



# City of Winder

## Benefits Enrollment Guide

January 2016  
—  
December  
2016





Welcome to your new Employee Benefits Handbook. This guide is your summary of the benefit options that are available to eligible employees of the City of Winder. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Handbook is designed to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Handbook is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Handbook and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the City of Winder's leave policies and retirement plans. The plan year runs from January 1, 2016 to December 31, 2016.

This Employee Benefits Handbook is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

**NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 29 for more details.**

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*This guide is designed to provide you with an overview of the benefits options we offer. The actual benefits available to you and the descriptions of these benefits are governed by the relevant Summary Plan Document (SPD) and our contracts. For more detailed plan information for all lines of coverage listed in this guide please call ShawHankins. ShawHankins and the City of Winder reserves the right to modify, change, revise, amend or terminate these benefit plans at any time.*

## New for 2016

- The Medical Plan and HRA will now be administered by Blue Cross Blue Shield
- Dental and Vision will now be administered by Ameritas
- Telemedicine is now offered to City of Winder employees

## Eligibility

Active Full Time Employees of the City of Winder are eligible for benefits. If you are a new employee you are eligible to join the plans effective the 1<sup>st</sup> of the month following 30 days of employment. Otherwise, your annual enrollment elections are effective January 1<sup>st</sup> of each year.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted, stepchildren, and children for whom the employee has been appointed guardian.

Eligible Dependents are classified as:

- Your legal spouse who resides in the United States.
  - Child/stepchild/legal dependent child.
- 
- Your child can be covered on the medical, dental, and vision plans to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.
  - Your child can be covered on the life plans to age 19 or to age 25 if a full time student. If your dependent child is approaching ineligibility due to age and is a full time student or disabled, an application for continuation of dependent status must be made within 30 days of the child's 19<sup>th</sup> birthday for student or from the child's 25<sup>th</sup> birthday for disability.

### **Qualifying Events:** (refer to your Summary Plan Description - Special Enrollment Rights)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted by the IRS under Section 125.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- You must notify Human Resources, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.
- Please contact ShawHankins at 844-337-4378 to speak with a Benefit Consultant regarding enrollment due to a Qualifying Event.

# Benefits Enrollment

**NOTE:** You are required to enroll in all Benefits. You must add any Dependents you wish to cover to the system at this year's annual enrollment.

## To Begin:

- 1) From the "Home Page" click on the "Enroll Now" link, to begin the election process.
- 2) On the "Personal & Family Page", verify your information is accurate and "Add" all eligible dependents you wish to cover under any benefits.

## HOW TO ENROLL

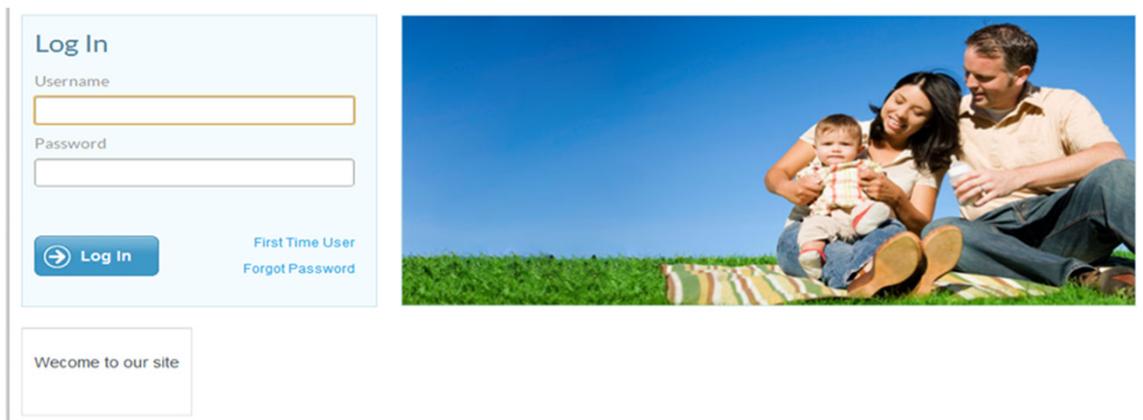
Go to [www.cityofwinder.bswift.com](http://www.cityofwinder.bswift.com).

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, last name and last four numbers of your social security number (ex. jdoe1234).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.



The screenshot shows a web interface for logging in. On the left, there is a 'Log In' section with two input fields: 'Username' and 'Password'. Below these fields is a blue button with a right-pointing arrow and the text 'Log In'. To the right of the button are two links: 'First Time User' and 'Forgot Password'. Below the login section is a box containing the text 'Welcome to our site'. To the right of the login section is a large photograph of a family (a man, a woman, and a child) sitting on a grassy hill under a blue sky.

- 3) To make a plan selection, select the button beside the newly elected plan. if you are covering dependents, make sure to "Select" them by checking off next to their name under Select who to cover with this plan. Then press "Next" at the bottom of the screen.

