



# EMPLOYEE BENEFITS GUIDE

## - 2023 -

The City of Denton is pleased to provide you with a comprehensive benefits package, designed to safeguard your financial and health care needs.

This booklet will assist you in making your benefits decision. It is not intended as a complete description of the provisions of the benefit plans, but as a guide to help you in making the benefit choices that are best for you and your family.

Complete copies of the individual plan summaries and booklets are available on the Benefits HUB page, Workterra, or by contacting Human Resources.

**CITY OF DENTON**  
**HUMAN RESOURCES**  
601 E. Hickory Street, Suite A  
Denton, TX 76205  
(940) 349-8340  
[Benefits@cityofdenton.com](mailto:Benefits@cityofdenton.com)

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## CORE VALUES

- *Integrity* - Making sure that with every decision we make, our actions match our values.
- *Fiscal Responsibility* - Ensuring that people can trust that we use public funds conscientiously, with the community’s best interest in mind.
- *Inclusion* - Creating a culture where all people feel a sense of belonging and support by respecting and valuing each other and our differences.
- *Transparency* - Building an environment of trust by interacting with others honestly as well as collecting and sharing clear and concise information.
- *Outstanding Customer Service* - Employing a holistic approach to problem-solving and providing responsive service that goes above and beyond expectations.



## MEDICARE NOTICE

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you choices about your prescription drug coverage. Please see Important Notices section for details.

*Warning: Any intentional false statement in your enrollment or willful misrepresentation relative thereto is a violation of City policy subject to disciplinary action and/or financial restitution. The Patient Protection and Affordable Care Act (“PPACA”), which was signed into law in March 2010, prohibits the rescission of health plan coverage except for fraud or intentional misrepresentation of a material fact.*

# ELIGIBILITY

## *Who is Eligible?*

You are eligible to enroll in the City of Denton benefits plan if:

- You are a regular employee of the City of Denton and meet the benefit program eligibility requirements.

Current coverage will continue January 1, 2023, with the exception of Flexible Spending Accounts (FSA), which requires re-enrollment every year; if hired after January 1, 2023, coverage will begin on the enrollment date in the Workterra online enrollment system.



## *Who are My Eligible Dependents?*

You may cover your lawful spouse and dependent children. To be eligible, a child must be less than age 26, regardless of student status, marital status, or place of residence. A child is eligible to be covered on a parent's plan, even if they are offered their own employer-sponsored coverage. A child who is physically or mentally disabled may be eligible for coverage at any age, provided they are on the plan before age 26 (approved carrier documentation required).

If new dependents are added to your coverage at open enrollment or during a life changing status event, documentation will be required prior to any enrollments being approved.

### **Legal Spouse (Two Documents Required)**

- Legible photocopy of marriage certificate that has been properly recorded with the County and/or State. A church ceremony document will not be accepted unless it meets these requirements. Note: For a common law spouse, a common law affidavit signed and filed at the court house is required.
- Joint document - an item addressed to both parties and dated within the last 90 days, such as a utility bill, mortgage statement, most recent Federal 1040 income tax form, or your most current auto insurance ID card/statement.

### **Natural Child, Stepchild, or Adopted Child**

- Birth certificate or court document that establishes the relationship between the employee and child. Stepchildren enrolled on a City plan will need additional documentation, such as a marriage certificate to the stepchild's parent plus birth certificate.

### **Child Under Legal Guardianship**

- Court document that establishes the legal guardianship assigned to the employee or spouse. The document must be signed and/or stamped by a member of the court.

## *What Happens if I Fail to Enroll?*

Newly eligible employees who do not enroll by the deadline given to them will be enrolled for only Basic Life Insurance, Basic Accidental Death and Dismemberment coverage, and Long-Term Disability for full and 3/4 time employees only. To enroll in other benefits initially waived, the employee must wait until the next Open Enrollment period, or if a Qualifying Event occurs.

## *Can I Change My Coverage During the Year?*

The benefits you choose will remain in effect through the end of the plan year. You can only make a change to your coverage:

- During open enrollment
- During the year if you have a qualifying change in family or employment status.

- Qualifying changes include:
  - A change in your legal marital status (marriage/divorce);
  - A change in your number of dependents, including:
    - Birth of a child
    - Adoption of a child
    - The placement of a child with you for adoption
    - Your dependent child satisfying or ceasing to satisfy eligibility requirements for coverage
    - The death of your dependent child or spouse
  - Your change in employment status or that of your spouse or dependent child;
  - Court order;
  - Spouse's or dependent child's Open Enrollment period; or
  - Other qualifying changes\*.

\*Detailed information regarding qualifying events is available in the Important Notices section.

## Qualifying Event Document Example



**Human Resources**

601 E. Hickory, Ste. A., Denton, TX 76205 • (940) 349-8388

***Congratulations*** on the newest addition to your family! We want to make things as easy as possible, as you begin this new chapter in your life.

Often, new parents never think about the financial implications of having a child – especially as it pertains to medical bills. It is important to understand your insurance prior to or immediately after the delivery, to make sure you know how to add your child to your health coverage, so that there are no problems with overlapping, or non-coverage.

Your baby is automatically covered for the first four (4) days on the mother's health plan. Then it is your responsibility to enroll your baby, if you intend to cover them, on your City health plan. The birth of your child allows for a mid-year change to your health coverage, due to a life changing status, or qualifying event (QE). **The enrollment must be completed in Workterra within 30 days from the date of birth.**



### Login instructions to Workterra:

<https://uhc.workterra.net/Platform/Login/Login/LoginUHC>

Username: Your Employee ID#  
 Password: *Contact HR for password reset\* -- (940) 349-8388*  
 Company: City of Denton

*\*After six (6) failed attempts, the system will lock you out and require a password reset.*

### How to Add Your Newborn to Your Health Plan

To initiate the QE, click on "Initiate Qualifying Events"; select "birth of a child", enter the date of birth, and click "Save". Next, enter your newborns' information in the "dependent child" section, and click "Continue". Next, on the medical page, check your baby's name, and click on "Enroll". Finally, provide the hospital or birth certificate in electronic format—you can upload on the "Upload Document" page, or submit directly to Shelley Kramer ([Shelley.Kramer@cityofdenton.com](mailto:Shelley.Kramer@cityofdenton.com)) via email or in person. Finally, review the confirmation page, to confirm your baby is showing as covered under "Future Enrollment", print or save the confirmation statement, and click on "Finish". **Note: Social security numbers should be added to child demographics as soon as you receive their social security card.**

If you would like confirmation that the enrollment was completed satisfactorily, feel free to contact me.

Thank you!

*Linda Kile*

Linda Kile  
 Benefits Supervisor



### OUR CORE VALUES

Integrity • Fiscal Responsibility • Inclusion • Transparency • Outstanding Customer Service

## Social Security Number Required

As of January 1, 2009, the Centers for Medicare and Medicaid require employers to obtain the Social Security number (SSN) for all family members enrolling in City benefits.

## Medicare Card Required

The Centers for Medicare and Medicaid have established coverage rules to determine which plan is considered primary and secondary when an individual becomes eligible for Medicare. Eligibility may be due to a disability prior to age 65 and/or attainment of age 65. Benefits under the City's plans may be reduced when you or a covered family member become eligible for Medicare based on Federal regulations. It is the employee's responsibility to notify Human Resources of any covered family member's eligibility for Medicare and to provide a copy of the individual's Medicare card.

## Workterra - Online Enrollment System

The City utilizes Workterra as its online enrollment system. Workterra is an online tool which allows you to directly access and update your employee information via the internet. You can access Workterra from any computer or tablet with an internet connection, and Workterra is secure and adheres to United Healthcare's (UHC) industry security standards. All benefit elections will be completed on Workterra, except retirement benefits. Workterra will be used for new hires, open enrollment, and any qualifying event(s) that requires you to elect benefits.

- Please review the OnlinEnroll Instruction Guide for instructions on how to log into the system, including obtaining your username and password, how to navigate through the website, and how to enroll in the City benefits.



Navigate to [uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)

**Username:** Employee ID  
(Example: 34345)

**Password:** Use the last password you set up. If you do not remember your password, click on "Forgot Password?" and answer the security questions.\*

\*The security questions will not work if you have been locked out of the system (typically due to six failed login attempts). To reset your password, please call Workterra at (888) 327-2770, Monday through Friday between 10:00 a.m. and 7:00 p.m. CST, or email your Benefits team at [benefits@cityofdenton.com](mailto:benefits@cityofdenton.com).

**Company:** City of Denton (space in between each word)

# WHAT'S CHANGING IN 2023

The following changes are effective January 1, 2023.

## *Rates*

### **Health Plans**

There are no increases to the employee premiums or the City contributions.

### **Dental Plans**

There are no increases to the 2023 dental rates.

### **Vision Plan**

Increase to the 2023 vision rates are as follows:

<i>Vision Plan</i>	
<b>Coverage Tier</b>	<b>Monthly Rate</b>
Employee Only	\$7.74
Employee + One	\$12.40
Employee + Family	\$20.08

### **Life and Disability Plans**

There are no changes to the life and disability rates unless you cross an age band and/or there has been an increase in your salary (as of January 1, 2023).

## *Benefits*

All plan provisions and carriers will remain the same for medical, dental, vision, life, disability, and flexible spending accounts.

### **Health Concierge Service - Rightway Healthcare (“Rightway”)**

We're excited to announce our partnership with Rightway!

Rightway is a service that helps you get the highest-quality and most complete care at the lowest cost. Members use Rightway through an intuitive app that connects them with a dedicated health guide. Your health guide is here to make healthcare easy and straightforward. Rightway will work right alongside our current health plan to help you with anything you need - before and after you see a doctor.

Using Rightway is like having a doctor in your family, someone who knows the ins and outs of the healthcare system and is ready to help guide you through it. Rightway health guides can match you with the doctor you need, make appointments for you, provide upfront pricing, and help you understand next steps if you're feeling unwell. They can also help perform a health assessment and discuss your health goals, and sometimes they can even uncover a health need!

Rightway is available to all employees and family members covered on a City health plan, and is a covered benefits, meaning it's no cost for you to use. Start using Rightway by downloading the app from the App Store or Google Play and activating your account.



