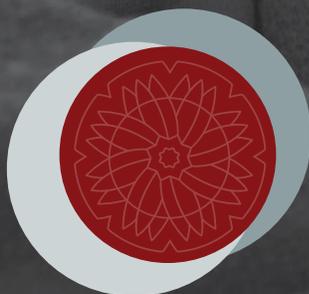


# RETIREE BENEFITS GUIDE

# 2016



**GARLAND**

## Benefit Phone Number and Website Information

Service/Plan	Company	Phone Number	Website
To access benefit information and to locate forms	City of Garland	Visit website	<a href="http://www.hrconnection.com">http://www.hrconnection.com</a> user name – cogretiree password - Garland1
CityCare Clinic	City of Garland	972-205-3727	N/A
Blue Cross Blue Shield Plans (for pre-65 retirees and/or dependents)	Blue Cross Blue Shield	1-800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
Prime Therapeutics (Prescription Drug Plan)	Prime Therapeutics	1-877-357-7463, option 3	N/A
Hartford Medicare Surround Health Plan (Medicare eligible retirees and/or dependents)	Hartford	1-800-236-4782	<a href="http://www.webtpa.com">www.webtpa.com</a>
Express Scripts Medicare Surround Pharmacy Only	Express Scripts	1-800-236-4782	<a href="http://www.webtpa.com">www.webtpa.com</a>
Dental Plans Customer Service	Guardian Dental	1-800-541-7846, option 1	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Dental Plans Claims Services	Guardian Dental	1-800-541-7846, option 1	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Vision Plan	VSP	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Medicare Hotline	Medicare	1-800-633-4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
Texas Municipal Retirement System	TMRS	1-800-924-8677	<a href="http://www.tmrs.org">www.tmrs.org</a>
Retiree Billing	CAPROCK/Verity National	1-800-840-3977 x138	N/A

For benefit questions, please contact:

**Esmeralda Arellano**

HR Benefits Coordinator

PO Box 469002

Garland, TX 75046-9002

972-205-3840 tel

972-205-3625 fax

[earellan@garlandtx.gov](mailto:earellan@garlandtx.gov)

**Karrah Hernandez**

Wellness & Benefits Coordinator

PO Box 469002

Garland, TX 75046-9002

972-205-3846 tel

972-205-2706 fax

[Khernandez@garlandtx.gov](mailto:Khernandez@garlandtx.gov)

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The City of Garland is pleased to provide you with this booklet that contains important information about your 2016 Benefits Program. Your participation in the program can help safeguard your financial interests and take care of your health care needs.

Please read this information carefully and take time to fill out the enclosed 2016 Retiree Benefits Enrollment form. The deadline for returning your form to the City of Garland HR Department is **Friday, November 20, 2015**.

**This guide provides a brief description of the City of Garland’s benefit plans. The official plan documents govern the terms and conditions of each plan and will control in the event of any discrepancy between the information in this guide and the official plan documents. The City of Garland retains the right to change, modify, interpret or cancel any plan—in whole or in part—without advance notice and at its sole discretion. The Plan Document is available at [www.hrconnection.com](http://www.hrconnection.com) (username: cogretiree password: Garland1).**

# The Affordable Care Act (“ACA”)

Updates to the Affordable Act (also known as national health care reform) will impact the City of Garland Group Medical Plan. Here are some of the effects the law will continue to have on you and the City in the future.

## For Members

- There continues to be no annual or lifetime cap on the benefits that the plan will pay. In the past there was an annual maximum of \$1 million and lifetime maximum of \$2 million
- There are no exclusions for pre-existing conditions.
- Eligible dependents who have not reached their 26<sup>th</sup> birthday can be covered on the plan regardless of their student status.
- Preventive benefits have been expanded and the plan continues to provide these benefits with no deductible, coinsurance, or copay.
- Doctor office copays, deductibles and coinsurance costs you pay will continue to office copays and deductibles do not accrue to your out-of-pocket maximum.
- Beginning January 1, 2016, prescription drug copays will also apply to your out-of-pocket maximum amount.

## For The City

- Patient-Centered Outcomes Research Institute (PCORI) – the City is required to pay the federal government for each employee, retiree, spouse, dependent child or grandchild \$2.44 per person per year to fund this research
- Transitional Research Fee (to help exchanges offset the cost of covering pre-existing conditions) – the City is required to pay the federal government for each employee, retiree, spouse, dependent child or grandchild \$44 per person per year to fund this research
- The City will be required to pay out over \$250,000 in fees annually to continue offering group health insurance to employees, retirees, and dependents.

# Eligibility and Enrollment

## Eligible Retirees

You are eligible to participate in the City of Garland's retiree benefits program if you:

- Are a retired employee of the City,
- Meet the Texas Municipal Retirement System (TMRS) criteria for receiving a monthly retirement check (see [www.tmr.org](http://www.tmr.org) for details), and
- **Elect coverage at the time of retirement and maintain continuous, uninterrupted coverage.**

### Important Reminder

If you drop medical coverage at any time after you retire, you will not be able to re-enroll in the future, except within 30 days of your 65<sup>th</sup> birthday, when you become eligible for Medicare.