**Annual Enrollment Period: Begins**  
**Monday, November 16<sup>th</sup>, 2015 and ends at**  
**MIDNIGHT on Sunday, November 22<sup>nd</sup>, 2015**

## Before You Enroll (cont'd.)

**SPECIAL ENROLLMENT**

- ✓ Dental
- ✓ **Vision**
- ✓ Basic Employee Life
- ✓ Voluntary Employee Life
- ✓ Supplemental Employee Life
- ✓ Supplemental Spousal Life
- ✓ Supplemental Child Life
- ✓ Supplemental Employee AD&D
- ✓ Supplemental Spousal AD&D
- ✓ Supplemental Child AD&D
- ✓ Short Term Disability

**1 Plan Selection**

Vision Plan (2014) Employee + Family \$17.20

Select who to cover with this plan [Add Dependents](#)

- ✓ Sally Test Employee
- ✓ spouse test Spouse
- ✓ child TEST Child

**CURRENT PLAN**

✓ Vision Plan (2014) Ameritas Dental \$17.20 per pay period Tier: Employee + Family

[View plan details →](#)

- You will receive new vision ID cards effective 1/1/2014.

[Waive Vision](#)

- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.

### Once You've Reviewed All Your Selections:

#### Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment

✓ Save My Enrollment!

- 5) You will now be taken to the final confirmation page to either print or email.

### **Annual Enrollment Period: Begins**

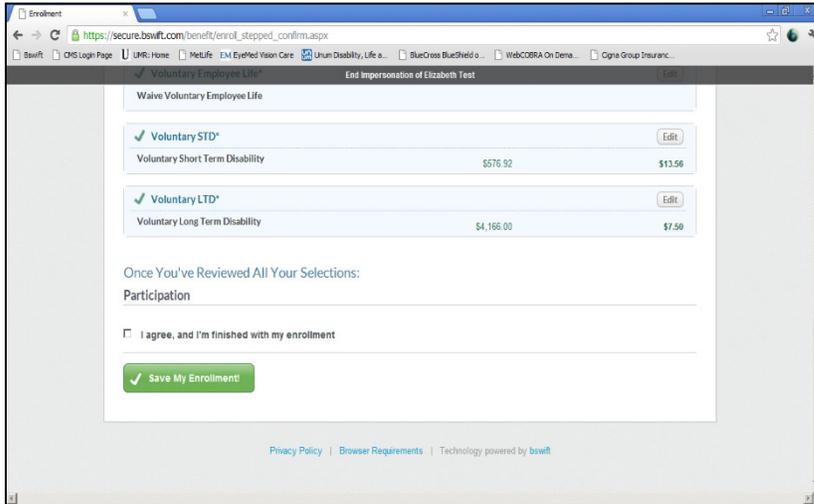
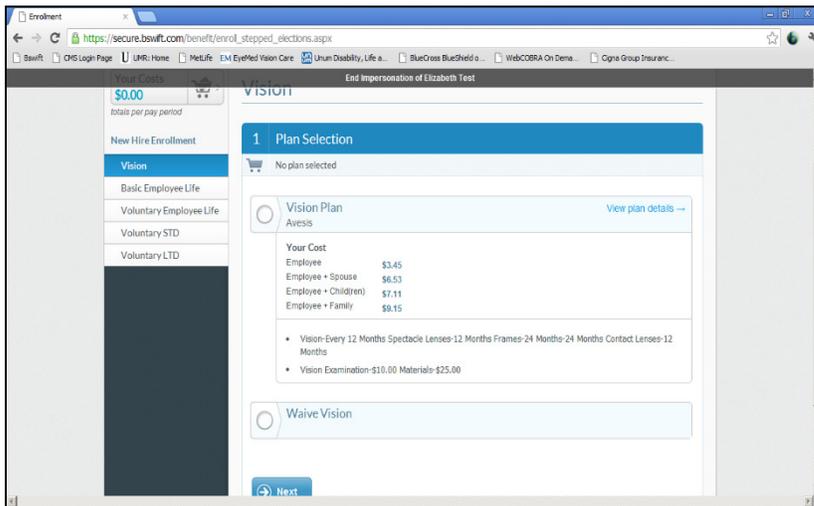
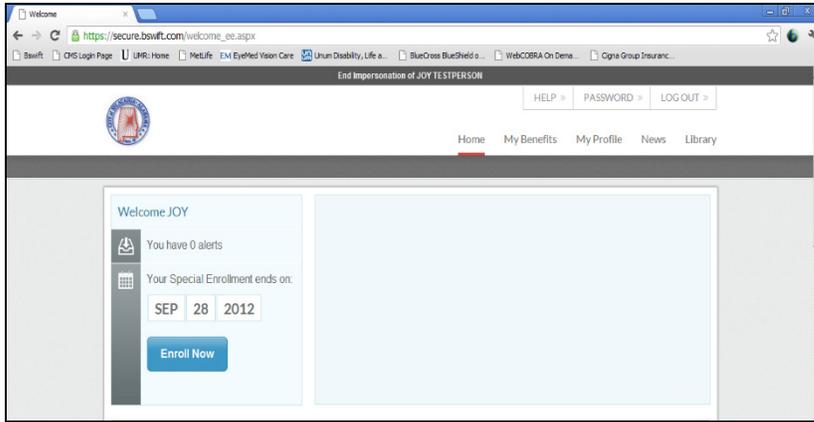
**Monday, November 16<sup>th</sup>, 2015 and ends at MIDNIGHT on Sunday, November 22<sup>nd</sup>, 2015**