## **Aflac - Critical Illness with Cancer**

We're excited to announce that Aflac has added a COVID rider to the critical illness coverage, with no changes to the Critical Illness rates.

If you are admitted into the hospital due to COVID, you will receive a daily amount for each day you are hospitalized, depending on severity of illness.



# EMPLOYEE INSURANCE RATES

## Medical, Dental, and Vision Rates - Full Time and ¾ Time Employees

The **Spousal Surcharge** of \$75 per month applies to medical coverage only. This surcharge will only apply if your spouse has medical coverage available elsewhere (typically employer coverage), whether other coverage is taken or not, and will be applicable to both the Employee + Spouse and Employee + Family tiers.

### United Healthcare PPO Medical - without HIP Participation

Gold Plan			Silver Plan		
Coverage Tier	Monthly Rate	With Spousal Surcharge	Coverage Tier	Monthly Rate	With Spousal Surcharge
Employee Only	\$110	N/A	Employee Only	\$42	N/A
Employee + Spouse	\$242	\$317	Employee + Spouse	\$138	\$213
Employee + Child(ren)	\$308	N/A	Employee + Child(ren)	\$170	N/A
Employee + Family	\$448	\$523	Employee + Family	\$228	\$303

### United Healthcare PPO Medical - with HIP Participation

Gold Plan			Silver Plan		
Coverage Tier	Monthly Rate	With Spousal Surcharge	Coverage Tier	Monthly Rate	With Spousal Surcharge
Employee Only	\$70	N/A	Employee Only	\$0	N/A
Employee + Spouse	\$202	\$277	Employee + Spouse	\$98	\$173
Employee + Child(ren)	\$268	N/A	Employee + Child(ren)	\$130	N/A
Employee + Family	\$408	\$483	Employee + Family	\$188	\$263

### Dental and Vision Insurance

Delta Dental		
Coverage Tier	High Monthly	Low Monthly
Employee Only	\$53.71	\$23.36
Employee + Spouse	\$102.63	\$49.09
Employee + Child(ren)	\$104.61	\$61.13
Employee + Family	\$156.48	\$86.79

United Healthcare Vision	
Coverage Tier	Monthly
Employee Only	\$7.74
Employee + One	\$12.40
Employee + Family	\$20.08

To calculate bi-weekly rates, divide the monthly rate by two (there are 24 payroll deductions in the plan year).





## Life/Accidental Death & Dismemberment (AD&D) and Disability Rates

### Symetra Life Supplemental Life/AD&D - Employee Rates

Employee Monthly Rates Per \$1,000

Age	Rates	Age	Rates
Under 20	\$0.09	50 - 54	\$0.50
20 - 24	\$0.09	55 - 59	\$0.80
25 - 29	\$0.08	60 - 64	\$1.06
30 - 34	\$0.09	65 - 69	\$1.66
35 - 39	\$0.12	70 - 74	\$2.90
40 - 44	\$0.19	75 +	\$4.80
45 - 49	\$0.29		



Monthly Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	Employee Attained Age												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.90	\$0.90	\$0.80	\$0.90	\$1.20	\$1.90	\$2.90	\$5.00	\$8.00	\$10.60	\$16.60	\$29.00	\$48.00
\$20,000	\$1.80	\$1.80	\$1.60	\$1.80	\$2.40	\$3.80	\$5.80	\$10.00	\$16.00	\$21.20	\$33.20	\$58.00	\$96.00
\$30,000	\$2.70	\$2.70	\$2.40	\$2.70	\$3.60	\$5.70	\$8.70	\$15.00	\$24.00	\$31.80	\$49.80	\$87.00	\$144.00
\$40,000	\$3.60	\$3.60	\$3.20	\$3.60	\$4.80	\$7.60	\$11.60	\$20.00	\$32.00	\$42.40	\$66.40	\$116.00	\$192.00
\$50,000	\$4.50	\$4.50	\$4.00	\$4.50	\$6.00	\$9.50	\$14.50	\$25.00	\$40.00	\$53.00	\$83.00	\$145.00	\$240.00
\$60,000	\$5.40	\$5.40	\$4.80	\$5.40	\$7.20	\$11.40	\$17.40	\$30.00	\$48.00	\$63.60	\$99.60	\$174.00	\$288.00
\$70,000	\$6.30	\$6.30	\$5.60	\$6.30	\$8.40	\$13.30	\$20.30	\$35.00	\$56.00	\$74.20	\$116.20	\$203.00	\$336.00
\$80,000	\$7.20	\$7.20	\$6.40	\$7.20	\$9.60	\$15.20	\$23.20	\$40.00	\$64.00	\$84.80	\$132.80	\$232.00	\$384.00
\$90,000	\$8.10	\$8.10	\$7.20	\$8.10	\$10.80	\$17.10	\$26.10	\$45.00	\$72.00	\$95.40	\$149.40	\$261.00	\$432.00
\$100,000	\$9.00	\$9.00	\$8.00	\$9.00	\$12.00	\$19.00	\$29.00	\$50.00	\$80.00	\$106.00	\$166.00	\$290.00	\$480.00
\$110,000	\$9.90	\$9.90	\$8.80	\$9.90	\$13.20	\$20.90	\$31.90	\$55.00	\$88.00	\$116.60	\$182.60	\$319.00	\$528.00
\$120,000	\$10.80	\$10.80	\$9.60	\$10.80	\$14.40	\$22.80	\$34.80	\$60.00	\$96.00	\$127.20	\$199.20	\$348.00	\$576.00
\$130,000	\$11.70	\$11.70	\$10.40	\$11.70	\$15.60	\$24.70	\$37.70	\$65.00	\$104.00	\$137.80	\$215.80	\$377.00	\$624.00
\$140,000	\$12.60	\$12.60	\$11.20	\$12.60	\$16.80	\$26.60	\$40.60	\$70.00	\$112.00	\$148.40	\$232.40	\$406.00	\$672.00
\$150,000	\$13.50	\$13.50	\$12.00	\$13.50	\$18.00	\$28.50	\$43.50	\$75.00	\$120.00	\$159.00	\$249.00	\$435.00	\$720.00
\$160,000	\$14.40	\$14.40	\$12.80	\$14.40	\$19.20	\$30.40	\$46.40	\$80.00	\$128.00	\$169.60	\$265.60	\$464.00	\$768.00
\$170,000	\$15.30	\$15.30	\$13.60	\$15.30	\$20.40	\$32.30	\$49.30	\$85.00	\$136.00	\$180.20	\$282.20	\$493.00	\$816.00
\$180,000	\$16.20	\$16.20	\$14.40	\$16.20	\$21.60	\$34.20	\$52.20	\$90.00	\$144.00	\$190.80	\$298.80	\$522.00	\$864.00
\$190,000	\$17.10	\$17.10	\$15.20	\$17.10	\$22.80	\$36.10	\$55.10	\$95.00	\$152.00	\$201.40	\$315.40	\$551.00	\$912.00
\$200,000	\$18.00	\$18.00	\$16.00	\$18.00	\$24.00	\$38.00	\$58.00	\$100.00	\$160.00	\$212.00	\$332.00	\$580.00	\$960.00

**Symetra Life Supplemental Life/AD&D - Dependent Spouse and Child(ren) Rates**

Spouse Monthly Rates Per \$1,000

Children Monthly Premium Per Family

Age	Rates	Age	Rates
Under 20	\$0.09	50 - 54	\$0.50
20 - 24	\$0.09	55 - 59	\$0.80
25 - 29	\$0.08	60 - 64	\$1.06
30 - 34	\$0.09	65 - 69	\$1.66
35 - 39	\$0.12	70 - 74	\$2.90
40 - 44	\$0.19	75 +	\$4.80
45 - 49	\$0.29		

\$10,000	\$0.90
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Monthly Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	Spouse Rates Based on Employee Age												
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.45	\$0.45	\$0.40	\$0.45	\$0.60	\$0.95	\$1.45	\$2.50	\$4.00	\$5.30	\$8.30	\$14.50	\$24.00
\$10,000	\$0.90	\$0.90	\$0.80	\$0.90	\$1.20	\$1.90	\$2.90	\$5.00	\$8.00	\$10.60	\$16.60	\$29.00	\$48.00
\$15,000	\$1.35	\$1.35	\$1.20	\$1.35	\$1.80	\$2.85	\$4.35	\$7.50	\$12.00	\$15.90	\$24.90	\$43.50	\$72.00
\$20,000	\$1.80	\$1.80	\$1.60	\$1.80	\$2.40	\$3.80	\$5.80	\$10.00	\$16.00	\$21.20	\$33.20	\$58.00	\$96.00
\$25,000	\$2.25	\$2.25	\$2.00	\$2.25	\$3.00	\$4.75	\$7.25	\$12.50	\$20.00	\$26.50	\$41.50	\$72.50	\$120.00
\$30,000	\$2.70	\$2.70	\$2.40	\$2.70	\$3.60	\$5.70	\$8.70	\$15.00	\$24.00	\$31.80	\$49.80	\$87.00	\$144.00
\$35,000	\$3.15	\$3.15	\$2.80	\$3.15	\$4.20	\$6.65	\$10.15	\$17.50	\$28.00	\$37.10	\$58.10	\$101.50	\$168.00
\$40,000	\$3.60	\$3.60	\$3.20	\$3.60	\$4.80	\$7.60	\$11.60	\$20.00	\$32.00	\$42.40	\$66.40	\$116.00	\$192.00
\$45,000	\$4.05	\$4.05	\$3.60	\$4.05	\$5.40	\$8.55	\$13.05	\$22.50	\$36.00	\$47.80	\$74.70	\$130.50	\$216.00
\$50,000	\$4.50	\$4.50	\$4.00	\$4.50	\$6.00	\$9.50	\$14.50	\$25.00	\$40.00	\$53.00	\$83.00	\$145.00	\$240.00
\$55,000	\$4.95	\$4.95	\$4.40	\$4.95	\$6.60	\$10.45	\$15.95	\$27.50	\$44.00	\$58.30	\$91.30	\$159.50	\$264.00
\$60,000	\$5.40	\$5.40	\$4.80	\$5.40	\$7.20	\$11.40	\$17.40	\$30.00	\$48.00	\$63.60	\$99.60	\$174.00	\$288.00
\$65,000	\$5.85	\$5.85	\$5.20	\$5.85	\$7.80	\$12.35	\$18.85	\$32.50	\$52.00	\$68.90	\$107.90	\$188.50	\$312.00
\$70,000	\$6.30	\$6.30	\$5.60	\$6.30	\$8.40	\$13.30	\$20.30	\$35.00	\$56.00	\$74.20	\$116.20	\$203.00	\$336.00
\$75,000	\$6.75	\$6.75	\$6.00	\$6.75	\$9.00	\$14.25	\$21.75	\$37.50	\$60.00	\$79.50	\$124.50	\$217.50	\$360.00
\$80,000	\$7.20	\$7.20	\$6.40	\$7.20	\$9.60	\$15.20	\$23.20	\$40.00	\$64.00	\$84.80	\$132.80	\$232.00	\$384.00
\$85,000	\$7.65	\$7.65	\$6.80	\$7.65	\$10.20	\$16.15	\$24.65	\$42.50	\$68.00	\$90.10	\$141.10	\$246.50	\$408.00
\$90,000	\$8.10	\$8.10	\$7.20	\$8.10	\$10.80	\$17.10	\$26.10	\$45.00	\$72.00	\$95.40	\$149.40	\$261.00	\$432.00
\$95,000	\$8.55	\$8.55	\$7.60	\$8.55	\$11.40	\$18.05	\$27.55	\$47.50	\$76.00	\$100.70	\$157.70	\$275.50	\$456.00
\$100,000	\$9.00	\$9.00	\$8.00	\$9.00	\$12.00	\$19.00	\$29.00	\$50.00	\$80.00	\$106.00	\$166.00	\$290.00	\$480.00