## Open Enrollment—Make Your Elections for 2016

Open Enrollment begins **November 1, 2015** and ends on **November 20, 2015**. Please take time to review this guide and determine which benefit plans and options best meet your needs. Then, complete the 2016 Retiree Benefits Enrollment form and return it to the City of Garland HR Department at the address shown on the inside front cover of this guide. **All retirees must complete and return an Enrollment form annually. If you fail to return a 2016 enrollment form, your current elections will automatically renew at the 2016 rates and benefits.**

## Eligible Dependents

The following dependents are also eligible to participate, if you enroll them for coverage **at the time you retire**:

- Your spouse, as defined and recognized by Texas state laws
- Dependent child, children, or grandchildren under age 26, who are:
  - Your biological children,
  - Legally adopted or placed with you pending formal adoption,
  - Your stepchildren, or
  - Grandchildren for whom you are the legal guardian.

After you make your initial benefits election at the time of retirement, **you can add dependents (with proof of dependency) only if:**

- You are the retired employee and get married and contact the City of Garland HR Department within 30 days of the marriage to add your new spouse, or
- A court decree orders the City of Garland to insure your eligible children or grandchildren.

### Retiree Billing

CAPROCK/Verity National will continue to administer retiree billing and drafting. For questions or concerns, please contact them by:

Phone: 1-800-840-3977 x138

Mail: PO Box 1885, San Antonio, TX 78297

Email: [CityofGarland@VerityNational.com](mailto:CityofGarland@VerityNational.com)

# Action Required When You or Your Spouse Becomes Eligible for Medicare

Thirty days before your 65th birthday, your spouse’s 65th birthday, or when the person becomes Medicare eligible through disability, you need to:

1. Enroll in **Medicare Part A and Part B only** (visit [www.medicare.gov](http://www.medicare.gov) for details). **Do NOT sign up for Medicare Part D. The Hartford will automatically enroll you in Part D of Medicare for prescription drug benefits. (See page 12.)**
2. Contact CAPROCK/Verity National at 1-800-840-3977, extension 138. Tell the service representative that you or your spouse will be turning 65. Your rates on your medical coverage may be reduced. **IMPORTANT:** You must make the call before the first of the month in which the individual will turn 65. For example, if you or your spouse will turn 65 on September 25, you must contact CAPROCK/Verity National before September 1.
3. Provide the City of Garland HR Department with a copy of your Medicare ID card.

**Important Note:** If you are the primary insured (retiree of City of Garland) and you become eligible for Medicare, but your spouse is not yet 65, you will receive a new Hartford medical ID card and Blue Cross Blue Shield (BCBS) will terminate your policy. However, your spouse will continue to be covered under the Blue Cross Blue Shield plan and will receive a NEW medical ID card in the mail. **The ID card for the old policy will no longer work in a provider’s office or pharmacy. You must use the new ID card.**

## Plans Available to Pre- and Post-65 Retirees and Eligible Dependents

The table below shows the plan options in which you and your eligible dependents can enroll. Descriptions of each option are found on pages 6-16, with information on monthly premiums on page 5.

	Pre-65 Retiree and/or Eligible Dependent(s)	Medicare Eligible Retiree and/or Eligible Dependent(s)
<b>Medical</b>	BCBS Blue Choice BASE or BCBS Blue Choice PREMIUM	Hartford Medicare Surround Plan
<b>Dental</b>	Guardian Scheduled Plan Guardian Basic Plan Guardian Premium Plan	
<b>Vision</b>	VSP Vision Plan (retiree and spouse only)	

# Required Monthly Rates for 2016

## 2016 Medical

### Non-Medicare Eligible Pre-65 Retiree/Dependents

	BCBS Blue Choice BASE (formerly Plus Plan)	BCBS Blue Choice PREMIUM (formerly Core Plan)
Retiree only	\$479.81	\$637.55
Retiree + Child(ren)	\$755.65	\$1,046.15
Retiree + Spouse	\$835.56	\$1,124.27
Retiree + Family	\$1,211.30	\$1,754.66

### Medicare Eligible Post-65 Retiree/Spouse with Dependent Children

	The Hartford Medicare Surround	Medicare Surround and BCBS Blue Choice BASE	Medicare Surround and BCBS Blue Choice PREMIUM
Retiree only	\$195.00	n/a	n/a
Retiree + Child(ren)	n/a	\$686.98	\$873.66
Retiree + Spouse	\$426.00	n/a	n/a
Retiree + Family	n/a	\$777.03	\$963.71

### One Pre-65 and One Medicare Eligible Post-65 Retiree/Spouse (With or Without Dependents Under Age 26)

	Medicare Surround and BCBS Blue Choice BASE	Medicare Surround and BCBS Blue Choice PREMIUM
Retiree + Spouse	\$616.88	\$774.62
Retiree + Family	\$839.96	\$1,130.46

## 2016 Dental

	Scheduled Dental	Basic Dental	Premium Dental
Retiree Only	\$22.00	\$34.00	\$45.00
Retiree + Family	\$48.00	\$75.00	\$99.00

## 2016 Vision

Retiree Only	\$11
Retiree + Spouse	\$18

# 2016 Medical Plan Options Pre-65 Retirees and Dependents (Non-Medicare Eligible)

## Medical Plan

The retiree medical plan for pre-65 retirees and/or their dependents is administered by Blue Cross Blue Shield (BCBS) and utilizes the nationwide BCBS Blue Choice and/or the Blue Options network. You can use any doctor, lab or hospital you choose. However, when you use in-network providers, the plan pays a larger percentage of the cost of your care, so you save money. If you choose out-of-network providers, the plan pays a smaller percentage of the cost.

Eligible retirees and dependents under age 65 can choose either the BCBS Blue Choice BASE option or the BCBS Blue Choice PREMIUM option.