**Failure to enroll within the above time period will result in the forfeiture of your eligibility for enrollment until the beginning of the next plan year.**

Qualifying Events (refer to your 2016 Summary Plan Description - Special Enrollment Rights)

- Contact ShawHankins by calling 844-337-7378 to speak with an enroller regarding enrollment.
- You must enroll within 30 days from the effective date of your qualifying event.
- Once your new plan year elections become effective (December 1<sup>st</sup> of each year), you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for myself or my spouse; loss or gain of coverage through my spouse; a change in dependents eligibility.
- You must enroll within 30 days from the effective date of a qualifying event
- Please contact Human Resources at 706-232-5877 regarding enrollment due to a Qualifying Event

# How To Enroll



**NOTE: You are required to review all your Benefits. Please be aware your premium deductions may change for certain plans**

To Begin:

- 1) From the Home Page Click on the Enroll Now link, to begin the election process
- 2) On the Personal & Family Page, verify your information is accurate.
- 3) To choose or change your current election, select the button beside the newly elected plan and press "Next" at the bottom of the screen.
- 4) Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment"
- 5) You will now be taken to the final confirmation page to either print or email.

# ShawHankins Call Center

## Why Would I Contact the Call Center?

**Order ID Cards:** We can contact the insurance carrier directly and have your replacement card in five to seven business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

**Locate In-Network Providers:** Staying in network saves everyone money. Our Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

**Understanding Your Benefits:** We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Section 125 Cafeteria Plans:** We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

**Annual Enrollment Information:** We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Assistance:** The Call Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Call Center Representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

*The Call Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.*

**844-337-4378**

**customerservice@shawhankins.com**

## Wellness Program

### *Administered by Humana Vitality*

City of Winder believes in providing you with resources to help you in reaching your goals for a healthier lifestyle. In order to receive a credit to apply toward your medical premiums you must participate in and complete the Wellness Program. The City of Winder will be partnering with Humana Vitality to administer the 2016 Wellness Program. Employees will be able to earn financial incentives in the form of gift cards for completing health and wellness activities recommended from Vitality's wellness portal. Employees will be able to achieve 5 levels of fitness with the highest being the Platinum level. Employees will also be able to participate in onsite programs as well to earn points. Stay tuned for more information from your Human Resources Department.

The Wellness Program is provided through Humana Vitality and provides many resources outlined below.

## Wellness Program FAQ

What is required and how to earn your Vitality Points:

**Q:** What is required to participate in the wellness plan?

**A:** In order to receive credit for the 2016 wellness plan, you must complete a biometric screening as well as an online health assessment.

**Q:** Who is required to participate in the wellness plan?

**A:** In order to receive credit for 2016, both employees and employee's spouse who have health insurance in 2015, must meet both requirements. However, the wellness is a voluntary program.

**Q:** If I didn't participate in the wellness plan last year, will I be eligible to participate this year?

**A:** Yes. Any member who would like to participate this year has the opportunity. Employees who participate will earn credit towards their 2016 health insurance, as well as the vitality points.

## Wellness Program FAQ (cont'd.)

City of Winder, Human Resources Department  
45 E. Athens Street

Phone: 678-425-6824 or 678-425-6815

Fax: 888-816-8738

E-mail: [heather.wright@cityofwinder.com](mailto:heather.wright@cityofwinder.com)

E-mail: [jami.evans@cityofwinder.com](mailto:jami.evans@cityofwinder.com)

## Wellness Program Contacts

Humana has 5 different Vitality levels that you can reach while participating in the wellness plan.

1. **Blue** – Everyone will start at level Blue with zero points.
2. **Bronze** – You will immediately move up from Blue once you completed the Health Assessment.
3. **Silver** – Employees earns 5,000 points : 8,000 once spouse completed. *Complete your Biometric Screening to move into Silver*
4. **Gold** - 8,000 points for employee, 12,000 points once spouse completes
5. **Platinum** - 10,000 points for employees, 15,000 once spouse completes

## Learn How to Earn and Use Your Vitality Points

Employees can earn additional Vitality Points by completing a number of items. These can range from having in range blood pressure to getting a flu shot, to health club workouts, or everyday physical activities. Members earn Vitality Bucks for each vitality point they earn which can be spent in the Humana Vitality Mall for merchandise or discounts. These can include items such as Amazon Gift Cards, fitness devices, audio equipment and much more.

