



2020

EMPLOYEE BENEFITS GUIDE

- January 2020 – December 2020



Welcome to Your Annual Enrollment for 2020 Benefits!

Because our employees are important to us and the success of our business, **The City of Washington** offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

Elections you make during this enrollment period will become **effective January 1, 2020**.

Disclaimer

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.



**Created by TrueNorth® for
City of Washington**

Who is Eligible?

Part of your total compensation at **The City of Washington** includes a comprehensive benefits package. If you are a full time employee and meet certain requirements as outlined in the employee handbook you are eligible for the employee benefits program.

The City of Washington has an annual enrollment plan for the employee benefits insurance. If you do not elect at annual enrollment you will be required to have a qualifying event in order to come on to the plan.

How to Enroll/Re-Enroll

This is your annual opportunity to elect medical, dental, and vision benefits for the 2020 plan year. Voluntary life options are available, but will require evidence of insurability if you are coming on as a late entrant.

Once you have made your elections, you will not be able to change them until the 2021 re-enrollment, unless you have a qualified life event change in status.

Qualified Changes for Year

Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, or termination of adoption proceedings, or change in spouse's benefits or employment status.

When you decide to enroll on the plan with a life event change, you will be required to do so within 30 calendar days of the event.

Refer to this list when you need to contact one of your benefit vendors.
For general information contact Human Resources.

MEDICAL

Wellmark BlueCross BlueShield
Customer Service
800-524-9242
www.wellmark.com

DENTAL

Wellmark BlueCross BlueShield
Customer Service
800-524-9242
www.wellmark.com

VISION

VSP
Customer Service
800-877-7195
www.vsp.com

VOLUNTARY LIFE + AD&D

Mutual of Omaha
Customer Service
800-775-8805
www.mutualofomaha.com

DISABILITY

Mutual of Omaha
Customer Service
800-877-5176
www.mutualofomaha.com

TRUENORTH® CONTACTS

TrueAdvocate Team – for questions regarding:

- Deductibles
- Copays
- ID Cards
- Claims Issues
- Benefit Changes

888-655-9980
trueadvocate@truenorthcompanies.com

DOCTOR ON DEMAND

Doctor on Demand offers 24/7 access to a doctor via online video, phone call or mobile app. We know you don't get sick on a schedule and it's not always convenient to leave home or work to visit a doctor. **Doctor on Demand gives you access to convenient, quality healthcare, anytime, from anywhere!**

That means a physician is always just a call, click or swipe away when you:

- Wake up at 2 a.m. with flu-like symptoms
- Get a scratchy throat at work but can't afford to leave
- Feel under the weather during a vacation, on a business trip or away from home

Accessing the service is easy:

1. Download the Doctor on Demand app or visit DoctorOnDemand.com
2. Have your Wellmark member ID card ready. Enter your Wellmark ID number, including the three character prefix and five-digit group number
3. Create an account or sign in

Once you have registered your account, accessing care is easy!

1. **Provide medical history**

Health information is provided during account setup, which is reviewed by the physician prior to a consult

2. **Request a consult**

You can connect with the first available physician or schedule an appointment for a convenient time

3. **Talk with the physician**

Within minutes, a physician will call back, listen, diagnose the issue and prescribe medication, if medically necessary

4. **Pick up the prescription**

The prescription is sent electronically to a local pharmacy selected by you

Doctor on Demand doctors can diagnose many health issues like cold and flu symptoms, allergies, ear infections, rash and skin problems:

Abdominal Pain	Cough	Dizziness
Blood Pressure issues	Bronchitis	Sinusitis
Sore Throat	Skin Injury	Sprains & Strains
Headache/Migraine	Cold	Flu
Fever	Pink eye	Urinary Tract Infection
Laryngitis	Strep	Poison Ivy/Oak
Yeast Infection	Joint Pain/Swelling	Backache

HOW TO FIND AN IN-NETWORK PROVIDER

Phone Number 800-524-9242
 Provider Search www.wellmark.com

To search for a provider, visit the site above, click on Find a provider. Choose PPO (preferred provider organization) Network.