**It is the responsibility of each participant (not your doctor) to verify a provider's network affiliation with the BCBS Blue Choice and/or Blue Options plan prior to the utilization of any medical treatment or services.**

Note: Individuals who have been approved for pre-65 retiree disability Medicare must enroll in the Medicare Surround Plan; see page 11.

To view the summary of benefits, log on to [www.HRconnection.com](http://www.HRconnection.com).

Then, follow these steps to find the summaries:

- Click on “Benefits”, then “Plan Information”, then “Medical” and “View Plan Details” of your BCBS medical option. Then click on the “Plan Document” tab.

### Helpful Hint: Out-of-Pocket Maximum

With both the Blue Choice BASE and PREMIUM options, the medical plan will begin to pay 100% of eligible charges for the rest of the calendar year once you reach the annual out-of-pocket maximum(s). These amounts are different for each option, as shown in the chart on page 7.

# 2016 Benefit Comparisons (Pre-65 Retirees and/or Dependents)

## Plan Provisions

The table below shows highlights of how the two options work. For complete plan provisions, visit [www.HRconnection.com](http://www.HRconnection.com).

	BCBS Blue Choice BASE (formerly Plus Plan)		BCBS Blue Choice PREMIUM (formerly Core Plan)	
<b>Annual Deductible*</b>				
<b>In-Network</b>				
Individual	\$2,250		\$1,250	
Family	\$4,500		\$2,500	
<b>Out-of-Network</b>				
Individual	\$4,500		\$2,500	
Family	\$9,000		\$5,000	
<b>Annual Out-of-Pocket Maximum*</b>				
<b>In-Network</b>				
Individual	\$6,350		\$6,350	
Family	\$12,700		\$12,700	
<b>Out-of-Network</b>				
Individual	\$12,700		\$12,700	
Family	\$25,400		\$25,400	
<b>Co-Pays*</b>	<b>Blue Options Provider:</b>	<b>Blue Choice Providers:</b>	<b>Blue Options Provider:</b>	<b>Blue Choice Providers:</b>
<b>Preventive Care</b>	\$0	\$0	\$0	\$0
<b>Primary Care Physician</b>	\$40	\$45	\$35	\$40
<b>Specialist</b>	\$60	\$65	\$55	\$60
<b>Urgent Care</b>	\$100		\$100	
<b>Emergency Room</b>	\$500 copay + 20% of charges		\$500 copay + 20% of charges	
<b>Coinsurance* (What you pay after you meet deductible)</b>	<b>Blue Distinction Facility</b>	<b>Non-Blue Distinction Facility</b>	<b>Blue Distinction Facility</b>	<b>Non-Blue Distinction Facility</b>
<b>In-Network</b>	10%	20%	10%	20%
<b>Out-of-Network</b>	40%		40%	

\*The amounts shown here are the amounts you will pay when you receive care.

Special note: Chiropractic visits are limited to 24 visits per year, subject to the specialist visit co-pay.

## Blue Distinction providers have been recognized for their expertise in delivering specialty care

### Helpful Hint: Network Providers

To see if your doctor, specialist, or hospital is affiliated with the BCBS Blue Choice network, visit [www.bcbstx.com](http://www.bcbstx.com), or call this toll-free number: 1-800-521-2227. Provider affiliation may change; we recommend checking before each medical visit to be sure your provider still participates in the network. And remember, you'll receive the highest level of coverage and save money if you use in-network providers.



# Choosing the Right Care for You and Your Family

Tiered Benefit Product for Members

**Blue Distinction® Center**  
Hospitals recognized for their expertise in delivering specialty care.

**Blue Distinction® Center +**  
Hospitals recognized for their expertise and efficiency in delivering specialty care.



Blue Distinction Centers (BDCs) have demonstrated expertise in delivering clinically proven specialty health care. The goal is to help you find consistent specialty care, while encouraging health care professionals to improve the overall quality and delivery of care nationwide.

BDCs for the following specialty health care services are available:

- **Blue Distinction® Centers for Bariatric Surgery** – Provide inpatient care, post-operative care, follow-up and patient education.
- **Blue Distinction® Centers for Cardiac Care** – Provide inpatient cardiac care, cardiac rehabilitation, cardiac catheterization and cardiac surgery.
- **Blue Distinction® Centers for Transplants** – Provide transplant services that may include global pricing, financial savings analysis and global claims administration and support services.
- **Blue Distinction® Centers for Complex and Rare Cancers** – Provide inpatient cancer care programs for adults, including treating complex and rare subtypes of cancer. Care is delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise, focused on treatment planning and complex, major surgical treatments.
- **Blue Distinction® Centers for Knee and Hip Replacement** – Provide inpatient knee and hip replacement surgeries and services.
- **Blue Distinction® Centers for Spine Surgery** – Provide inpatient spine surgery services, including discectomy, fusion and decompression procedures.

# 2016 Prescription Drug Plan

## (Non-Medicare Eligible Pre-65 Retirees and/or Dependents)

Both Blue Choice options offer coverage for approved prescription drugs. Your cost depends on the drug category:

- **Generic:** A lower cost, chemically equivalent version of a brand-name drug
- **Preferred Brand Name:** A brand-name medication found on the BCBS formulary (for a list of BCBS formulary medications, go to [www.bcbstx.com](http://www.bcbstx.com))
- **Non-Preferred Brand Name:** A brand-name not found on the BCBS formulary.