# Medical Benefits

*Administered by Blue Cross Blue Shield / HRA administered by Health Equity*

City Funded Health Reimbursement Account (HRA)	Annual Benefit Amount - \$1,000 Individual / \$2,000 Family (copays for pharmacy are not reimbursed from the account)	
Deductibles, Coinsurance and Maximums	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Calendar Year Deductible</b> Individual Family	\$2,500 \$5,000	\$5,000 \$10,000
<b>Coinsurance</b>	Member pays 0% Plan pays 100%	Member pays 30% Plan pays 70%
<b>Calendar Year Out-of-Pocket Maximum</b> (includes calendar year deductible) Individual Family	\$2,500 \$5,000	\$8,000 \$16,000
Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Preventive Care Services for Children &amp; Adults</b> <ul style="list-style-type: none"> <li>Well-Child Care, Immunizations</li> <li>Periodic Health Exams</li> <li>Annual Gynecology Exams</li> <li>Prostate Screenings</li> </ul>	Member pays 0% (not subject to deductible)	Member pays 30% after deductible (deductible waived through age 5)
<b>Physician Office Visits for Illness and Injury</b> <small>(Includes labs, x-rays and diagnostic procedures)</small> <ul style="list-style-type: none"> <li>Primary Care Physician (PCP)</li> <li>Specialist Physician</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Retail Health Clinic</b> <small>(located in some pharmacies search for in-network providers through Find a Doctor search tool on bcbsga.com)</small> <ul style="list-style-type: none"> <li>Immunizations</li> <li>Periodic Health Exams</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Maternity Physician Services</b> <ul style="list-style-type: none"> <li>Global obstetrical care (prenatal, delivery and post partum services)</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Telemedicine Services</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Telehealth Services</b> Online Physician Visit ( <a href="https://livehealthonline.com">https://livehealthonline.com</a> )	\$49 Copayment	Member pays 30% after deductible

## Medical Benefits (con.)

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Allergy Services</b> <ul style="list-style-type: none"> <li>Office visits, testing and the administration of allergy injections</li> <li>Allergy injection serum</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Office Surgery</b> (surgery and administration of general anesthesia)	Member pays 0% after deductible	Member pays 30% after deductible
<b>Office Therapy Services</b> <ul style="list-style-type: none"> <li>Physical Therapy (20 visit benefit period maximum)</li> <li>Occupational Therapy (20 visit benefit period maximum)</li> <li>Speech Therapy (20 visit benefit period maximum)</li> <li>Chiropractic Care/Manipulation Therapy (20 visit benefit period maximum)</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Other Therapy Services,</b> <ul style="list-style-type: none"> <li>Chemotherapy, Radiation Therapy, Cardiac Rehabilitation (there is no Cardiac Rehabilitation visit max on this plan; authorization required) and respiratory/pulmonary therapy</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Advanced Diagnostic Imaging</b> (MRI, MRA, CT Scans and PET Scans)	Member pays 0% after deductible	Member pays 30% after deductible
<b>Urgent Care Services</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>Life-threatening illness or serious accidental injury only</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible

## Medical Benefits (con.)

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
<b>Outpatient Facility Services</b> <ul style="list-style-type: none"> <li>• Surgery Facility/Hospital Charges</li> <li>• Diagnostic X-Ray &amp; Lab Services</li> <li>• Physician Services</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Inpatient Facility Services</b> <ul style="list-style-type: none"> <li>• Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care</li> <li>• Physician services</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Skilled Nursing Facility</b> <ul style="list-style-type: none"> <li>• 60-day benefit period maximum</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Mental Health/Substance Abuse Services</b> (services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> <li>• Inpatient mental health and substance abuse services (facility and physician fee)</li> <li>• Partial Hospitalization Program (PHP) &amp; Intensive Outpatient Program (IOP) (facility &amp; physician fee)</li> <li>• Office mental health and substance abuse services (physician fee)</li> <li>• Outpatient mental health &amp; substance abuse services (physician fee)</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Home Health Care Services</b> <ul style="list-style-type: none"> <li>• 60-visit benefit period maximum</li> </ul>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Hospice Care Services</b> <ul style="list-style-type: none"> <li>• Inpatient and outpatient services covered under the hospice treatment program</li> </ul>	Member pays 0% after deductible (not subject to deductible)	Member pays 30% after deductible