## Symetra Voluntary Short-Term Disability (STD)

Monthly Rates Per \$10 of Weekly Benefit

Age	Rates	Age	Rates
Under 20	\$0.29	45 - 49	\$0.31
20 - 24	\$0.29	50 - 54	\$0.37
25 - 29	\$0.31	55 - 59	\$0.47
30 - 34	\$0.28	60 - 64	\$0.57
35 - 39	\$0.27	65 - 69	\$0.64
40 - 44	\$0.30	70 +	\$0.64

### Sample Premium Calculation

The sample below assumes a 30-year-old insured with \$45,000 in annual earnings.

Annual Salary	Weekly Earnings	STD Benefit % (60%)	=	÷ 10 (Max \$120)	=	STD Rate (From Table)	Monthly Premium
Annual Salary ÷ 52	= \$865.38	x 0.60	\$519.23	÷ 10	= \$51.92	x \$0.28	= \$14.54

### Your Premium Calculation

Enter your salary and the rate for your current age from the rate table above.

Annual Salary	Weekly Earnings	STD Benefit % (60%)	=	÷ 10 (Max \$120)	=	STD Rate (From Table)	Monthly Premium
Annual Salary ÷ 52	= \$ _____	x 0.60	= \$ _____	÷ 10	= \$ _____	x \$ _____	= \$ _____



## Voluntary Products Rates

### Aflac Accident Rates

#### Monthly Rates

Coverage Tier	Monthly
Employee Only	\$18.08
Employee + Spouse	\$29.38
Employee + Child(ren)	\$38.76
Employee + Family	\$50.06

### Aflac Critical Illness with Cancer Rates

#### Monthly Rates

Employee Non-Tobacco Monthly			
Age	\$10,000	\$20,000	\$30,000
18 - 25	\$3.88	\$6.28	\$8.68
26 - 30	\$4.94	\$8.40	\$11.88
31 - 35	\$5.62	\$9.78	\$13.94
36 - 40	\$7.14	\$12.80	\$18.48
41 - 45	\$8.50	\$15.52	\$22.54
46 - 50	\$10.02	\$18.56	\$27.10
51 - 55	\$15.18	\$28.88	\$42.58
56 - 60	\$14.80	\$28.12	\$41.44
61 - 65	\$29.98	\$58.50	\$87.00
66+	\$52.70	\$103.92	\$155.16

Spouse Non-Tobacco Monthly			
Age	\$5,000	\$10,000	\$15,000
18 - 25	\$2.68	\$3.88	\$5.08
26 - 30	\$3.20	\$4.94	\$6.68
31 - 35	\$3.56	\$5.62	\$7.70
36 - 40	\$4.30	\$7.14	\$9.98
41 - 45	\$4.98	\$8.50	\$12.00
46 - 50	\$5.74	\$10.02	\$14.30
51 - 55	\$8.32	\$15.18	\$22.02
56 - 60	\$8.14	\$14.80	\$21.46
61 - 65	\$15.72	\$29.98	\$44.24
66+	\$27.08	\$52.70	\$78.32

Employee Tobacco Monthly			
Age	\$10,000	\$20,000	\$30,000
18 - 25	\$5.00	\$8.56	\$12.08
26 - 30	\$6.48	\$11.48	\$16.46
31 - 35	\$7.96	\$14.42	\$20.90
36 - 40	\$10.58	\$19.68	\$28.78
41 - 45	\$12.62	\$23.78	\$34.92
46 - 50	\$14.98	\$28.48	\$42.00
51 - 55	\$23.32	\$45.14	\$66.98
56 - 60	\$23.56	\$45.64	\$67.70
61 - 65	\$46.66	\$91.86	\$137.04
66+	\$80.26	\$159.06	\$237.93

Spouse Tobacco Monthly			
Age	\$5,000	\$10,000	\$15,000
18 - 25	\$3.24	\$5.00	\$6.78
26 - 30	\$3.98	\$6.48	\$8.98
31 - 35	\$4.72	\$7.96	\$11.18
36 - 40	\$6.02	\$10.58	\$15.12
41 - 45	\$7.04	\$12.62	\$18.20
46 - 50	\$8.22	\$14.98	\$21.74
51 - 55	\$12.40	\$23.32	\$34.22
56 - 60	\$12.52	\$23.56	\$34.60
61 - 65	\$24.08	\$46.66	\$69.26
66+	\$40.88	\$80.26	\$119.66

## **Aflac Hospital Indemnity Rates**

### Monthly Rates

<b>Coverage Tier</b>	<b>Monthly</b>
Employee Only	\$18.48
Employee + Spouse	\$34.70
Employee + Child(ren)	\$28.06
Employee + Family	\$44.28

## **Genomic Life Cancer Guardian Premium Rates**

### Monthly Rates

<b>Coverage Tier</b>	<b>Monthly</b>
Employee Only	\$20.00
Employee + Spouse	\$40.00

*\*Dependents under the age of 26 are automatically covered if the member elects coverage.*

*\*\*Cancer Guardian is portable.*

*\*\*\*Twelve month enrollment is required.*

## Taxes and Your Benefits

Your cost for some coverage under the City of Denton's benefits plan will be paid on a before-tax basis through payroll deductions. This means that your benefit deductions go farther because you save the federal income tax that would otherwise be required on these contributions.

Plan	Who Pays the Cost?	Is Your Cost Before or After Tax?
Medical & Rx - United Healthcare/OptumRx		
Employee and Dependents	You/City of Denton	Before-Tax
Dental - Delta Dental		
Employee and Dependents	You	Before-Tax
Vision - United Healthcare		
Employee and Dependents	You	Before-Tax
Flexible Spending Account (FSA) - Discovery Benefits	You	Before-Tax
Basic Life AD&D - Symetra Life	City of Denton	No Cost
Long-Term Disability - Symetra Life	City of Denton	No Cost
Supplemental Life/AD&D - Symetra Life		
Employee and Dependents	You	After-Tax
Voluntary Short-Term Disability - Symetra Life	You	After-Tax
Accident - Aflac		
Employee and Dependents	You	After-Tax
Critical Illness with Cancer - Aflac		
Employee and Dependents	You	After-Tax
Hospital Indemnity - Aflac		
Employee and Dependents	You	After-Tax
Cancer Guardian Program - Genomic Life		
Employee and Dependents	You	After-Tax

## IRS Rules

The IRS has issued regulations that limit the amount of tax-free group term life insurance to \$50,000. This means that if the amount of Basic Life Insurance is greater than \$50,000, the value of your Life Insurance (as determined by the IRS based upon age) over \$50,000 will be considered taxable income (the IRS calls this *imputed income* and shown on your paycheck as "Excess Life"). A minimal tax will be assessed and will appear on your W-2.

# BENEFITS OFFERED/PROVIDED BY THE CITY OF DENTON

United Healthcare Gold and Silver Medical Plans	Symetra Voluntary Short-Term Disability
Delta Dental High and Low Dental Plans	Symetra Group Long-Term Disability
United Healthcare Vision Plans	Marathon Health Employee Health Clinic ("Clinic")**
Optum EAP	Righway Healthcare Concierge Services**
WEX Medical and Dependent Care Flexible Spending Accounts	Aflac Accident
Symetra Basic Life/Accidental Death & Dismemberment (AD&D)	Aflac Critical Illness with Cancer
Symetra Supplemental Life/Accidental Death & Dismemberment (AD&D)	Aflac Hospital Indemnity
Symetra Dependent (Spouse/Children) Life/Accidental Death & Dismemberment (AD&D)	Genomic Life Cancer Guardian Program

*\*\*Available to employees and dependents covered on a City Health plan.*

# HELPFUL DEFINITIONS

Understanding health insurance terminology is an important part of knowing your benefits. Below are some common terminology and definitions:

- Calendar Year (Plan Year) - January 1 through December 31 of each year.
- Coinsurance - The percentage of eligible charges that the plan pays.
- Copayment (Copay) - The amount paid by a covered person to a network provider at the time services are rendered, or prescription fills. Medical copays for covered services are not applied to your deductible, but do apply to the total medical out-of-pocket maximum, including prescription copays.
- Deductible - The amount you pay each calendar year before the plan begins to pay for certain covered medical expenses.
- Guarantee Issue (GI) - The amount of coverage pre-approved by Symetra Life, regardless of health status.
- Medical Emergency - A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.
- Network Benefits - The benefits applicable for the covered services of a network provider.
- Open Enrollment (OE) - The time period during which existing employees and their dependents are given the opportunity to enroll in or change their current elections, for the following plan year.
- Out-of-Pocket Maximum (OOPM) - The most a covered person can pay in deductible, coinsurance, and copays in a calendar year, for covered medical and prescription expenses.
- Preferred Provider Organization (PPO) - A network of health care providers contracted to provide medical services to covered employees and dependents at negotiated rates.
- Prescription Deductible - The amount you pay each calendar year before the copay amounts apply for Tier 2, Tier 3, and Tier 4 medications.
- Usual and Customary (U&C) Rates - Non-network dental plan expenses are considered for reimbursement at U&C rates. U&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above U&C are not covered by the plan and are the responsibility of the participant.