### Pharmacy Program Changes in 2016

#### New Drug Class Exclusions for 2016

There are two classes of medications that will no longer be covered under the BCBS pharmacy formulary. Both of these drug classes have numerous medication options that are now available over-the-counter and can be obtained without a prescription.

These drug classifications are:

1. Non-Sedating Antihistamines (NSA) - generally utilized to treatments allergies and allergy symptoms Examples: Claritin, Zyrtec, and Allegra
2. Proton Pump Inhibitors (PPIs) - generally utilized to treat indigestion and acid reflux Examples: Nexium, Prilosec, and Prevacid

#### New limitations for 2016

1. In compliance with FDA recommendations, dispensing limits will be placed on lifestyle medications
2. Compound prescriptions will only be available for dependent children age 12 and under

#### Short-Term Prescriptions (30-Day Supply)

For short-term prescriptions, you can purchase up to a 30-day supply through your local pharmacy that is part of the BCBS Prime Rx network. Visit [www.bcbstx.com](http://www.bcbstx.com) or call 1-800-521-2227 to see if your pharmacy is in the network. Below are some network pharmacies in Garland, Rowlett, and Sachse. Check the BCBS website for additional providers.

#### National Chains

- CVS Pharmacy
- Kroger Pharmacy
- Sack N Save Pharmacy
- Sam's Pharmacy
- Sav-On Pharmacy at Albertsons
- Target Pharmacy
- Tom Thumb Pharmacy
- Walgreens Pharmacy
- Wal-Mart Pharmacy

#### Important Note About Brand-Name Prescriptions

If you fill a prescription with a brand-name drug when a generic is available, you will pay the difference in cost between the brand-name and generic, PLUS the applicable preferred generic copay amount.

# 2016 Prescription Drug Plan

## (Non-Medicare Eligible Pre-65 Retirees and/or Dependents)

### Long-Term Prescriptions (90-Day Supply)

For ongoing “maintenance” drugs (those used for treating chronic conditions like high cholesterol, epilepsy or diabetes), you can save money by getting a 90-day supply through the PrimeMail Home Delivery Pharmacy Program or from your local network retail pharmacy.

To order prescriptions through the PrimeMail Pharmacy service, call 1-877-357-7463, select Option 3, and talk with a service representative.

Once your prescription is authorized, PrimeMail’s licensed pharmacists process the order and send it to you.

Mail order delivery typically takes between 10 and 14 days to arrive.

### Your Cost for Prescription Drugs

The table below shows what you pay for each prescription. There is a \$100 per member annual deductible for non-generic prescriptions for the Retail 30-Day or Retail 90-Day supplies. There is no deductible for any Mail Order prescriptions. To make the most of your benefits and pay the lowest amount out of your pocket, ask your doctor to prescribe generics.

#### Important Note About Brand-Name Prescriptions

If you fill a prescription with a brand-name drug when a generic is available, you will pay the difference in cost between the brand-name and generic, PLUS the applicable preferred generic copay amount.

	30-Day Supply (Retail)	90-Day Supply (Retail)	90-day Supply (Mail Order)
<b>Annual Deductible</b>	\$100 per member per year on non-generic drugs only		Annual deductible on mail order applies to non-preferred medications only
<b>Generic</b>	\$10	\$25	\$20
<b>Preferred Brand Name</b>	\$45	\$112.50	\$90
<b>Non-Preferred Brand Name</b>	\$90	\$225	\$180
<b>Brand Name with Generic Equivalent</b>	\$10, plus difference in cost between brand and generic	\$25, plus difference in cost between brand and generic	\$20, plus difference in cost between brand and generic
<b>Specialty Prescription Drug Benefits</b>	\$200 copay		

# Benefits That Will Save You Money (\$\$\$)

## Applicable for Pre-65 Retirees Only

### 1. \$4 Generic Rx

The \$4.00 prescription program is available at participating pharmacies at Kroger, Target, Tom Thumb, and Wal-Mart. The program is available to any and all persons with eligible listed prescriptions. There is no need to provide proof of insurance to receive the benefits of the \$4.00 Prescription co-pay.

For a complete listing of the \$4.00 covered prescription programs, please visit the following websites at:

- Kroger Pharmacy:  
www.kroger.com/pharmacy
- Target Pharmacy: www.target.com/pharmacy
- Tom Thumb Pharmacy:  
www.tomthumb.com/pharmacy
- Wal-Mart Pharmacy:  
www.walmart.com/pharmacy

Note: In participating in the program, not only are you saving money on your co-pays but you are saving the City of Garland money.

### 2. BLUE OPTIONS PROVIDERS

Did you know you could save \$5 on your



BlueCross BlueShield of Texas

Primary Care and/or Specialist office visit copay when you voluntarily elect to go to a Blue Options provider?

To find a participating **Blue Options** provider, please visit [www.bcbstx.com](http://www.bcbstx.com):

1. Click on “Provider Finder.”
2. Select Blue Options as your Network Type.
  - a. Search by Provider Type, Provider Name, and/or location
3. Select a Provider with **TWO\*** blue flags in the Blue Compare column beside their name.

Cannot find the necessary provider in the Blue Options Network? The City of Garland utilizes BCBS’s largest PPO network called the Blue Choice Network and you only pay a copay for most services you receive from providers in this network.