## Medical Benefits (con.)

Covered Services	In-Network Benefit Level	Out-of-Network Benefit Level
Durable Medical Equipment (DME)	Member pays 0% after deductible	Member pays 30% after deductible
Ambulance Services (covered when medically necessary)	Member pays 0% after deductible	Member pays 30% after deductible
Routine Vision Exam	Member pays \$15.00 copay	N/A
<b>Prescription Drugs</b> Note: <ul style="list-style-type: none"> <li>• If a member receives a brand name drug that falls on Tier 2 or Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and generic drug. This applies even when a physician indicates DAW (dispense as written) or obtains an authorization.</li> <li>• All member cost shares for pharmacy benefits will apply to the pharmacy Out-Of-Pocket Maximum.</li> <li>• Retail and Home Delivery maintenance drug coverage is provided at one of three tier levels in accordance with the Formulary Drug List.</li> <li>• Members must file a claim form for reimbursement when using an Out-Of-Network pharmacy.</li> <li>• Specialty drugs can only be obtained from a Specialty Pharmacy.</li> </ul>		
Benefit Period Out-Of-Pocket Maximum	\$2,500 Single/\$5,000 Family	
Retail Drugs – Tier 1 (30 Day Supply)	\$10 Copayment	
Retail Drugs – Tier 2 (30 Day Supply)	\$30 Copayment	
Retail Drugs – Tier 3 (30 Day Supply)	\$60 Copayment	
Home Delivery Maintenance Drugs – Tier 1 (90 Day Supply)	\$25 Copayment	
Home Delivery Maintenance Drugs – Tier 2 (90 Day Supply)	\$75 Copayment	
Home Delivery Maintenance Drugs – Tier 3 (90 Day Supply)	\$150 Copayment	

## Medical Benefits (con.)

<b>Plan Wellness Incentives</b> <small>Tools and resources to help you stay healthy. Eligible members include employees, spouses, and covered dependents age 18 and older.</small>	
<b>Future Moms Program</b>	Mothers-to-be can earn up to \$200 toward gift cards to national retailers when you participate and get personalized support and guidance. You can call to speak to a nurse coach at 866-347-8360 for answers to your pregnancy questions - any time, any day.
<b>Healthy Lifestyles Online Program</b> <small>To access Healthy Lifestyles online, go to <a href="http://bcbsga.com">bcbsga.com</a> and log in using your BSBSGA username and password. Select the Health &amp; Wellness tab. To access Healthy Lifestyles, select Get started &gt; under the Healthy Lifestyles section.</small>	Earn up to \$150 towards gift cards to national retailers when you participate in the Healthy Lifestyles program. Healthy Lifestyles is an online personalized well-being improvement program that focuses on physical, social and emotional behaviors that affect your total well-being. You start by completing a Well-Being Assessment (WBA) to help identify health goals and to develop a well-being plan. Your well-being plan uses the personal goals you set to keep you motivated, and it changes over time as you make progress toward them.
<b>24/7 NurseLine</b>	Access trained registered nurses any time of the day or night. Call 24/7 NurseLine at 866-800-8780.

### Per Pay Period (24 Pay Periods)

Coverage Tier	Wellness	Non-Wellness
Employee Only	\$23.23	\$34.85
Employee + 1	\$92.93	\$116.16
Employee + Family	\$139.39	\$174.24

## Dental Benefits

### Administered by Ameritas

Maintaining our dental health is a large component in our overall health. While brushing and flossing may help us maintain our dental health, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may actually help reveal other health issues you may be unaware of.

The City of Winder offers dental coverage through Ameritas as summarized below.

Preferred Dentist Program	Benefit
Calendar Year Deductible	\$50 Individual \$150 Family
Maximum (per person)	\$5,000 per calendar year
Preventive Services (Type A) <i>Routine Exam (1 in 6 months); Fluoride Treatments (under age 13) (1 in 12 months); Sealants (age 15 and under); X-rays (bitewing-1 in 12 months/full mount – 1 in 5 years), Space Maintainers, Cleaning (1 in 6 months), Periapical X-Rays</i>	100%
Basic Treatment (Type B) <i>Restorative Amalgams, Restorative Composites, Endodontics (Surgical and Non-Surgical), Periodontics (Surgical and Non-Surgical), Extractions (Simple and Complex), Anesthesia</i>	80%
Major Treatment <i>Crowns (1 in 10 years per tooth), Onlays, Crown Repair, Denture Repair, Implants, Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</i>	50%
Orthodontia	50%
Lifetime Orthodontia Maximum Covers Adult & Children	\$1,500

Coverage Tier	Per Pay Period (24 Pay Periods)
Employee Only	\$0.00
Employee + Spouse	\$16.86
Employee + Child(ren)	\$18.51
Employee + Family	\$35.39