# HELPFUL ACRONYMS

- AD&D - Accidental Death & Dismemberment
- AHQ - Annual Health Questionnaire
- COB - Coordination of Benefits
- COBRA - Consolidated Omnibus Budget Reconciliation Act
- COC - Certificate of Coverage
- DME - Durable Medical Equipment
- DOS - Date of Service
- EAP - Employee Assistance Program
- EOB - Explanation of Benefits
- EOI - Evidence of Insurability
- ER - Emergency Room
- FSA - Flexible Spending Account
- GI - Guarantee Issue
- HIP - Healthy Incentives Program
- HIPAA - Health Insurance Portability and Accountability Act
- HRA - Health Risk Assessment (Previously AHA)
- IN - In-Network
- LTC - Long Term Care
- LTD - Long-Term Disability
- OON - Out-of-Network
- OOPM - Out-of-Pocket-Maximum
- OTC - Over-the Counter
- PCP - Primary Care Physician
- PPO - Preferred Provider Organization
- QE - Qualifying Event
- R&C or U&C - Reasonable & Customary or Usual & Customary
- RAPL - Radiology, Anesthesia, Pathology, and Laboratory
- RTW - Return to Work
- RX - Prescription
- SCP - Specialty Care Physician
- SOB - Summary of Benefits
- SPD - Summary Plan Description
- STD - Short-Term Disability
- U&C - Usual and Customary
- UHC - United Healthcare
- WHCRA - Women's Health and Cancer Rights Act
- WP - Waiver of Premium
- YTD - Year-to-Date



# YOUR BENEFITS

## United Healthcare - Medical ([myuhc.com](http://myuhc.com)) Plan Comparison

United Healthcare PPO	Gold Plan	Silver Plan
<b>In-Network Benefits</b>		
Deductible		
Individual	\$1,000	\$1,750
Family	\$2,000	\$3,500
Coinsurance	90% Plan/10% Individual	80% Plan/20% Individual
Out-of-Pocket Maximum (OOPM)*		
Individual	\$3,500	\$6,500
Family	\$7,000	\$13,000
*OOPM = Deductible + Coinsurance + Medical Copays + Prescription Copays		
<b>Out-of-Network Benefits</b>		
<i>Out-of-Network benefits for emergency situations and RAPL** in a hospital setting only are covered as in-network and paid at Medicare + 10%.</i>		
Deductible		
Individual	None	None
Family	None	None
Coinsurance	None	None
Out-of-Pocket Maximum (OOPM)*		
Individual	None	None
Family	None	None
**RAPL - Radiology, Anesthesia, Pathology, and Lab		
<b>Copayments</b>		
Premium Designation (Tier 1) PCP Copay	\$20	\$30
Premium Designation (Tier 1) SCP Copay	\$30	\$40
Primary Care Physician (PCP) Office Visit Copay	\$30	\$40
Specialist Care Physician (SCP) Office Visit Copay	\$40	\$50
Urgent Care Copay	\$75	\$75
Emergency Room Copay	\$500	\$500
Virtual Visit Copay	\$15	\$25
<b>Major Diagnostic and Outpatient Services/Procedures</b>		
Completed in a Freestanding Facility	90% Plan/10% Individual	80% Plan/20% Individual
Completed in a Hospital	70% Plan/30% Individual	60% Plan/40% Individual
<b>Bariatric Surgery Benefit</b>		
Deductible (separate and annual deductible does apply)	\$2,500	\$2,500
Coinsurance	70% Plan/30% Individual	70% Plan/30% Individual

A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [myuhc.com](http://myuhc.com) for benefits information.

## OptumRx

### Pharmacy Drug Benefits

OptumRx	Gold and Silver Plans
<b>Annual Prescription Deductible*</b>	
Individual	\$75
Family	\$225
<b>Rx Copayments</b>	
<b>Retail Drug Copays (30-Day Supply)</b>	
Tier 1 - Generic	\$10 Copay
Tier 2 - Preferred Brand	\$40 Copay
Tier 3 - Non-Preferred Brand	\$60 Copay
Tier 4 - Specialty Drug**	\$125 or 20% Coinsurance - whichever is less
<b>Mail Order Copays (90-Day Supply)</b>	
Tier 1 - Generic	\$20 Copay
Tier 2 - Preferred Brand	\$100 Copay
Tier 3 - Non-Preferred Brand	\$150 Copay

\*Applies to Tiers 2, 3, and 4 medications.

\*\*Specialty drugs are administered by OptumRx (Briova).

### Prescription Drug List (PDL)

The PDL outlines the most commonly prescribed medications for certain conditions and organizes them into cost levels, also known as tiers. An important part of the PDL is giving you choices so you and your doctor can choose the best course of treatment for you.

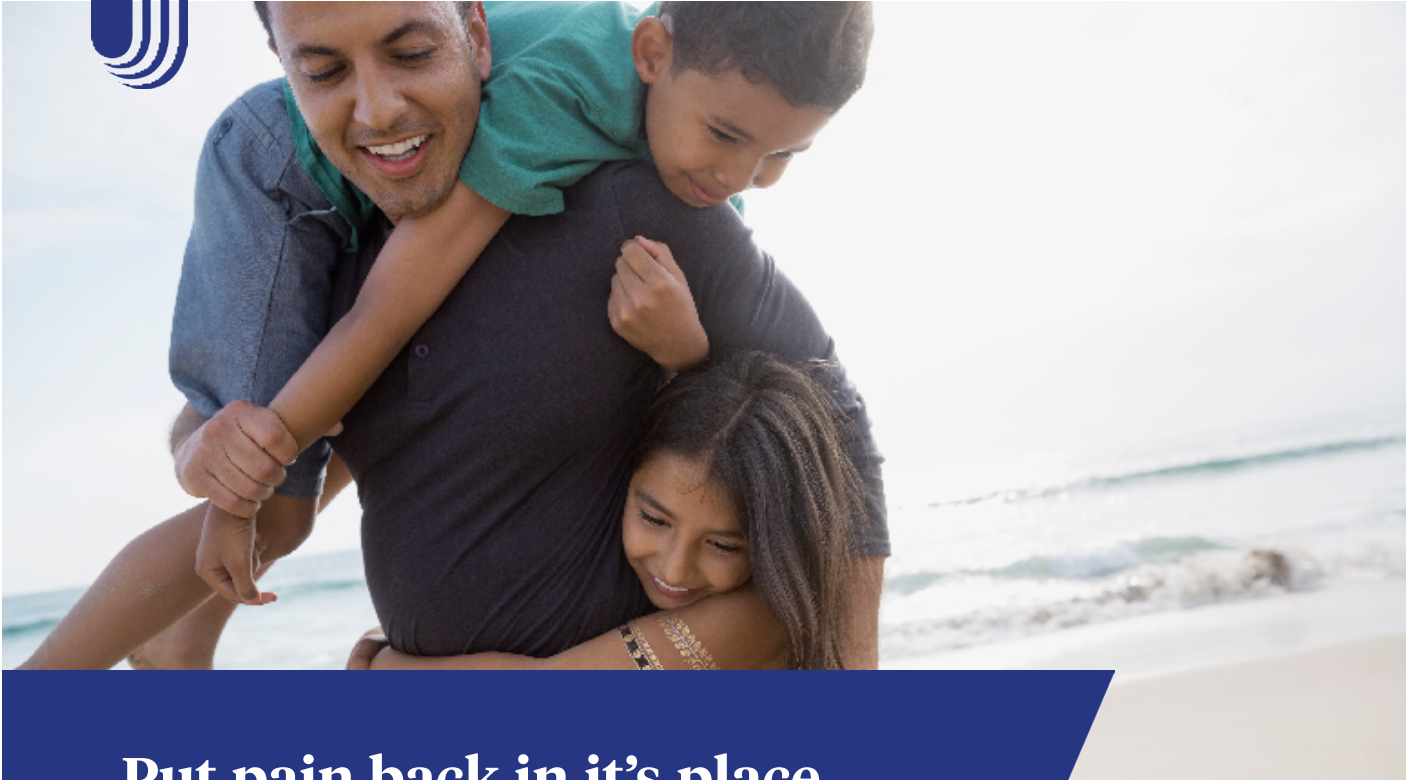
Since the PDL may change, we encourage you to visit your [myuhc.com](http://myuhc.com) website. The website is the best source for up-to-date information about the medications your pharmacy benefit covers, possible lower-cost options, and cost comparisons.

The PDL changes on May 1 or September 1, and possibly other times throughout the plan year. If you are affected by the update, you should receive a letter from United Healthcare 30 to 45 days prior to the effective date, providing information on alternative medications that are available to replace your current medication. Take the letter and updated list to your physician to look at lower cost alternatives. If you choose to continue with a medication that is no longer covered on our plan or has moved to a higher tier copay, you will be responsible for the increased cost.

### Pharmacy Service Options

**Retail pharmacy benefits** are for short-term or single 30-day prescriptions filled at local network pharmacies. **Mail order pharmacy benefits** are for maintenance or 90-day prescriptions with home delivery benefits, for only two and a half times your retail pharmacy copay.

A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [myuhc.com](http://myuhc.com) for benefits information.



## Put pain back in it's place.

Living with pain can be frustrating — from determining the cause of pain to taking the right steps to manage it. **If you suffer from back, neck or other joint pain, we're here to help.**

This program offers ongoing personalized support at no extra cost to you, as part of your benefits. So call today — an orthopedic nurse advocate is ready to answer your questions and help you:

- Understand treatment options.
- Manage your pain.
- Learn more about a certain diagnosis.
- Access high-quality providers.
- Prepare for surgery and recovery.

Whether you just started experiencing pain or have had it for a long time, we're here to help.



