage.

- Coverage is available in \$1,000 increments
- Up to a maximum of 5 times your annual salary

Spouse Coverage - Up to \$25,000 Guaranteed

Coverage for spouses is also available if the employee enrolls in the voluntary life insurance plan. The spouse coverage is available in \$1,000 increments to \$500,000, or up to 100% of employee's amount.

Children Coverage - \$5,000 or \$10,000 not exceed 100% of employee's amount

Coverage for children is also available if the employee enrolls in the voluntary life insurance plan. The children coverage is available in \$5,000 increments to \$10,000, or up to 100% of employee's amount.

Unmarried dependent children are covered up to age 19 and full-time students are covered up to age 26. Dependent children coverage is only available if the employee is insured for voluntary life insurance coverage.

***Employees may increase their voluntary life insurance amount to the guaranteed issue amount of \$100,000 each year at open enrollment without answering medical questions.**

Monthly Rates per \$1,000

Age Bands	Employee NonTobacco	Employee Tobacco	Spouse	Children
	Per \$1,000	Per \$1,000	Per \$1,000	
Age 15-24	\$0.088	\$0.148	\$0.088	\$1.00 per \$5,000 *Unlimited Number Per Family Unit
Age 25-29	\$0.088	\$0.148	\$0.088	
Age 30-34	\$0.107	\$0.188	\$0.107	
Age 35-39	\$0.137	\$0.250	\$0.137	
Age 40-44	\$0.199	\$0.368	\$0.199	
Age 45-49	\$0.325	\$0.610	\$0.325	
Age 50-54	\$0.514	\$0.972	\$0.514	
Age 55-59	\$0.891	\$1.651	\$0.891	
Age 60-64	\$1.414	\$2.453	\$1.414	
Age 65-69	\$2.619	\$4.317	\$2.619	
Age 70-74	\$5.739	\$8.328	\$5.739	
Age 75+	\$5.739	\$8.328	\$5.739	

*This is my reason.
What is yours?*



Employee and spouses rates are calculated using the employee's current age on effective date of the plan. Rates adjusted once per year on the plan anniversary date. Rates include AD&D.



Flex Spending Accounts

Employees are eligible for Flexible Spending Accounts first of the month following date of hire.

The Flexible Spending Account Plan allows you to convert a portion of your taxable income into a non-taxable employee benefit. Since you pay for these items before taxes, your take-home pay increases because federal and state income tax, FICA and Medicare tax are not deducted from your paycheck.

Premiums Savings Plan allows you to pay your share of eligible insurance premiums with “tax-free” dollars. You save money because the taxes are not paid on the amount of your insurance premiums.

Flex Spending Account allows you to pay for eligible health expenses with “tax-free” dollars. You never pay taxes on earnings you convert to this “tax-free” benefit. You estimate the amount of eligible health expenses you and your dependents will likely incur from January 1st through December 31st each year.

You determine how much you would like to convert to a non-taxable benefit up to \$2,550 per year. Eligible health expenses must be incurred from January 1st through December 31st each year. The expenses your health insurance plan does not pay like copays, the deductible and coinsurance are eligible along with dental and vision expenses. A list of some of the eligible expenses is shown on this page.



Dependent Care Account allows you to be reimbursed for dependent care expenses with “tax-free” dollars. The maximum you may convert is \$5,000 per plan year.

Eligible expenses include wages paid to a daycare provider for services during regular working hours. Babysitting costs for social events are not eligible.

Debit Card allows you to pay for eligible expenses directly from your Flex Spending Account. Your transactions post online instantly, eliminating the hassle of claim forms and reimbursement checks, and in most cases, the need to submit receipts.



Wealth Management

Flex Accounts are spending accounts NOT savings accounts. You will be allowed to carry up to \$500 of your unused FSA balance from plan year 2014-2015. You cannot change or stop how much you are depositing during the year, unless you have a qualifying event:

- Termination of employment
- Child no longer eligible
- Change of marital status
- Death of a dependent
- Spouse changes jobs
- Birth or adoption of a child