# Vision Benefits

## Administered by Ameritas

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our Employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through City of Winder will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	In-Network	Out-of-Network	Frequency
<b>Vision Exam</b>	\$10 Exam \$10 Eye Glass Lenses	No Deductible	Once every 12 months (based on date of service)
<b>Contact Fittings</b> Standard Premium Elective Medically Necessary	Member cost up to \$55 10% off of Retail Up to \$150 Covered in Full	No Benefit No Benefit Up to \$120 Up to \$200	Once every 12 months (based on date of service)
<b>Lenses (per pair)</b> Single Vision Bifocal Trifocal Lenticular Progressive	Covered in Full Covered in Full Covered in Full 20% Discount See Lens Options	Up to \$25 Up to \$40 Up to \$55 No Benefit N/A	Once every 12 months (based on date of service)
<b>Frames</b>	\$150	Up to \$75	Once every 24 months (based on date of service)
<b>LASIK</b>	15% Discount on Retail or 5% on Promotional	N/A	
Lens Options	EyeMed Access Network	Out-of-Network	
<b>Progressive Lens</b> Standard Premium	Standard: \$65 + lens deductible Premium: lens cost -20\$ discount -\$120 allowance +Standard Progressive cost	No Benefit	
<ul style="list-style-type: none"> <li>• Std. Polycarbonate</li> <li>• Tint (solid &amp; gradient)</li> <li>• Scratch Resistant Coating</li> <li>• Anti-Reflective Coating</li> <li>• Ultraviolet Coating</li> <li>• LASIK or PRK</li> </ul>	\$40 \$15 \$15 \$45 \$15 Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers	No Benefit	

Coverage Tier	Per Pay Period (24 Pay Periods)
Employee Only	\$3.68
Employee + Spouse	\$7.36
Employee + Child(ren)	\$6.99
Employee + Family	\$11.02

# Basic Life/AD&D & Voluntary Life Insurance

## Administered by One America

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. City of Winder is pleased to provide Basic Life & AD&D Insurance to all full-time employees in the amount of 2.5 times your base annual income (not to exceed \$300,000) at no cost to you. In addition, the City of Winder provides you with Dependent Life and AD&D insurance in the amount of \$5,000 for an eligible spouse and \$2,000 for each eligible child.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. City of Winder is pleased to offer additional Life Insurance coverage options as a solution.

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5x your annual salary.</p> <p><b>New Hires:</b> You will have a guarantee issue amount of \$150,000 (not to exceed 5x your annual salary). Employee elections over \$150,000 will require Evidence of Insurability (EOI).</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$5,000 to a maximum of \$250,000 not to exceed 50% of your employee coverage amount.</p> <p><b>New Hires:</b> You will have a guarantee issue amount of \$50,000 (not to exceed 50% of EE amount). Spouse elections over \$50,000 will require Evidence of Insurability.</p>
Child(ren) Voluntary Life	<p>You can purchase \$10,000 in coverage for eligible child(ren) not to exceed 100% of your employee coverage amount.</p>
Accelerated Life Benefit	<p>If you are Permanently and Totally Disabled and are diagnosed with a Terminal Condition, you may apply for payment of the Accelerated Life Benefit. Benefits will be paid in one lump sum to you. You may request payment of 25%, 50%, or 75% of the Life Amount. This benefit is available on Life Amounts of \$10,000 or more.</p>
Annual Enrollment	<p>If you are currently covered you can increase your coverage by \$10,000 not to exceed the Guarantee Issue amount without requiring EOI.</p>

**Evidence of Insurability (EOI) is required if your election for you or your election for your dependents exceeds the guarantee issue amounts. EOI may also be required at annual enrollment if you elect or increase coverage.**

**Under this plan, coverage reduces by 50% at age 70. If you or your spouse are age 70 or over, your coverage will be reduced by this percentage.**

# Voluntary Life Insurance (cont'd.)

## Important Terms to Understand

**Evidence of Insurability:** Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amount or if you are enrolling after your initial enrollment.

**Guarantee Issue:** Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

The chart shows rates per \$1,000.  
Spouse's rate is based on Employee's Age

Life & AD&D Monthly Rates per \$1,000	
Age	Rate
<25	\$0.10
25-29	\$0.10
30-34	\$0.11
35-39	\$0.13
40-44	\$0.16
45-49	\$0.27
50-54	\$0.40
55-59	\$0.79
60-64	\$1.08
65-69	\$1.81
70-74	\$3.41
75+	\$6.36
<b>Child Voluntary Life &amp; AD&amp;D per \$10,000</b>	<b>\$2.02</b>

Note: Premiums will automatically calculate online.

Steps to Calculate Premium Per Paycheck	
Step 1: Amount of Voluntary Life Insurance	_____
	Desired Amount
Step 2: Divide amount of Voluntary Life Insurance in Step 1 by \$1,000	_____
Step 3: Rate from table based on age (spouse based on employee age)	_____
Step 4: Multiply Step 2 by Step 3	_____
	Monthly Premium
Step 5: Multiply monthly premium in Step 4 by 12	_____
	Annual Premium
Step 6: Divide annual premium in step 5 by 24	_____
	Premium per paycheck

# Short Term Disability Benefits

## Administered by One America

No one wants to think he or she might become injured in an off-the-job accident, or come down with an acute or chronic illness. An auto accident, a fall, an unexpected heart problem, or even an expected maternity leave can impact your financial security. City of Winder provides you with the protection you may need through the Core STD plan at no cost to you. You also have the option to purchase additional coverage under the Buy-Up STD plan.