**Call the member number on your health plan ID card and ask for Orthopedic Health Support.**



**[myuhc.phs.com/orthopedic](https://myuhc.phs.com/orthopedic)**

If you're considering undergoing a procedure, contact your orthopedic nurse advocate to discuss having your procedure done at an approved Centers of Excellence facility. Taking these steps may reduce your out-of-pocket costs and may give you a better chance at a successful outcome.

Delta Dental	High Plan	Low Plan
<b>Benefits</b>		
Calendar Year Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Calendar Year Maximum	\$1,750	\$1,750
Orthodontia Lifetime Maximum	\$1,500	\$1,000
<i>*No deductible for preventive or orthodontia services.</i>		

**Plan Services**

Preventive Services**	100%	80%
Prophylaxis (Cleanings)		
Fluoride Treatment (Preventive)		
Sealants		
Space Maintainers		
Basic Services	80%	60%
Restorations (Amalgam & Anterior Composite)		
Emergency Treatment/General Services		
Simple Extractions		
Oral Surgery (Includes Surgical Extractions)		
Periodontics		
Endodontics		
Major Services	50%	50%
Inlays/Onlays/Crowns		
Dentures and Other Removable Prosthetics		
Fixed Partial Dentures (Bridges)		
Implant Services		
Orthodontia Services (Adult and Child)	50%	50%

*\*\*Frequency and/or age limitation may apply; see certificate for details.*

**Enhancement Provisions**

Required Service for Annual Maximum Increase in the Following Year	Any Dental Cleaning
Annual Maximum Reward Increase***	\$400
Maximum Number of Increases	3
Annual Maximum Impact if No Visit	Reduced to Original Plan Level

*\*\*\*Increase does not apply to Orthodontia services.*



## United Healthcare - Vision ([myuhcvision.com](http://myuhcvision.com))

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps your care for your eyes while saving you money.

United Healthcare - Vision	In-Network	Out-of-Network
<b>Frequencies</b>		
Eye Examination	Every January 1	Every January 1
Eyeglasses		
Spectacle Lenses	Every January 1	Every January 1
Frames	Every Other January 1	Every Other January 1
Contact Lenses	Every January 1	Every January 1
<b>Benefits</b>		<b>Reimbursement Schedule</b>
Eye Examination	\$5 Copay	\$40
Spectacle Lenses	\$0 Copay*	Up to \$40 - \$100
Standard Single-Vision, Lined Bifocal, or Trifocal Lenses		
Standard Scratch-Resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19)		
Frames	\$0 Copay** (\$130 Retail Allowance)	Up to \$50
Contact Lenses (In Lieu of Eyeglasses)		
Elective	\$0 Copay***	Up to \$125
Medically Necessary	\$0 Copay***	Up to \$125

\*Additional discounts on lens options and coatings.

\*\*The plan includes a selection of designer, name brand frames that are completely covered in full.

\*\*\*The plan includes the most popular contact lenses on the market today with United Healthcare's Contact Lens Formulary List.

### Laser Vision Correction

Discounts of up to 25% off the provider's Usual & Customer fees or 5% off advertised specialist, whichever is lower.

A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [myuhc.com](http://myuhc.com) for benefits information.



# Everything you need for happy eyes

Use your UnitedHealthcare vision benefits at Warby Parker

**Warby Parker makes it easy to find the right contacts or glasses for you. Simply shop online or in stores to find your style.**



### Try 5 pairs at home

With Warby Parker's Home Try-On program, you can test your favorite glasses and sunglasses for 5 days. It's free, including shipping and returns.



### Swipe the Warby Parker app

Shop frames and contacts anytime, anywhere. With an iPhone X and above, you can instantly see yourself in frames using Virtual Try-On, as well as find your fit using the frame width tool.



### Visit a Warby Parker store

Whether you're in for a new pair of glasses, an eye exam (at select locations) or a frame adjustment, you can visit with ease knowing your health and safety is Warby Parker's top priority.

continued

UnitedHealthcare®

WARBY PARKER

# WEX - FLEXIBLE SPENDING ACCOUNTS (FSA)

[benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)

## What are FSAs?

FSAs are accounts that allow you to set aside money from your paycheck for eligible expenses on a pre-tax basis. There are two types of FSAs available - a healthcare account and a dependent care account.

A **healthcare account** reimburses you for out-of-pocket medical, prescription, dental, and/or vision expenses, such as deductibles, copays, coinsurance, and certain over-the-counter (OTC) items. Certain medicines and drugs will be considered ineligible unless you have a written prescription from your doctor.

A **dependent care account** reimburses you for expenses such as day care, before and after school programs, nursery school or preschool, summer day camp, and even adult day care.

Contribution Limits	Healthcare	Dependent Care
Annual Maximum	\$2,750	\$5,000*
*\$2,500 if married and filing separate returns.		

Your FSA benefits are administered by **WEX** (formerly Discovery Benefits). Because the deductions are tax-free, you may only elect coverage at open enrollment or if a qualifying event occurs. **Everyone must re-enroll or opt out of coverage during open enrollment every year.** If you enroll in the healthcare and/or dependent care FSA, you cannot cancel coverage during the plan year, unless a qualifying event occurs.

Per IRS regulations, if you do not use all of the money in your FSA accounts during the year, you forfeit the remaining balance, and you cannot use funds left over in one account to cover expenses in the other account.

## FSA Dates to Remember

<b>FSA Plan Year</b>	January 1 - December 31
<b>Grace Period</b>	March 15
Two and a half months from plan year end date for <b>Healthcare Accounts only.</b>	
Expenses can be incurred through this date.	
<b>Final Reimbursement Date</b>	March 31

## Making the Most of your FSA

You have two options to use your FSA: 1) reimbursement, via direct deposit or check, by submitting your healthcare and/or dependent care expenses online at [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com); or 2) the WEX debit card can be used to pay for eligible expenses and the amount will be automatically deducted from your FSA without having to submit a claim. If you paid out-of-pocket, remember to keep your receipt(s) from your purchase to submit along with the claim form for reimbursement.

## Substantiation Letters

If you received a Substantiation Letter, this means you are required to provide documentation to verify that you used your card to purchase an eligible item or service, as regulated by the IRS. If you do not respond, your card will be deactivated until you provide the requested documentation or payment. Please refer to [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com) or contact WEX for more information.

## What Can I Spend it On?

Visit the IRS website for a list of eligible expenses:

- Healthcare expenses - [irs.gov/publications/p502](https://irs.gov/publications/p502)
- Dependent care expenses - [irs.gov/publications/p503](https://irs.gov/publications/p503)

Detailed information is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](https://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com) to view eligible expenses, education, and planning tools.

**Important Information:** Each FSA account is maintained as a separate account. The IRS does not allow transfers from one account to another. For more information on FSA related IRS regulations visit [irs.gov](https://irs.gov).

# SYMETRA - LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

[symetra.com](http://symetra.com)

Life insurance is an important financial benefit for your family in the event of your death. Dependent Life Insurance provides similar protection if a family member dies.

The City automatically provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance through **Symetra Life** for you. If you want a greater level of protection, Supplemental Life and AD&D insurance coverage is available to purchase, along with Dependent Life and AD&D for your spouse and/or child(ren).

Evidence of Insurability (EOI) is not required at initial offering of coverage, up to the guarantee issue amount. Late entrants are required to submit an EOI for any amount elected. At open enrollment, you can increase your coverage amount by \$10,000, and \$5,000 for spouses without EOI, up to the guarantee issue amount, if you are currently enrolled in Supplemental Life and AD&D and Dependent Life and AD&D.

Life and AD&D insurance is available for two classes:

- **Class 1** - All full time active executives
- **Class 2** - All full time and part time active permanent employees (working at least 20 hours per week)

<b>Symetra Life</b>	<b>Class 1</b>	<b>Class 2</b>
<b>Basic Life</b>	2 x BAE*	1 x BAE*
Maximum Benefit Amount	\$500,000	\$300,000
<b>Basic AD&amp;D</b>	Matches Basic Life	Matches Basic Life
<b>Supplemental Life</b>	5 x BAE*	5 x BAE*
	In \$10,000 Increments	
Guarantee Issue	\$200,000	\$200,000
Maximum Benefit Amount	\$200,000	\$200,000
<b>Supplemental AD&amp;D</b>	Matches Supplemental Life	Matches Supplemental Life
<b>Dependent Life</b>		
Spouse	Up to 50% of Employee Amt.	Up to 50% of Employee Amt.
Guarantee Issue	\$50,000	\$50,000
Maximum Benefit Amount	\$100,000	\$100,000
Child(ren) - Age 15 Days to Age 26	\$10,000	\$10,000
Maximum Benefit Amount	\$10,000	\$10,000
Child(ren) - Live Birth to 15 Days	\$100	\$100
Maximum Benefit Amount	\$100	\$100
<b>Dependent AD&amp;D (Spouse and Child(ren))</b>	Matches Dependent Life	Matches Dependent Life

\*Basic Annual Earnings

A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [symetra.com](http://symetra.com).



# SYMETRA - DISABILITY INSURANCE: SHORT-TERM AND LONG-TERM DISABILITY

[symetra.com](http://symetra.com)

Financial planning includes taking the steps to protect yourself and your family when the unthinkable happens. Having adequate insurance coverage in the event of a disabling condition is the foundation of a solid financial plan. Short-term and long-term disability, through Symetra Life, provides the protection you need to ensure that your way of life is protected in case of an injury or illness.

## **Short-Term Disability (STD)**

The City offers voluntary STD benefits for both regular full time employees (working 30+ hours per week) and regular part time employees (working 20+ hours per week). Employees are eligible to enroll in the voluntary STD plan upon hire, newly eligible, and during open enrollment. When enrolling as a new hire or when newly eligible, coverage is automatically approved. If you waived coverage, and choose to enroll during open enrollment, you must provide an EOI.

<b>Symetra Life</b>	<b>Benefits</b>
<b>Short-Term Disability</b>	
Basic Benefit	60% of Earnings
Maximum Weekly Benefit	\$1,200
Benefit Waiting Period	14 Days
Maximum Payout Period	11 Weeks

## **Long-Term Disability (LTD)**

The City provides regular full time employees (working 30+ hours per week) with LTD coverage at no cost to you. Benefit payments are taxable income to you.