To find a participating Blue Choice provider, please visit [www.bcbstx.com](http://www.bcbstx.com):

1. Click on “Provider Finder.”
2. Select the Blue Choice PPO Plan as your Network Type.
  - a. Search by Provider Type, Provider Name, and/or location

\* Only providers with TWO blue flags qualify for the \$5 discount. If they have one or no flag, they are not eligible for the discount. A Blue Options provider has provided additional necessary documentation showing they meet or exceed expected quality related and cost efficiency performance compared to other doctors.

# 2016 Medical Plan for Medicare-Eligible Participants

## Medical Plan - Medicare Eligible

The medical plan offers coverage that helps you and your eligible dependents maintain your good health, or pay for care when you are ill or injured.

Eligible retiree and dependents have one enrollment option: the Hartford Medicare Surround Plan. (This plan is also the only option for retirees who have been approved for pre-65 retiree disability Medicare.) Once you reach age 65, Medicare will become your primary coverage and Hartford will be secondary.

This plan does not use a network, but pays benefits to any doctor, lab or hospital that accepts Medicare. You don't have to pay any deductibles; Hartford will cover both Medicare Part A and Part B deductibles for you. The plan also pays 100% of the Medicare-approved medical expenses not paid by Medicare. Expenses that are not considered medically necessary and are considered elective procedures will not be covered.

## Look for Your ID Card

If you are a new enrollee, Hartford will mail you a medical ID card to your home in late December.

### Reminder: Call Before You Go

Because the Hartford Medicare Surround Plan only pays benefits to providers who accept Medicare, it's important to call and ask a doctor's office or facility before you receive services. This ensures that any covered services you receive will be reimbursed by Medicare.



## GROUP RETIREE INSURANCE PLAN (GRIP)

SPONSORED BY: CITY OF GARLAND

### SUMMARY OF COVERAGE

UNDERWRITTEN BY: HARTFORD LIFE & ACCIDENT INSURANCE COMPANY

#### PART A SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION</b>			
Semi-private room and board, general nursing, and miscellaneous services and supplies:			
First 60 days	All but \$1,260	\$1,260	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$315 per day	\$315 per day	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day • (60 day Lifetime Reserve Period)	All but \$630 per day	\$630 per day	\$0
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime.	\$0	100%	\$0
<b>SKILLED NURSING FACILITY CARE</b>			
Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirements, which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:			
First 20 days	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$157.50 per day	Up to \$157.50 per day	\$0

## GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPICE CARE</b>			
Pain relief, symptom management and support services for terminally ill.			
As long as Physician certifies the need.	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	<b>All other charges</b>
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expenses</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	100%	<b>\$0</b>
Additional amounts	100%	\$0	<b>\$0</b>

### PART B SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>OUT-PATIENT MEDICAL EXPENSES - In or Out of the Hospital and Out-Patient Hospital Treatment</b> , such as Physician's services, In-Patient and Out-Patient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment:			
Medicare Part B Deductible	\$0	\$147	<b>\$0</b>
First \$147 of Medicare-approved amounts.			
Remainder of Medicare-approved amounts.	80%	100%	<b>\$0</b>
Clinical Laboratory services, blood tests, urinalysis and more.	100%	\$0	<b>\$0</b>
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge.	\$0	100%	<b>0%</b>

## GROUP RETIREE INSURANCE PLAN – SUMMARY OF COVERAGE

### ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS</b>			
Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.			
“Welcome to Medicare” Physical Exam -within first 12 months of Part B enrollment	100%	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0
Vaccinations	100%	\$0	\$0
Breast Cancer Screening - Mammogram once per year; - Breast exam once every 2 years, or once per year if at high risk	100%	\$0	\$0
Colon Cancer Screening - Fecal occult blood test once per year; - Colonoscopy once every 10 years, or every two years if high risk - Barium enema once every 4 years, or once every 2 years if at high risk	100% for Fecal Occult Blood Test and Colonoscopy	\$0	\$0
	80% after deductible for Barium Enema	100%	\$0
Cervical Cancer Screening - Pap Smear and Pelvic exam once every 2 years, or once per year if high risk	100%	\$0	\$0
Prostate Cancer Screening - PSA Test once per year - Digital Rectal exam once per year	100% for PSA Test	\$0	\$0
	80% after deductible for Digital Rectal exam	100%	\$0
Ovarian Cancer Surveillance Tests -once per year if at high risk	80% after deductible	100%	\$0

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL EMERGENCY</b>			
Medically necessary emergency care services.			
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$50,000).	<b>\$250 Deductible and then 20% of expenses incurred</b> (to a lifetime maximum of \$50,000, 100% thereafter).

The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies is Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This brochure/presentation explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this brochure and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

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# 2016 Prescription Plan for Medicare-Eligible Participants

## Prescription Drug Plan

Retirees and dependents age 65 or older who enroll in the Hartford Medicare Surround Plan are automatically enrolled by Hartford in Medicare Part D and will receive prescription drug coverage through the Hartford Medicare Rx Plan. Please do not enroll yourself in any other Part D programs. If you previously enrolled in Medicare Part D, Hartford will automatically have your current prescription plan dropped and re-enroll you into the Hartford Medicare Rx plan.

## Short-Term Prescriptions (30-Day Supply)

For short-term prescriptions, you can purchase up to a 30-day supply through your local pharmacy that is part of the Hartford network. See page 8 for a list of local network pharmacies in Garland, Rowlett, and Sachse. To see if your pharmacy is part of Hartford's network, call 1-800-236-4782.