	Core STD (Employer Paid)	Buy-Up STD (Employee Paid)
Benefit Amount	50% of weekly salary	67% of weekly salary
Maximum Benefits	\$1,000 Per week	\$1,000 Per week
Benefits Begin After (*Elimination Period)	7 Days - Accident 7 Days – Injury	7 Days - Accident 7 Days – Injury
Maximum Benefit Duration	Up to 12 weeks	Up to 12 weeks

**\* Your elimination period counts toward your benefit duration.**

Buy-Up STD (Employee Paid)	
Per Pay Period Per \$10	\$0.14

**Late Enrollment:** Those employees who do not elect the Buy-Up disability when initially eligible are considered late entrants and will be subject to evidence of insurability.

Steps to Calculate Short Term Disability Premium Per Paycheck	
Step 1: Enter your weekly income, not to exceed \$1,000, on Line 1. (Annual Salary/52)	_____
	Line 1 (weekly income)
Step 2: Multiply your weekly earnings (Line 1) by 0.50 or 0.67 and enter on Line 2 (weekly benefit amount)	_____
	Line 2 (weekly benefit amount)
Step 3: Divide your weekly benefit amount by 10 And then multiply by the rate of \$0.14, enter on line 3	_____
	Line 3 (monthly cost)
Step 4: To calculate your pay period premium, multiply Line 3 by 12, then divide by 24.	_____
	Payroll Deduction

Note: Premiums will automatically calculate online.

# Long Term Disability Benefits

## *Administered by One America*

A long term disability is one of the most devastating experiences that can happen to an employee, impacting both your work and personal life in a major way. Protection for you and your family is available through the Long Term Disability insurance provided to you by City of Winder at no cost through the Core Long Term Disability plan. You also have the option to purchase additional coverage under the Buy-Up Long Term Disability plan.

LTD insurance provides the financial protection you may need during the allowable period of disability by paying you a monthly benefit.

LTD (Employer Paid)	
Benefit Amount	60% of monthly salary
Maximum Benefits	\$6,000 Per month
Benefits Begin After (*Elimination Period)	90 days
Maximum Benefit Duration	Up to your Social Security Normal Retirement Age
Pre-Existing Condition Exclusion	3/12

### **What is a pre-existing condition?**

The plan does not cover **pre-existing conditions**, unless your disability begins after you have been covered under the plan for 12 consecutive months. A pre-existing condition is a condition for which you, during the 3 months prior to your effective date, received medical treatment, took prescription medication or had medication prescribed, or had symptoms which would cause a reasonably prudent person to seek diagnosis, care, or treatment.

**Late Enrollment:** Those employees who do not elect the Buy-Up disability plan when initially eligible are considered late entrants and will be subject to evidence of insurability if coverage is later elected.

# Group Accident

## Administered by Allstate

Accident benefits are payable for out-of-pocket expenses associated with an accidental injury and can help protect you financially should an on- or off –the-job injury occur.

	Low Plan (Option 1)	High Plan (Option 2)
Accidental Death	Employee: \$40,000 Spouse: \$20,000 Children \$10,000	Employee: \$60,000 Spouse: \$30,000 Children \$15,000
Hospital Admission	\$500	\$500
Dislocation	Up to \$4,000	Up to \$6,000
Laceration	\$50	\$50
Paralysis (Paraplegic and Quadriplegic)	\$7,500-\$15,000	\$7,500-\$15,000
Hospital Confinement	Up to \$1,000	Up to \$1,000

### **Additional Features**

- Guaranteed Issue: No evidence of insurability is required at initial enrollment.
- Plan includes reimbursement for outpatient physician visits for any reason outside of a hospital. The reimbursement is \$50 for the Low plan or \$75 for the High plan per visit up to twice annually (for employee + dependents up to visits per year).
- Coverage pays in addition to any other insurance benefits from other insurance companies, picking up where other insurance leaves off by providing cash benefits to help cover out-of-pocket expenses.
- Coverage is portable from day one should you leave your employment or retire.

Dependent child eligibility: Up to age 26

Please review full summary of benefits available online.

	Per Pay Period (24 per year)	
	Low Plan (Option 1)	High Plan (Option 2)
Employee Only	\$9.00	\$12.34
Employee + Spouse	\$16.93	\$23.61
Employee + Child(ren)	\$18.42	\$25.84
Employee + Family	\$22.45	\$31.73

# Group Critical Illness

## Administered by Allstate

Benefits are payable for specified diseases and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Benefits	Option 1	Option 2
<b>INITIAL CRITICAL ILLNESS BENEFITS*</b>		
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (Employee Only)	Yes	Yes
<b>OPTIONAL SUPPLEMENTAL CRITICAL ILLNESS BENEFITS*</b>		
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000

### Additional Features

- Guarantee Issue (GI) of \$10,000 or \$20,000 benefit for employee with no health questions if you are a newly eligible employee. Late entrants require evidence of insurability.
- Covered dependents receive 50% of your benefit amount (GI)
- Benefits are paid directly to you.
- Coverage is portable from day one should you leave your employment or retire.