Qualifying Healthcare Expenses

Acupuncture	Lactation Expenses
Alcoholism	Lead-Based Paint Removal
Ambulance	Learning Disability
Annual Physical Exam	Lifetime Care Payments
Artificial Limb	Long-Term Care
Artificial Teeth	Medical Information Plan
Bandages	Nursing Home
Birth Control Pills	Nursing Services
Body Scan	Optometrist
Braille Books & Magazines	Organ Donors
Breast Pumps & Supplies	Osteopath
Breast Reconstruction	Oxygen
Capital Expenses	Physical Examination
Car (special hand controls)	Pregnancy Test Kit
Chiropractor	Prescription Medicines
Christian Science (Practitioner)	Prosthesis
Contact Lenses	Psychiatric Care
Crutches	Psychoanalysis
Dental Treatment	Psychologist
Diagnostic Devices	Sterilization
Disabled Dependent Care	Stop-Smoking Programs
Drug Addiction	Surgery
Eyeglasses	Telephone (Hearing Impaired)
Eye Surgery	Therapy
Fertility Enhancement	Transportation (Medical)
Guide Dog	Vasectomy
Hearing Aids	Vision Correction Surgery
Home Care	Weight Loss (Program Fees)
Home Improvements	Wheelchair
Hospital Services	Wig (Hair Lost Due to Disease)
Laboratory Fees	X-ray

Healthcare Expenses NOT Allowed

Baby Sitting	Maternity Clothes
Cosmetic Surgery	Medicine (from Outside U.S.)
Dancing Lessons	Nonprescription Medicines
Diaper Service	Nutritional Supplements
Electrolysis or Hair Removal	Personal Use Items
Funeral Expenses	Swimming Lessons
Future Medical Care	Teeth Whitening
Hair Transplant	Veterinary Fees
Health Club Dues	Weight-Loss Program Food
Household Help	

Flex Spending Accounts

Flexible Spending Account Worksheet

Estimate your out-of-pocket medical costs per year

Health insurance deductibles (not paid by insurance)	\$ _____	
Co-insurance (not paid by insurance)	\$ _____	
Co-pays (Office Visits and Rx not paid by insurance)	\$ _____	
Glasses, contacts, contact solution	\$ _____	
Wheelchair, crutches, medical appliances	\$ _____	
Medical supplies	\$ _____	
Mileage related to medical care	\$ _____	
Other items	\$ _____	
Total out-of-pocket medical expenses per year		\$ _____

Estimate your out-of-pocket dental costs per year:

Examinations and cleanings, x-rays, etc.	\$ _____	
Braces and retainers, fillings, etc.	\$ _____	
Orthodontic, implants, inlays, other	\$ _____	
Total out-of-pocket dental expenses per year		\$ _____

Estimate your out-of-pocket vision costs per year:

Lenses, frames	\$ _____	
Contact lenses	\$ _____	
Total out-of-pocket vision costs per year:		\$ _____

Total Health Care Expenses (maximum of \$2,550 per plan year) \$ _____

Total Daycare Expenses (\$5,000 maximum per plan year) \$ _____





Voluntary Plans

The City of Maryville is continuing on making the following Aflac insurance policies available to its employees. These plans pay benefits directly to you regardless of other insurance coverage. These plans are voluntary and are paid 100% by the employee.



Accident - For a covered accident, Aflac policyholders receive cash benefits for use as they



Hospital Indemnity - This policy helps with the non-covered expenses of a hospital stay.



Short Term Disability - This policy provides a source of income in case of illness or injury it helps maintain your standard of living and helps you pay your bills.



Cancer/Specified-Disease - Aflac's cancer/specified-disease insurance policies are designated to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.

Aflac for The City of Maryville Employees

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays cash benefits to the policyholder, unless otherwise assigned, to use as he or she sees it fit.
- Aflac benefits can help with unexpected expenses.
- Aflac offers competitive rates
- Aflac processes claims quickly - usually within four days
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.



For more information contact:

Ryan Lager : (816) 898-4131
ryan_lager@us.aflac.clom
Claims/Forms: (816) 420-8944 Ext. 165
Fax: (816) 420-8855

Retirement & Investments

International City Management Association Retirement Corporation (ICMA-RC)

Eligibility

All active, full time employees regularly working at least 40 hours per week are eligible to enroll any time after date of hire.

Description

Optional retirement investment plans allow employees to select individualized contribution amounts and investment options.

Plan Offerings

- 457B deferred compensation - if an employee invests at least 2% of salary, the City will match up to 2% of salary. Contributions are pre-tax.
- Roth IRA - payments set-up through payroll deductions
- Traditional IRA - payment set-up through payroll deduction.

Retirement Age

- 60 Years

Please see the HR Manager for an enrollment packet.

Mike Howard, Retirement Plans Specialists

ICMA-RC Services, LLC
777 North Capitol Street, NE
Washington, DC 20002-4240
Toll Free: 1-888-883-8650
Client Services 1-800-669-7400
Fax: 816-228-9801
email: mhoward@icmarc.org
<http://www.icmarc.org>



Missouri Local Government Employees Retirement System (LAGERS)

Eligibility

All active, full-time employees working at least 1500 hours per year will be enrolled after 6 months of employment. Must be employed 5 years to become vested and eligible to receive benefits.