<b>Symetra Life</b>	<b>Benefits</b>
<b>Long-Term Disability</b>	
Basic Benefit	60% of Earnings
Maximum Monthly Benefit	\$5,200
Benefit Waiting Period	90 Days
Maximum Length of Benefit	5 Years/Reducing Benefit Duration*

\*See LTD Summary of Benefits for Maximum Payment

**NOTE: For all Symetra products (including Life and Accidental Death & Dismemberment, as well as Short-Term and Long-Term Disability), you must be “actively at work” on the effective date of coverage if you are enrolling in the life and disability coverages for the first time. If you are not actively at work on the effective date, your coverage will not start until you return to work.**

A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [symetra.com](http://symetra.com).



# AFLAC - VOLUNTARY PRODUCTS

[aflac.com](http://aflac.com)

Aflac is different from major medical insurance. Aflac is designed to pay cash directly to you and your family in the event of a minor or major accident/illness. Medical insurance is the first line of defense, but there are a lot of out-of-pocket expenses just not covered. Some of the expenses Aflac can assist with are:

- Deductibles and co-payments
- Prescriptions
- Time off of work taking care of yourself or a family member
- Parking, transportation, and lodging expenses
- House payments
- Car payments
- Day care

Featured benefit includes:

- Fully portable to take with you to any employer or into retirement.

## **Accident**

The Aflac Accident insurance policy is designed to help reduce the impact that an accident can have on your finances and your well-being. This is great for individuals in every stage of their life. Young families playing sports and traveling all the way to the retirement years when our bones are more brittle, and accidents sideline us for longer periods of time.

Highlights:

- Occupational and Non-Occupational Accidents
- Guaranteed Issue for everyone
- Benefits paid directly to you regardless of any other coverage you currently have
- Organized Sporting Activity Benefit (adult and children)

Also, Firefighters and Police personnel note:

- Gun Shot Benefit
- Line of Duty Benefit

Featured benefits include:

- Wellness Benefit - \$50
- Accident Emergency Treatment Benefit - \$200
- Fractures/Dislocations - Up to \$8,000
- X-Ray Benefit - \$100
- Accident Hospital Admission Benefit - \$1,000
- Physical Therapy Benefit - \$75
- Ambulance Benefit - Up to \$1,000
- Accidental Death & Dismemberment Benefit - \$25,000

## **Critical Illness with Cancer**

The Aflac Critical Illness insurance plan helps with the treatment costs of illnesses and health events and can make a difference to your well-being, your family, and your future. Get this plan while you are in your working years and use it to protect your savings into retirement.

Highlights:

- \$30,000 Guaranteed Issue with no medical questions
- Three levels of coverage to choose from
- Spouse eligible for 50% of employee benefit



- Children covered at no additional cost
- Unlimited Additional and Re-occurrence benefits
- COVID coverage for hospital admissions

Featured benefits include:

- Heart Attack or Stroke - 100%
- Internal Cancer - 100%
- Major Organ Transplant - 100%
- Kidney Failure - 100%
- Benign Brain Tumor - 100%
- Multiple Sclerosis - 25%
- Alzheimer's or Parkinson's Disease - 50%
- Childhood Diseases: Cleft Palate, Down Syndrome, Cerebral Palsy - \$3,000

### **Hospital Indemnity**

The Aflac Hospital Advantage insurance policy is designed to help with those out-of-pocket expenses not covered by your major medical plan.

Highlights:

- Guaranteed Issue with no medical questions
- No pre-existing condition limitations
- Pregnancy covered

Featured benefits include:

- Hospital Admission - \$1,000
- Daily Hospital Confinement - \$150
- Daily Intensive Care Unit - \$300, plus the Daily Confinement Benefit

**NOTE: You must be “actively at work” on the effective date of coverage if you are enrolling in any of the Aflac coverages for the first time. If you are not actively at work on the effective date, your coverage will not start until you return to work.**

*A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [aflac.com](http://aflac.com).*

# GENOMIC LIFE - CANCER GUARDIAN PROGRAM

[GenomicLife.com](http://GenomicLife.com)

As a member of Cancer Guardian™, you have access to valuable services designed to support longer, healthier lives through prevention and management of cancer.

## **Cancer Information Line**

Staffed by oncology experts, ask any cancer-related question, discuss concerns, risk-mitigation strategies, or care-giving guidance for yourself or any member of your family.

## **Heredity Risk Screening Test**

Knowledge is the best defense. Understand your genetic risk for developing hereditary cancers, cardiovascular diseases, and additional conditions. With a simple saliva collection kit, this test covers 147 genes for clinically informative inherited mutations, including:

- Cancer: Breast, Colorectal, Melanoma, Gastric, Ovarian, Pancreatic, Prostate, Renal, Thyroid, Terine
- Cardiovascular: Aortopathies, Arrhythmias, Cardiomyopathies, Thrombophilia, genetic forms of high blood pressure and high cholesterol
- Additional Conditions: Alpha-1 Antitrypsin Deficiency, Hereditary Hemochromatosis, OTC Deficiency, Wilson Disease, Malignant Hyperthermia Susceptibility

## **Medical Records Platform**

This solution allows you to store your digital medical records and provide secure links to your doctors.

## **If Diagnosed...**

If you or your enrolled loved one become diagnosed with cancer, contact Cancer Guardian. A dedicated Cancer Support Specialist will be assigned and will develop a personalized program with you and your medical team to optimize health outcomes along each step in the cancer journey. Expert support resources include\*:

- Comprehensive Genomic Profiling
- Expert Pathology Review
- Financial Navigation
- On-site Nurse Advocate
- Clinical Trial Explorer

*\*Limitations may apply if you have a pre-existing diagnosis.*

A detailed Summary of Benefits is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [GenomicLife.com](http://GenomicLife.com).

# MARATHON HEALTH - EMPLOYEE HEALTH CENTER

[marathon-health.com](http://marathon-health.com)

The City's Employee Health Center ("Clinic"), administered by Marathon Health, provides no cost medical services to its employees, retirees, and family members (ages 2 and up) covered on a City health plan. The Clinic is located at the Medical City Denton Professional Office Building at 3537 S. I-35 E, Suite 317, Denton, Texas, and is open Monday through Friday (see FAQ document in the Benefits Summary section for hours).



Each employee, retiree, spouse, and dependent child is required to register individually on the Marathon Health Portal to create a personal electronic patient chart for each member. Please visit the Marathon Health Portal at [marathon-health.com/sign\\_in](http://marathon-health.com/sign_in). To register click: **New? Register Now**.

Primary care/family practice services are provided through the Clinic. Preventive care, annual physicals and well women exams, and adolescent/school/sports physical exams are provided. Sickness and acute care, such as colds, flu, and respiratory infections, are also treated. In addition, patients with chronic conditions, such as high blood pressure, high cholesterol, diabetes, and asthma can be treated.

Limited adult immunizations, including flu shots, are available at the Clinic; however, no childhood immunizations are offered. Many lab tests can be ordered by the Clinic staff and by outside providers, including tests (e.g., Hemoglobin A1c for diabetics). Any outside orders are required to be reviewed by the Clinic prior to scheduling an appointment. College students covered on a City health plan can get the required meningococcal (meningitis) shot at no cost by scheduling an appointment. Proof of college registration is required. All services at the Clinic are confidential and follow HIPAA compliance guidelines.

***The Clinic does not treat work-related injuries. Please contact Risk Management if you sustain a work-related injury.***

## **No Show Penalty**



In order to provide the most efficient scheduling at the Clinic, we need to keep "no show" activity to a minimum. The "no show" penalty is charged to the employee or retiree if the employee/retiree, or a family member, does not show up for the third scheduled visit and/or procedure with a Clinic provider. The "no show" penalty is for each individual member (e.g., spouse has six missed appointments, he/she will be charged a \$75 penalty fee through the employee's payroll deduction and will be banned from the Clinic for six months, but just the spouse).

## **Cancellation Notice Requirements**

Appointments can be canceled by calling (940) 808-0906 or by logging into the Marathon Health Portal and clicking on Appointments.

Failure to provide the required advance notice will result in a "no show" penalty based on the following schedule:

<b>Missed Appointments</b>	<b>Penalty</b>
One Missed Appointment	Warning Letter/Email
Two Missed Appointments	Warning Letter/Email
Three Missed Appointments	\$50 Fee
Four Missed Appointments	\$50 Fee
Five Missed Appointments	\$75 Fee
Six Missed Appointments	\$75 Fee; Banned from Clinic for Six (6) Months

All employees and retirees will be required to sign an affidavit (electronic or hard signature) stating that they understand the condition of having access to the Clinic at no cost, for them and all family members, and authorizing

the City to deduct their payroll check or bank draft.

If an employee or retiree refuses to sign the affidavit, they and family members, will not have access to the Clinic, which could prohibit employees from being able to qualify for the HIP premium differential.

Frequently Asked Questions (FAQs) and additional information on the Employee Health Center (Clinic) is available in the Benefits Summaries section.

## HEALTHY INCENTIVES PROGRAM (HIP)

The City of Denton will continue with the voluntary Healthy Incentives Program (HIP) for employees to promote wellness and healthy lifestyles, with no changes to the program requirements for the 2022/2023 period. The 2022/2023 HIP requirements will have only two requirements to qualify for the 2024 premium differential:

1. The employee must complete a Biometric (Fasting Lab Draw) and Health Risk Assessment (HRA) at the clinic; and
2. Complete a Comprehensive Health Review at the clinic to review biometric and HRA.

**Biometrics can be completed as early as 11 months from the 2021/2022 lab draws. The Biometric should be completed no later than Monday, July 24, 2023, and the Comprehensive Health Review must be completed no later than Monday, July 31, 2023.**

If a benchmark is not met, Clinic providers may require additional health coaching for support.

Health Indicator	Benchmark
Body Mass Index (BMI)	30 or Less (or a waist circumference within normal limits: Male <= 40" or Females <= 35")
Blood Pressure (BP)	140/90 or Less (may be repeated once 15 minutes past original elevated BP. If BP is 140/90 or greater, it does not meet the benchmark)
Cholesterol Level	220 or Less (or Total Cholesterol/HDL ratio is within normal limits)
Blood Glucose Level	Below 100 mg and A1C < 5.7
Tobacco (all types, including E-Cigs)	Patient is Tobacco and E-Cig free for past 12 months.