## Long-Term Prescriptions (90-Day Supply)

For ongoing "maintenance" drugs (those used for treating chronic conditions like high cholesterol, epilepsy or diabetes), you can save money by getting a 90-day supply from a local Hartford network retail pharmacy. Because the 90-day co-pay is only twice the amount of the 30-day co-pay, you save a third of the cost!

## Your Cost for Prescription Drugs

The table below shows what you pay for each prescription. The Hartford Medicare Rx Plan covers the cost of all Medicare Part D deductibles. All medications you fill through this plan are subject to Hartford's Medicare formulary. Hartford covers all Part D deductibles, so you only pay the amounts shown below for each prescription.

	30-Day Supply (Retail)	90-day Supply (Retail)
<b>Annual Deductible</b>	Express Scripts covers all Part D deductibles	
<b>Generic (Medicare Part D Tier 1)</b>	\$10	\$20
<b>Preferred Brand Name (Tier 2)</b>	\$30	\$60
<b>Non-Preferred Brand Name and High Cost (Tiers 3 and 4)</b>	\$60	\$120

## 2016 Dental Plan Benefits

The Guardian Life Insurance Company of America is the administrator of the City's Dental benefits. They offer quality coverage at affordable group rates, superior claims and customer service, as well as resources to understand and get the most out of your benefits. Below are highlights of the Guardian benefits provided by The City of Garland.

Guardian Dental Customer Service: 1-800-541-7846, option 1

Guardian Claims Service: 1-800-541-7846, option 1

Guardian Dental Website: [www.guardiananytime.com](http://www.guardiananytime.com)

	Scheduled	Basic	Premium
Calendar Year Deductible			
<b>Individual</b>	\$50	\$75	\$50
<b>Family limit</b>	\$150	\$225	\$150
Calendar Year Maximum Benefit (Per Covered Member)	\$1,500	\$1,000	\$1,500
Maximum Rollover	No	Yes	No
<b>Type 1</b>			
Preventive / Diagnostic Benefits	Refer to Schedule on <a href="http://www.hrconnection.com">www.hrconnection.com</a>	100% - deductible waived	100% - deductible waived
<b>Type 2</b>			
Basic Benefits	Refer to Schedule on <a href="http://www.hrconnection.com">www.hrconnection.com</a>	50% after deductible	80% after deductible
<b>Type 3</b>			
Major Benefits	Refer to Schedule on <a href="http://www.hrconnection.com">www.hrconnection.com</a>	50% after deductible	60% after deductible
Orthodontia (Adult and Child)	50% after deductible \$1,250 lifetime max	50% after deductible \$1,250 lifetime max	50% after deductible \$1,250 lifetime max

### Sample Procedure Listing (Current Dental Terminology © American Dental Association)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mount / Panoramic X-rays (1 in 36 months)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Sealants</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Relines</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> <li>• Fillings</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns* (1 in 5 years per tooth)</li> <li>• Crown Repair*</li> <li>• Implants</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> <li>• Denture repairs and adjustments</li> </ul>

\* If posterior crowns are needed, porcelain materials are not covered as they are considered cosmetic. Amalgam crowns are covered on posterior teeth.

# 2016 Dental Plan Benefits

Guardian Dental Customer Service:	1-800-541-7846, option 1
Guardian Claims Service:	1-800-541-7846, option 1
Guardian Dental Website:	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>

## Find a Dental Provider

City of Garland belongs to the Guardian PPO network – **Dental Guard Preferred**. You may call 1-800-541-7846 or go online to find the contracted network providers who are most convenient for you.

1. Under Resources, Select “Find a Provider” (far right)
2. Select “Find a Dentist”
3. Select your dental plan “PPO”
4. Choose to search by location or search for a specific dentist or practice and enter your search criteria
  - If searching by location: enter your ZIP code or address and if desired, enter your preference on radius, provider specialty and/or language spoken.
  - Select your dental network – “**Dental Guard Preferred**”, hit “continue”
5. You will receive a list of providers to select from and will be able to download at your convenience.

Within the website, there is a form where you can nominate a dentist to become part of the network. Simply click on the “Nominate your Provider” tab and complete the information. Once completed, click on the “submit” button and it will be transferred to the appropriate dental recruiter for that area.

## Online Access – Guardian Anytime – Member portal

**Once you receive your id card**, you will have access through our online member portal Guardian Anytime. With online access, you are able to find a provider, review benefit information, and have availability to discounts on certain products and services.

Go to [www.guardiananytime.com](http://www.guardiananytime.com)

1. Select the “Register Now” button (far right)
2. Under “User Role” select the “member” button, read Member Disclosure Statement at the bottom and click on “I agree”
3. Create your profile. **You will need your id card when completing this portion.**
4. You will receive online confirmation of registration with a link that directs you to Guardian Anytime.

### Pre-Treatment Authorization

While we don’t require a pre-treatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it’s best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pre-treatment estimate to Guardian. We’ll inform both you and your dentist of the amount your insurance will cover and the amount that you will be responsible for. That way, you can help minimize surprises once the work has been completed.

### Basic Plan Carryover from 2015

If you submitted at least one dental claim in 2015 and your total paid claims for the year were under \$500, you may be eligible to roll over \$250, which will be added to your calendar year maximum for 2016.

## 2016 Vision Plan Benefits

If you elect vision benefits, coverage includes eye exams, contacts and eyeglass lenses and frames. You'll also get discounts on special features such as scratch-resistant lenses and laser eye surgery.