Description

A non-profit pension system that provides retirement, disability, and survivor benefits to Missouri's local government employees using a defined benefit formula for determining member benefits

Defined Benefit Calculation

Benefit Factor (1.7%) x Final Avg Salary (last 3 years) x Years of Service Credit = Monthly Benefit.

Retirement Age

- 60 years of general employees and 55 years for police & fire employees.

LAGERS

701 W. Main Street
Jefferson City, MO 65102
Telephone: 1-800-447-4334
Fax: 573-636-9671
Email: info@molagers.org
www.molagers.org



Other Benefits

Paid Leave

The city provides all full-time and regular part-time employees with paid holiday leave for the following holidays.

- * New Year's Day
- * Martin Luther King Jr. Day
- * President's Day
- * Memorial Day
- * Independence Day
- * Labor Day
- * Veteran's Day
- * Thanksgiving Day & Day after
- * Christmas Eve & Christmas Day

Sick

The City provides all full-time employees with paid sick leave at 4 hours per pay period. Employees can earn up to 720 hours of leave time.

Compensation Time

Employees can earn compensation leave time in lieu of overtime to be used at a later date. Employees can carry a balance of up to 80 hours per year.

Paid Absences

The City allows a variety of paid leave including the employee's birthday and funeral leave. See handbook for more details.

Vacation

The City provides all full-time and regular part-time employees with paid vacation based on the schedule below.

Years of Service	Days Accrued per Year	Max Carry Over per Calendar Year
1-5 years	12 days (3.7 hrs/paycheck)	144 hrs
6-9 years	14 days (4.4 hrs/paycheck)	168 hrs
10-15 years	16 days (5.0 hrs/paycheck)	192 hrs
16-19 years	18 days (5.6 hrs/paycheck)	216 hrs
20+ years	20 days (6.2 hrs/paycheck)	240 hrs
1 yr Part-time	5 days (1.54 hrs/paycheck)	40 hrs

Longevity

The City provides Longevity Pay to recognize employees' years of continuous loyal service. All full-time employees with three or more years of service as of December 15th are eligible for longevity pay. Longevity pay will be equal to \$2.00 for every month employed full-time with the City.

Clothing Allowance

An annual \$200 clothing allowance is provided to non-exempt, full-time employees working in maintenance and clerical positions. Part-time employees regularly working 20 or more hours a week year round will receive an annual allowance of \$100.

Education Assistance Program

Tuition reimbursement is available to full-time employees who are pursuing educational advancement specifically related to their occupation with the City. Reimbursements are limited to \$3,000 per year and are subject to budgetary restraints. A 2 year service agreement is also required. Please see HR Manager for specific details regarding this benefit.

Wellness

In an effort to encourage a healthy lifestyle and promote the physical and mental well being of our full-time staff members, the City has provided the following benefits. Please see the HR Manager for more details and enrollment procedures.

- * Free Pool Pass at Maryville Aquatic Center
- * Discounted Family Pool Pass at Maryville Aquatic Center
- * Free Recreation Pass at Maryville Community Center
- * Discounted Annual Family Combo Passes to MCC & MAC
- * Free Green Fees at Mozingo Lake Golf Course
- * Free RV & Tent Camping at Mozingo Lake Recreation Park
- * Free Boat Pass to Mozingo Lake

Notices

Woman's Health and Cancer Notice

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;
- Prostheses; 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. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices.

Newborn's Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA - PRIVACY

City of Maryville provides health care benefits and related benefits to its eligible employees and their eligible dependents. By so doing, it creates, receives, uses, and maintains health information about plan participants which is protected by federal law (PHI).

Gallagher Benefit Services, its staff, and related service providers or vendors will employ in complying with the Privacy regulations surrounding Personal Health Information (PHI) set forth by the Health Insurance Portability and Accountability Act. (HIPAA) PHI is both the medical information and individually identifiable information of the clients and employees we serve. In the provision of our business services we will receive, create, and accumulate PHI. The purpose of these Privacy Practices, as defined and set forth by HIPAA, is to "safeguard" and properly maintain an individual's PHI.

Summary of Cobra Benefits

A temporary extension of health benefits may be available in certain instances when coverage under the plan would otherwise end. Please refer to the General Notice previously provided to review your rights and obligations under the continuation of coverage provisions of the law.

Qualifying Event	Qualified Beneficiary	Months
Employee terminates employment or hours reduced.	Employee and all covered dependents.	18
Employee becomes disabled	Employee and all covered dependents.	29
Employee becomes eligible for Medicare due to age while on COBRA.	All covered dependents.	36
The employee's death.	All covered dependents.	36
Divorce or legal separation.	All covered dependents.	36
Dependent child no longer qualifies as a dependent (e.g., reaches the maximum dependent age).	Dependent child upon reaching the maximum dependent age.	36

Notices

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2015. You should contact your State for further information on eligibility.