Benchmark guidelines are determined by the Marathon Health Director, Client Operations and follow national standards.

Marathon Health will provide a final report to the City of Denton in November 2023 outlining the employees that completed the HRA blood draw and questionnaire as well as the follow up visit to qualify for the 2024 premium differential.

### *Marathon Health Disclaimer*

The City of Denton Employee Health Center ("Clinic") is managed by Marathon Health, LLC. All Clinic staff members are employed by Marathon Health and are not employees or agents of the City of Denton. Even though you have access to the City of Denton Employee Health Center (Clinic) through your City health benefits, the Clinic operates as a separate entity and is not a part of the City of Denton. All personal health information (PHI) that is acquired by the Clinic staff during your Clinic visits is protected by the Health Insurance Portability and Accountability Act (HIPAA) and will not be disclosed to the City of Denton without your written consent or unless expressly permitted by applicable law.

If you have any concerns, please reach out to the Human Resources Department at (940) 349-8340.





The Health Center is located at the Medical City Denton Professional Office Building, 3537 Interstate 35, Suite 317.

The City of Denton will continue with the voluntary “Healthy Incentives Program” (HIP) for employees to promote wellness and healthy lifestyles, with no changes to the HIP requirements for the 2022/2023 period at this time. The 2022/2023 HIP requirements will have only two requirements to qualify for the 2024 premium differential:

1. **The employee MUST complete a Biometric (Fasting Lab Draw) and Health Risk Assessment or "HRA" at the City of Denton Employee Health Center (also called the "Clinic"); and**
2. **Complete a Comprehensive Health Review at the Clinic to review biometric and HRA results.**

Biometrics can be completed as early as 11 months from 2021/2022 lab draws. The Biometric should be completed no later than Monday July 24, 2023, and the Compressive Health Review must be completed no later than Monday July 31, 2023

*\*New hires in the 2021/2022 HIP period who completed the HIP requirements in the last quarter of the 2021/2022 HIP period, are required to complete both requirements between June 1 and July 31, following the deadline dates.*

If a benchmark is not met, Clinic providers may require additional health coaching for support.

Health Indicator	Benchmark
Body Mass Index (BMI)	30 or less (or a waist circumference within normal limits - Male <= 40 inches or Females <= 35 inches)
Blood Pressure	140/90 or less (May be repeated once 15 minutes past original elevated BP. If BP is still 140/90 or greater, it does not meet benchmark.)
Cholesterol Level	220 or less (or Total Cholesterol/HDL ratio is within normal limits)
Blood Glucose Level	Below 100mg/and A1C <5.7
Tobacco (all types, including E-Cigs)	Patient is Tobacco Free for past 12 months

Marathon Health will provide a final report to the City of Denton in November 2023, outlining the employees who completed the HRA blood draw and follow up visit, to qualify for the 2024 premium differential.

**The 2024 premium differential is \$20 per pay period/\$480 annual.**

*The City of Denton will consider the applicable provisions of the ADA when implementing our wellness program. First, the City will act upon any reasonable accommodation requirement. Second, the City will not make any disability-related inquiries. Our program will comply with the ADA’s reasonable accommodation requirement, and the City will engage in an interactive process with the disabled employee to develop a reasonable alternative that satisfies the goals of the wellness program and the individual’s need for a reasonable accommodation. See 42 U.S.C. § 12102(1); C.F.R. 1630.2.*

# RIGHTWAY HEALTH - HEALTHCARE CONCIERGE SERVICE

[rightwayhealthcare.com](http://rightwayhealthcare.com)

Rightway is a service the City sponsors that makes healthcare simpler for you. With Rightway, you have a dedicated (real, live) health guide who can do all of the doctor finding, appointment making, and price comparing for you through a simple to use app. Your health guide is there to answer all of your healthcare questions, no matter how big or small. You can use Rightway at no cost if you are covered on a City health plan. Your account will be ready to use effective January 1, 2023. Just follow the steps below to get started.

## 1. Activate your Rightway account.

Download the Rightway app in the Apple App Store or get it on Google Play.



## 2. Connect with your health guide through the Rightway app to:

- Find the best doctor and book your appointment.
- Review your symptoms and figure out next steps.
- Create a tailored care plan for ongoing conditions.
- Get upfront pricing on your medical and dental visits.
- Learn about your mental health benefits and find the care that's right for you.

## 3. Use Rightway for everything healthcare.

- Not sure what's covered? Your health guide can answer your health insurance questions.
- Unexpected bill? Rightway can explain it. If something looks off, they will even dispute the charges on your behalf.
- Have a different healthcare question or healthcare need? Your guide is a healthcare expert who will find your answers.

Additional information is available in the Forms Library on Workterra ([uhc.workterra.net/workterra](http://uhc.workterra.net/workterra)), on the [Benefits HUB page](#), or visit [rightwayhealthcare.com](http://rightwayhealthcare.com).





# PLEASE HELP CONTROL YOUR INSURANCE COSTS

Help control your insurance costs by using Emergency Rooms only in cases of severe injury or life-threatening situations, e.g., severe burns, compound fracture, heart attack, etc.

Convenience Care, Urgent Care, and Virtual Visits are a good alternative when you are looking for care right away.

## Convenience Care Centers and Urgent Care Centers in Your Area Accepting UHC



### Your Copays

Place of Service	Gold Plan Copay	Silver Plan Copay
<b>Virtual Visits</b>	\$15	\$25
<b>Minor ER of Denton</b> – (940) 382-9898 – 4400 Teasley Lane, #2200, Denton	\$30	\$40
<b>CVS Minute Clinic</b> (1) (940) 220-2123 – 1801 S. Loop 288, Denton (2) (940) 382-1810 – 3200 Teasley Lane, Denton	\$30	\$40
<b>Rapid-Med Urgent Care</b> – (972) 966-1980 – 8501 FM 407, Highland Village	\$30	\$40
<b>CareNow Urgent Care</b> (1) (940) 220-5901 – Rayzor Ranch*, 2310 W. University Drive, Denton (2) (940) 383-2700 – 3751 I-35E, Denton	\$75	\$75
<b>Hospital Emergency Room**</b> (1) Texas Health Presbyterian – (940) 898-7000 – 3000 I-35, Denton (2) Medical City Denton – (940) 384-3535 – 3535 I-35E, Denton	\$500	\$500

\*Formerly Denton Regional (Medical City) Urgent Care

\*\*Note: There are some freestanding Emergency Room facilities in the Denton area that are not in the United Healthcare network.

**Questions?** Contact your Benefits team at [Benefits@cityofdenton.com](mailto:Benefits@cityofdenton.com).

# OPTUM EAP SERVICES - EMPLOYEE ASSISTANCE PROGRAM (EAP)

[liveandworkwell.com](http://liveandworkwell.com)



## OPTUM

Life doesn't always go smoothly and balancing the needs of your family with your job responsibilities isn't easy. When problems arise, it's best to get help as soon as possible, before the problem gets worse.

That's why the City is excited to offer Optum EAP Services, providing EAP services to all employees and their household family members at no cost. Members can access a wide range of health and well-being information 24/7 with no enrollment, no claim forms, and no copays necessary. When calling Optum EAP Services, you can speak confidentially with registered nurses and master's level counselors who can help with almost any problem ranging from medical and family matters to personal legal, mediation, financial, and emotional needs. If they feel you require face-to-face counseling, Optum EAP Services provides six (6) face-to-face counseling visits per separate issue for assessment and short-term counseling per twelve (12) month period at no cost.

Optum EAP supports employees and their dependents and household members with a range of services:

- Counseling Services (telephonic and in-person)
- Referrals and Community Resources
- Legal Assistance
- Financial Assistance
- Find-Now Child and Elder Care Program
- Critical Incident Stress Management
- Online Tools and Resources
- Identity Theft Recovery
- Work/Life Services
- Helpful resources on the Optum EAP website and mobile app (access code: denton):
  - Find an EAP provider
  - Review and explore health topics
  - Request authorization for an EAP visit

The EAP does not cover issues that require physician/psychiatric evaluation, psychological testing, chronic mental health illness, long-term psychotherapy treatment, or inpatient or residential treatment services. In these cases, Optum EAP would provide the individual with an appropriate referral to either his/her health plan or to other community resources.

*Detailed information is available in the Forms Library on Workterra, on the [Benefits HUB page](#), or visit [liveandworkwell.com](http://liveandworkwell.com) (access code: denton) for more information.*

# RETIREMENT BENEFITS

Texas Municipal Retirement System (TMRS)

[tmrs.com](http://tmrs.com)

The City of Denton is a member of the Texas Municipal Retirement System (TMRS). All regular Non-Civil Service and Police Civil Service employees are covered under this plan. Employees contribute 7% of gross income on a pre-tax basis. An employee is vested with five (5) years of service and eligible to retire with 20 years of service at any age, or with five (5) years of service at age 60. Upon retirement, the City of Denton matches all employee contributions and interest 2 to 1. Please see your TMRS handbook for more detailed information on your retirement program.

Non-Civil Service Fire Department employees and Civil Service Fire Department employees are covered under the Fire Pension Plan. Please contact a member of the Fire Pension Board for more information.

## Mission Square 457 Deferred Compensation Plan

[missionsq.org](http://missionsq.org)

The City of Denton also offers a voluntary supplemental retirement plan through a 457-deferred compensation plan, administered by Mission Square (formerly ICMA-RC). All contributions into the plan are voluntary and the City of Denton does not contribute to the plan. Any contributions into the plan are made on a pre-tax basis. Currently, the plan providers are Mission Square for all regular employees, and Nationwide for Fire Civil Service and Fire Non-Civil Service employees.