When you need eye care services, you may choose whether or not to use a network provider that has contracted with VSP. You receive a higher benefit when you use a network provider. If you use an out-of-network provider, you will pay in full at the time you receive care and submit your receipts to VSP to receive the appropriate reimbursement.

For participating providers in other areas, log on to [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195.

Please be advised that this program is a paperless plan, therefore, no ID cards are required or provided. To use this benefit, you will provide your vision provider with the name of the insurance carrier and the online systems will verify your coverage for you.

Covered Services:	VSP Signature Provider Network:
<b>Exams</b> (Once Every 12 Months)	\$10 copay
<b>Materials</b> (Once Every 12 Months)	\$25 copay
<b>Frames</b> (Once Every 12 months)	<ul style="list-style-type: none"> <li>• Frame of your choice covered up to \$120</li> <li>• Plus, 20% of any out-of-pocket costs</li> </ul>
<b>Pair of Lenses</b> (Once Every 12 months)	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, lined trifocal lenses and tints covered in full</li> <li>• \$25 copay</li> </ul>
<b>Contact Lens Care</b> (Once Every 12 months)	<p>When you choose contacts instead of glasses, your \$120 allowance for frames applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.</p> <p>Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or by going online to <a href="http://www.vsp.com">www.vsp.com</a>.</p>
<b>Out-of-Network Reimbursement Amounts</b>	<p>Exam—up to \$45</p> <p>Lenses:</p> <ul style="list-style-type: none"> <li>• Single Vision—up to \$45</li> <li>• Lined Bifocal—up to \$65</li> <li>• Lined Trifocal—up to \$85</li> <li>• Tints—up to \$5</li> <li>• Frame—up to \$47</li> <li>• Contacts—up to \$105</li> </ul>
<b>Extra Discounts and Savings</b>	<ul style="list-style-type: none"> <li>• Laser Vision Correction Discounts</li> <li>• Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives</li> <li>• Up to 20% savings on additional prescription glasses and sunglasses</li> <li>• 15% off cost of contact lens exam (fitting and evaluation)</li> </ul>

## 2016 Vision Plan Benefits

### Locate VSP Providers

It's simple to locate and make an appointment with a VSP provider. Just follow these steps:

1. Find a VSP network doctor at [vsp.com](http://vsp.com) or call 1-800-877-7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

A list of some of the VSP providers in the Garland area is shown below.

VSP Providers in Garland: Name and Address	Phone (area code 972) , unless otherwise indicated
<b>Soby Abraham, OD</b> , 3121 N. George Bush Hwy., Suite 101	495-7772
<b>Justin K. Barnett, OD</b> , 5120 Hwy 78, Suite 700	530-2020
<b>Michael J. Bollish, OD</b> , 6850 N. Shiloh Rd, Suite T	414-0444
<b>Lance M. Chong, OD</b> , 2930 S. 1 <sup>st</sup> St.	278-0154
<b>Robert E. Day, Jr., OD</b> , 3034 Broadway Blvd.	278-2121
<b>Glenn G. DeShaw, OD</b> , 2636 W. Walnut St., Suite 200	485-0700
<b>Clifton E. Dewey, OD</b> , 424 N. Jupiter Rd.	487-2020
<b>Reyna A. Hernandez, OD</b> , 3385 Naaman School Rd.	495-3997
<b>Stephen T. Khong, OD</b> , 3575C W. Walnut St.	272-9455
<b>Steven T. Le, OD</b> , 5001 Ben Davis Rd.	675-9626
<b>D. L. Morgan, OD</b> , 1456 Belt Line Road, Suite 129	214-227-4342
<b>Samantha N. Naidoo, OD</b> , 3121 N. George Bush Hwy., Suite 101	495-7772
<b>Kimberly Nguyen, OD</b> , 3575C W. Walnut St.	272-9455
<b>Mark A. Ruiz, OD</b> , 1821 Old Mill Run	494-2020
<b>Craig E. Schacherer, OD</b> , 303 S. Highway 78, Suite 203	442-2020
<b>Elliot Stendig, OD</b> , 1821 Old Mill Run	494-2020
<b>Michael J. Stewart, OD</b> , 401 W. Centerville Rd., Suite 6	840-8998
<b>Lorraine C. Suder, OD</b> , 6850 N. Shiloh Rd., Suite T	414-0444
<b>Bradley J. Wemhoener, OD</b> , 3046 Lavon Dr., Suite 130	495-8998

# Important Notices:

## Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) requires that mastectomy patients be provided additional benefits for breast reconstruction, surgery and reconstruction of the other breast to produce symmetry. Coverage should also be provided for prostheses and treatment of physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

## Newborn's and Mother's Health Protection Act (NMHPA)

The Newborn's and Mother's Health Protection Act (NMHPA) restricts limiting the length of a hospital stay in connection with childbirth for a mother or newborn child to less than 48 hours (or 96 hours for a cesarean delivery). The law does not prohibit earlier discharge if the mother and her attending physician are in agreement that an earlier discharge is appropriate. In addition, authorization of the hospital stay cannot be required for stays of 48 hours or less (or 96 hours) nor are early discharge incentives allowed. Hospital stays begin at delivery or upon hospital admission (whichever is later).

## Medicaid & The Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employers, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums. If you or your dependants 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 **1-877KIDS-NOW** or [www.insurekidsnow.gov](http://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, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. CHIP is available in every state. Each state designs its own CHIP program, however, all states cover routine check-ups, immunizations, hospital care and lab and x-ray services. You should contact your State for further information on -eligibility.