ALABAMA – Medicaid Website: http://www.myalhipp.com Phone: 1-855-692-5447	KANSAS – Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884
ALASKA – Medicaid Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
COLORADO – Medicaid Medicaid Website: http://www.colorado.gov/ Medicaid Customer Contact Center: 1-800-221-3943	LOUISIANA – Medicaid Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447
FLORIDA – Medicaid Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268	MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofl/public-assistance/index.html Phone: 1-800-977-6740 TTY: 1-800-977-6741
GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then HIPP Phone: 1-800-869-1150	MASSACHUSETTS – Medicaid and CHIP Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120
INDIANA – Medicaid Website: http://www.in.gov/fssa Phone: 1-800-889-9949	MINNESOTA – Medicaid Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739
IOWA – Medicaid Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then HIPP Phone: 1-800-869-1150	LOUISIANA – Medicaid Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447

Notices

MONTANA – Medicaid Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	RHODE ISLAND – Medicaid Website: www.ohhs.ri.gov Phone: 401-462-5300
NEBRASKA – Medicaid Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	TEXAS – Medicaid Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	UTAH – Medicaid and CHIP Website: http://health.utah.gov/upp Phone: 1-866-435-7414
NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	VERMONT – Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100	VIRGINIA – Medicaid and CHIP Medicaid Phone: 1-800-432-5924 CHIP: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	WASHINGTON – Medicaid Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	WEST VIRGINIA – Medicaid Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
OREGON – Medicaid Website: http://www.oregonhealthykids.gov http://www.hjossaludablesoregon.gov Phone: 1-800-699-9075	WISCONSIN – Medicaid and CHIP Website: http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
PENNSYLVANIA – Medicaid Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	WYOMING – Medicaid Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa or 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov or 1-877-267-2323, Ext. 61565

Contact Information

 <p>Arthur J. Gallagher & Co.</p>	<p>Your Benefit Advocate Arthur J. Gallagher & Co. 8110 E 32nd St. N, Suite 100 Wichita , Kansas 67226</p>	<p>Phone: (316) 977-9779 Fax: (316) 685-5520 E-mail: Wichita.GBS.Info@ajg.com Web: www.ajg.com</p>
	<p>Medical Insurance Plan United Healthcare 9900 W 109th St, Suite 200 Overland Park, Kansas 66210</p>	<p>Phone: (866) 633.2446 Web: www.myuhc.com</p>
	<p>Dental Insurance Plan Principal Life Insurance Company Des Moines, IA 50392-0001</p>	<p>Phone: (800) 247-4695 Web: www.principal.com</p>
	<p>Vision Insurance Plan Surency Life and Health, Inc. Post Office Box 789773 Wichita, Kansas 67278-9773</p>	<p>Phone: (866) 818-8805 E-mail: moreinfo@surency.com Web: www.surency.com</p>
	<p>Cafeteria Plan (FSA) Citizens Bank & Trust 105 N Main St, PO Box 800 Maryville, MO 6446</p>	<p>Phone: (660) 582-2171 Fax: (660) 582-6595 Email: qualified_plans@cbcfamily.com Web: www.ebankcibt.com</p>
	<p>Basic Life & Voluntary Life AD&D Insurance Plan Unum/Kansas City William Degen</p>	<p>Phone: (913) 982-2309 E-mail: wdegen@unum.com Web: www.unum.com</p>
	<p>Voluntary Plans Ryan Lager 2301 Burlington St., Ste 223 North Kansas City, Mo 64116</p>	<p>Phone: (816) 898-4131 Fax: (816) 420-8944 Claims: (816) 420-8855 Ext. 165 E-mail: ryan_lager@us.aflac.com Web: www.aflac.com</p>
	<p>Retirement Plans & Investments ICMA 777 North Capitol Street, NE Washington, DC 20002-4240</p>	<p>Phone: (888) 883-8650 Client Services: (800) 669-7400 E-mail: mhoward@icmarcl.org Web: www.icmarc.org</p>
	<p>Retirement Plans & Investments LAGERS 701 W Main Street Jefferson City, MO 65102</p>	<p>Phone: (800) 447-4334 Fax: (573) 636-9671 E-mail: info@molagers.org Web: www.molagers.org</p>
	<p>Human Resources Manager Amy Strough 415 N Market/ P.O Box 438 Maryville, Mo 64468</p>	<p>Phone: (660) 562-8002 Fax: (660) 562-8022 E-mail: astrough@maryville.org Web: www.maryville.org</p>



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