BENEFITS	Purchased Plan	Self-Funding Down To
Deductible	\$5,000 Single \$15,000 Family	\$1,000 Single \$2,000 Family
Coinsurance	70/30%	70/30%
Out of Pocket Maximum	\$10,000 Single \$30,000 Family	\$3,000 Single \$6,000 Family
Office Visit Copay	\$30 Primary Care Copay \$60 Specialist Copay \$30 Virtual Visit Copay	\$30 Primary Care Copay \$60 Specialist Copay \$30 Virtual Visit Copay
Preventive Office Copay	Covered at 100%	Covered at 100%
Emergency Room Copay	\$250 copay	\$250 copay
Prescription Drug	\$100 Single / \$200 Family deductible (waived for Tier 1 drugs); then \$8 / \$35 / \$50 / \$85 / \$85	\$100 Single / \$200 Family deductible (waived for Tier 1 drugs); then \$8 / \$35 / \$50 / \$85 / \$85

PLAN	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Per Pay Period Rates	\$8.10	\$138.18	\$127.72	\$207.06

HOW TO FIND AN IN-NETWORK PROVIDER

Phone Number 800-524-9242
 Provider Search www.wellmark.com

To search for a provider, visit the site above, click on "Find a Dentist." You can search by location or dentist name

Services	Amount You Pay
Per Person Deductible	Single 25*
	Family \$75**
	Coinsurance Paid by Member
Preventive Services	20%
Routine & Restorative Services	50%
Major Services	50%
Annual Maximum	\$1,500
Orthodontic***	50%***

*deductible is waived for diagnostic & preventive services.

**maximum of three deductibles per family per calendar year.

***braces for unmarried dependent children under 19. \$1,000 ortho max

Tiers	Per Pay Period Rates
Single	\$12.42
Employee + Spouse	\$25.20
Employee + Child	\$23.84
Family	\$41.60

HOW TO FIND AN IN-NETWORK PROVIDER

Phone Number 800-877-7195
 Provider Search www.vsp.com

To search for a provider, visit the site above, and enter your Zip Code on the right side of the screen under "Find a VSP Doctor."

Services	Amount You Pay
Exam	\$10.00 copay (1 covered exam subject to copay every 12 months)
Contacts	\$130 allowance. You are eligible for contact lenses every 12 months in lieu of glasses. Up to \$60 copay.
Frames	\$130 allowance and 20% discount off balances over \$130. You are eligible for frames every 24 months.
Lenses	Lenses covered in full every 12 months include: Single vision, bifocal, trifocal and lenticular lenses after \$25 materials copay.
Laser Vision Correction	15% off retail price or 5% off promotional price

Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Per Pay Period Rates	\$6.24	\$9.05	\$9.05	\$16.22

BASIC LIFE AND AD&D – MUTUAL OF OMAHA

City of Washington provides full-time employees with a life insurance policy and accidental death and dismemberment (AD&D) insurance. City of Washington pays the full cost of this benefit and is provided by Mutual of Omaha. Contact Human Resources to update your beneficiary.

	Benefit Amount
Employee	\$50,000
Spouse	\$2,000
Dependent Children age 15 days to 19 years	\$1,000

VOLUNTARY LIFE AND AD&D – MUTUAL OF OMAHA

City of Washington understands that each employee has unique financial planning needs. Some employees may want additional life insurance protection for themselves and their family and we are offering an affordable solution. Employees have the option of electing additional life and accidental death and dismemberment (AD&D) insurance for themselves and eligible family members. You can elect the amount that best meets your individual needs and budget up to \$300,000 or 5 times your annual earnings. You will be responsible for the cost of this benefit which is administered by Mutual of Omaha.

Life and AD&D	Benefit Amount
Employee	Increments of \$10,000 up to \$300,000 or 5 times earnings. Guarantee Issue up to \$50,000.
Spouse	Increments of \$10,000 up to \$50,000 or 100% of employee. Guarantee Issue up to \$25,000. **Only available if the employee enrolls in Voluntary Life
Children	Increments of \$1,000. Minimum of 2,000 to a maximum benefit of \$10,000. Guarantee Issue up to \$10,000.

VOLUNTARY LIFE AND AD&D - MUTUAL OF OMAHA

Employee Age	Rate per \$1,000 of Life
20-24	\$0.06
25-29	\$0.07
30-34	\$0.08
35-39	\$0.20
40-44	\$0.31
45-49	\$0.53
50-54	\$0.87
55-59	\$1.36
60-64	\$2.13
65-69	\$3.82
Child Rate Per \$1,000	\$0.19
Voluntary AD&D	\$0.03 per \$1,000 of AD&D

DISABILITY INCOME BENEFITS

City of Washington provides full-time employees with Short Term Disability and Long-Term Disability income benefits through Mutual of Omaha. In the event you are injured or become ill, disability income benefits are provided as a source of income. You are not eligible to receive Short-Term Disability benefits if you are receiving Workers' Compensation benefits.

	Short-Term Disability	Voluntary Long-Term Disability
Benefits Begin	30th day accident/illness	90 day Elimination Period
Benefits Payable	For 9 weeks	Social Security Normal Retirement Age (SSNRA)
Percentage of Income Replaced	66.67%	60%
Maximum Benefit	Weekly Maximum of \$900	Monthly Maximum of \$5,000