## 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 Plan • Dental Plan • FSA

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 earlier 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.

## Coverage After Termination

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."

## 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.

### 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](http://www.healthcare.gov).

**If your coverage is cancelled due to non-payment of premiums, COBRA will not be offered.**

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under 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](http://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](http://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.

## 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 will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will not be able to get this coverage back (including those who enroll in Medigap).

### 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 and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than

the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information about This Notice or Your Current Prescription Drug Coverage

For further information contact BCBSTX at 1-800-521-2227 regarding your pharmacy plan. NOTE: You'll get this notice each year before you can join a Medicare drug plan. You may also view this notice on the Benefit First website.

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

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

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the —Medicare & You— handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048.

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

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

### 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.

### Summary of Benefit Coverage (SBC)

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: [www.smartben.com](http://www.smartben.com).

A paper copy is also available, free of charge, by calling the Human Resources Department.  
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 Garland 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 Garland may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. The City of Garland 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 in the Human Resources Department listed below.

#### **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 Garland 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 Garland correct the existing information or add the missing information. You have the right to request that the City of Garland restrict the use and disclosure, then the City of Garland 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 Garland and are not required to explain why you want the alternative means of communication.

#### **Privacy Complaints**

If you are concerned that the City of Garland has violated your privacy rights, or you disagree with a decision the City of Garland 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.

#### **The City of Garland Responsibilities**

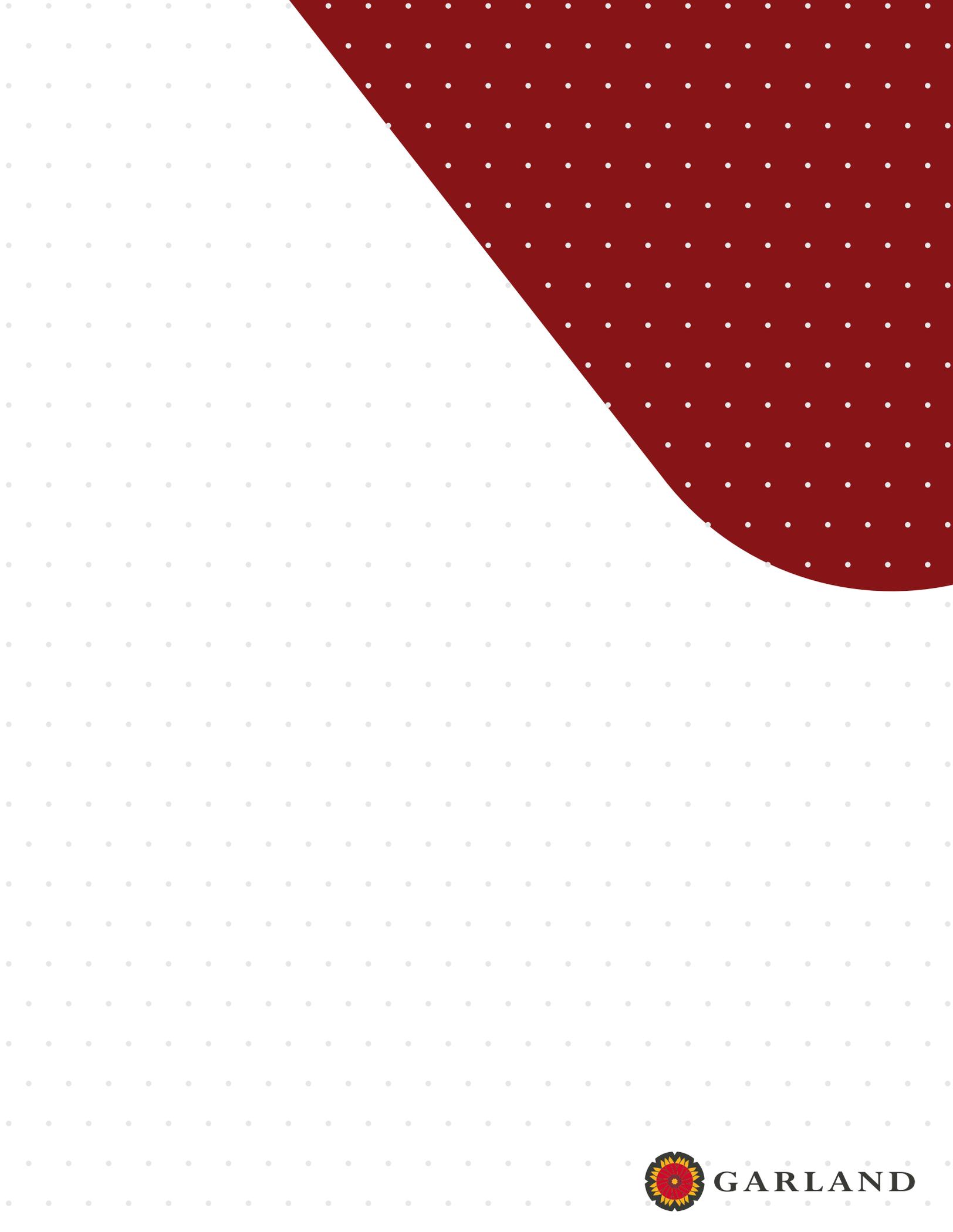
The City of Garland is required by law to protect the privacy of your information, provide this notice about the City of Garland information practices, follow the information practices that are described in this notice, and obtain your acknowledgement of receipt of this notice.

#### **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.



**GARLAND**