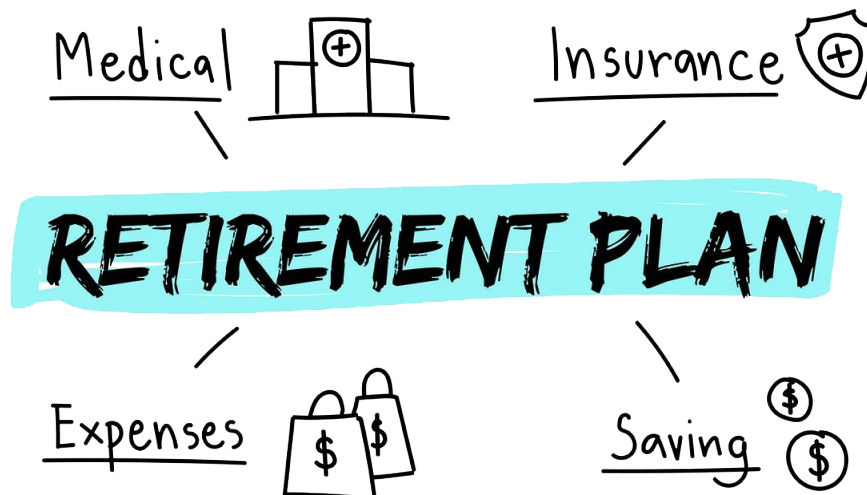
## Mission Square Roth IRA

[missionsq.org](http://missionsq.org)

The City of Denton will continue to offer a new Roth IRA, administered by Mission Square, effective January 1, 2023. All contributions into the plan are voluntary and the City of Denton will not contribute to the plan. Any contributions into the plan are made on an after-tax basis. The Mission Square Roth IRA is available for all regular employee.

Nationwide will also offer a new Roth IRA for Fire Civil Service and Fire Non-Civil Service employees.

More information will be provided at a later date.



# IMPORTANT NOTICES

## **Women's Health and Cancer Rights Act (WHCRA)**

If you have had, or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 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. If you would like more information on WHCRA benefits, call your Plan Administrator as identified at the end of these notices.

For purposes of this notice, the Plan Administrator is:

*Human Resources Department*  
(940) 349-8340

## **Newborns' and Mothers' Health Protection Act (NMHPA)**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **Mental Health Parity Act (1996) (MHPA) and Mental Health Parity and Addiction Equity Act (2008) (MHPAEA)**

The City of Denton medical plan complies with the Mental Health Parity Act of 1996 (MHPA). Pursuant to such compliance, the annual and lifetime limits on Mental Health Benefits, if any, will not be less than the annual and lifetime plan limits on other types

of medical and surgical services (if any limits apply). The plan does utilize cost containment methods, applicable for Mental Health Benefits, including cost-sharing, limits on the number of visits or days of coverage, and other terms and conditions that relate to the amount, duration, and scope of Mental Health Benefits.

## **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](http://healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office by calling (877) KID-SNOW or visit [insurekidsnow.gov](http://insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](http://askebsa.dol.gov) or call (866) 444-EBSA (3272).

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

## Coverage After Termination (COBRA) - Health

### Coverage

You're receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

### What Are My Other Options?

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

### What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

### COBRA & Retirement

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

### When is COBRA Continuation of 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;
- If the Plan provides retiree health coverage, commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all 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 (the Human Resources Department) within 60 days.

#### 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 COBRA Continuation

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 COBRA

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 Administrator is properly notified about the second qualifying event. The 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?

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 [healthcare.gov](http://healthcare.gov).

#### 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 [dol.gov/ebsa](http://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 [healthcare.gov](http://healthcare.gov).

#### **HIPAA Employee Health Plan Summary Notice of Privacy Practices**

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 Denton 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 this 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 Denton may give out health information without your authorization for public health purposes, auditing purposes, research studies, and emergencies. The City of Denton 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 Human Resources Department.

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

### Privacy Complaints

If you are concerned the City of Denton has violated your privacy rights, or you disagree with a decision the City of Denton 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 Denton Responsibilities

The City of Denton is required by law to protect the privacy of your information, provide this notice about City of Denton information practices, follow the information practices that are described in this notice, and obtain your acknowledgment 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 at (940) 349-8340.

## **Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage offered by the group health plan through the City of Denton, and 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 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. The City of Denton has determined that the prescription drug coverage offered by the group health plan through the City of Denton 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 your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage through the City of Denton will not be affected. You can keep this coverage if you elect Part D, and this plan will coordinate with Part D coverage (see pages 7 - 9 of the CMS [Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance](#), available

at [cms.hhs.gov/CreditableCoverage](https://www.cms.hhs.gov/CreditableCoverage)). The *Disclosure of Creditable Coverage to Medicare Part D Eligible Individuals Guidance* outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current coverage through the City of Denton, be aware that you and your dependents will not be able to get this coverage back. If you are able to get this coverage back, re-entry into the plan is subject to the underlying terms of the Plan.

#### When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Denton 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 (19) months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About this Notice or Your Current Prescription Drug Coverage

Contact your Plan Administrator for more information about this notice and/or your current prescription drug coverage.

*Note:* You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Denton changes. You may also request a copy of this notice at any time.

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

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

- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number)
- Call (800) MEDICARE - (800) 633-4227, TTY users should use (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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at (800) 772-1213, TTY users should call (800) 325-0778.

Remember to 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).

For purposes of this notice, the Plan Administrator is:

*Human Resources Department*  
(940) 349-8340

### **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

#### **Part A - General Information**

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance - the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2022 for coverage starting as early as January 1, 2023.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.



For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://www.medicare.gov)



### Does Employer Health Coverage Affect Eligibility for Premium Savings Through the Marketplace?

Yes. If you have an offer of health coverage for your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

*Note:* If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost.

Please visit [healthcare.gov](http://healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

\*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

### **Part B - Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

### Basic Information About Health Coverage Offered by this Employer

Eligible employees are full time employees who work 30 hours per week and have completed the newly eligible 30 day waiting period.

Eligible dependents include the employee's spouse and eligible dependent children up to age 26.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee, or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, [healthcare.gov](http://healthcare.gov) will guide you through the process.

Here's the employer information you'll enter when you visit [healthcare.gov](http://healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

3. Employer Name City of Denton		4. Employer Identification Number (EIN) 75-6000514	
5. Employer Address 601 E. Hickory		6. Employer Phone Number 940-349-8388	
7. City Denton	8. State TX	9. Zip Code 76205	
10. Who can we contact about employee health coverage at this job? Linda Kile			
11. Phone Number (if different from above)		12. Email Address linda.kile@cityofdenton.com	

### Special Enrollment Notice

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

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

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

To request special enrollment or obtain more information, contact the Plan Administrator listed below:

Human Resources Department at (940) 349-8340.

**Notice Informing Individuals About Non-Discrimination and Accessibility Requirements Discrimination is Against the Law**

The City of Denton complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The City of Denton does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The City of Denton provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Human Resources Department at (940) 349-8340. If you believe that the City of Denton has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

*City of Denton*  
*Human Resources Department*  
601 E. Hickory Street, Suite A  
Denton, Texas 76205

You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

[ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

*U.S. Department of Health and Human Services*  
200 Independence Avenue, SW Room 509F  
HHH Building  
Washington, D.C. 20201  
(800) 368-1019 or (800) 537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**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.

**Plan Contact Information**

Medical, Dental, Vision, FSA, EAP, and Clinic

*Human Resources Department*  
City Hall East  
601 E. Hickory Street, Suite A  
Denton, Texas 76205

(940) 349-8340

**Notice Regarding Wellness Program**

The City of Denton's Healthy Incentive Program ("HIP") is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, as applicable among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary Health Risk Assessment or "HRA" (formerly called an Annual Health Assessment or "AHA") that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for Cholesterol (Triglycerides, HDL Cholesterol, LDL Cholesterol) and Blood Glucose Levels (Hemoglobin A1C, Glucose). The blood draw and the follow-up visit are conducted by the City of Denton Employee Health Center managed by Marathon Health (also called the "Clinic"). You are not required to complete the HRA or to participate in the blood test of other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a discount on their medical insurance premium for the following Plan Year. Although you

are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the discount on their medical insurance premium.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nutrition counseling. You also are encouraged to share your results or concerns with your own doctor.

#### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Denton may use aggregate information it collects to design a program based on identified health risks in the workplace, Marathon Health will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or manager and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the healthcare professionals at Marathon Health to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precaution will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in

the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice or about protections against discrimination and retaliation, please contact Linda Kile at (940) 349-8388.



# CONTACT INFORMATION

## City of Denton Human Resources - Benefits Team

**Shelley Kramer**, Benefits & HRIS Specialist (Medical Dental, Vision, Life/AD&D)..... (940) 349-7838  
[shelley.kramer@cityofdenton.com](mailto:shelley.kramer@cityofdenton.com)

**Linda Kile**, Benefits Supervisor (Medical, Dental, Vision, Life/AD&D,  
Healthy Incentives Program (HIP), Employee Health Center)..... (940) 349-8388  
[linda.kile@cityofdenton.com](mailto:linda.kile@cityofdenton.com)

**Lisa Manning**, Benefits & HRIS Specialist (EAP, FSA, Retirement)..... (940) 349-8370  
[lisa.manning@cityofdenton.com](mailto:lisa.manning@cityofdenton.com)

**Heather Feeney**, Benefits & Leave Coordinator ..... (940) 349-8133  
[heather.feeney@cityofdenton.com](mailto:heather.feeney@cityofdenton.com)

**Deby Skawinski**, Deputy Director, Risk & Compliance..... (940) 349-7810  
[deby.skawinski@cityofdenton.com](mailto:deby.skawinski@cityofdenton.com)

## Insurance Carriers

United Healthcare Medical/Rx (Group #715130)..... (800) 241-1659  
[myuhc.com](http://myuhc.com)

United Healthcare Vision (Group #715130)..... (800) 241-1659  
[myuhcvision.com](http://myuhcvision.com)

Delta Dental (Group #19841)..... (800) 521-2651  
[deltadental.com](http://deltadental.com)

Symetra Life - Life/AD&D (#01-017863-00)..... (877) 377-6773  
[symetra.com](http://symetra.com)

Symetra Life - STD/LTD (#01-017863-00)..... (877) 377-6773  
[symetra.com](http://symetra.com)

WEX - FSA..... (877) 765-8810  
[benefitslogin.wexhealth.com](http://benefitslogin.wexhealth.com)

Optum EAP Services ..... (866) 374-6061  
[liveandworkwell.com](http://liveandworkwell.com)

## Other

Rightway Healthcare..... (305) 851-7310  
[rightwayhealthcare.com](http://rightwayhealthcare.com)

City of Denton Employee Health Center..... (940) 808-0906  
[my.marathon-health.com](http://my.marathon-health.com)