Dependent child eligibility: Up to age 26

Please review the full summary of benefits available online.

### Option 1

\$10,000	NON-TOBACCO		TOBACCO	
	EE EE+CH	EE & SP, FAM	EE EE + CH	EE & SP, FAM
Issue Age				
18-35	\$1.84	\$2.51	\$2.82	\$3.98
36-50	\$5.17	\$7.50	\$8.35	\$12.28
51-60	\$11.35	\$16.77	\$18.51	\$27.51
61-63	\$19.57	\$29.10	\$29.61	\$44.17
64+	\$31.93	\$47.65	\$48.54	\$72.55

### Option 2

\$10,000	NON-TOBACCO		TOBACCO	
	EE EE+CH	EE & SP, FAM	EE EE + CH	EE & SP, FAM
Issue Age				
18-35	\$3.19	\$4.53	\$5.14	\$7.46
36-50	\$9.83	\$14.49	\$16.21	\$24.06
51-60	\$22.19	\$33.03	\$36.51	\$54.51
61-63	\$38.62	\$57.69	\$58.72	\$87.83
64+	\$63.36	\$94.79	\$96.57	\$144.60

# Group Cancer

## Administered by Allstate

Cancer insurance pays you benefits that can be used for medical and nonmedical expenses related to the diagnosis and treatment of cancer and other specified diseases.

Benefits	Option 1	Option 2	Option 3
<b>HOSPITAL &amp; RELATED BENEFITS</b>			
Continuous Hospital Confinement (daily)	\$100	\$200	\$300
Government or Charity Hospital (daily)	\$100	\$200	\$300
Private Duty Nursing Services (daily)	\$100	\$200	\$300
Extended Care Facility (daily)	\$100	\$200	\$300
At Home Nursing (daily)	\$100	\$200	\$300
Freestanding Hospice Care Center (daily) or Hospice Care Team (per visit)	\$100	\$200	\$300
<b>RADIATION, CHEMOTHERAPY, &amp; RELATED BENEFITS</b>			
Radiation/Chemotherapy for Cancer (every 12 months)	\$5,000	\$10,000	\$10,000
Blood, Plasma, and Platelets (every 12 months)	\$5,000	\$10,000	\$10,000
Hematological Drugs (yearly)	\$100	\$200	\$200
Medical Imaging (yearly)	\$250	\$500	\$500
<b>SURGERY &amp; RELATED BENEFITS</b>			
Surgery (maximum, depending on surgery)	\$1,500	\$3,000	\$4,500
Anesthesia (% of surgery benefit)	25%	25%	25%
Ambulatory Surgical Center (daily)	\$250	\$500	\$750
Second Opinion	\$200	\$400	\$600
Bone Marrow or Stem Cell Transplant – Autologous	\$500	\$1,000	\$1,500
Non-Autologous	\$1,250	\$2,500	\$3,750
Non-Autologous for Leukemia	\$2,500	\$5,000	\$7,500
<b>MISCELLANEOUS BENEFITS</b>			
Inpatient Drugs & Medicine (daily)	\$25	\$25	\$25
Physician's Attendance (daily)	\$50	\$50	\$50
Ambulance (per confinement)	\$100	\$100	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Outpatient Lodging (daily, \$2,000 max/12 months)	\$50	\$50	\$50
Family Member Lodging (daily)	\$50	\$50	\$50
Transportation (per trip or mile)	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile	Coach Fare or \$0.40/Mile
Physical or Speech Therapy	\$50	\$50	\$50
New or Experimental Treatment (every 12 months)	\$5,000	\$5,000	\$5,000
Prosthesis (per amputation)	\$2,000	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$25	\$25	\$25
Non-Surgical External Breast Prosthesis	\$50	\$50	\$50
Anti-Nausea Benefit (yearly)	\$200	\$200	\$200

## Group Cancer (cont'd.)

### Additional Information:

- **Guaranteed Issue:** No evidence of insurability (proof of good health) is required at initial enrollment, which means you and your family members are not required to answer medical questions before coverage is approved if you enroll when initially eligible.
- \$100 wellness benefit for annual health screenings for each family member covered. Some screenings included are Pap test, mammogram, PSA test, echocardiogram, EKG, cholesterol screenings (lipid panel), stress test on bike or treadmill, and HPV vaccinations.
- Coverage pays in addition to any other insurance benefits from other insurance companies, picking up where other insurance leaves off by providing cash benefits to help cover out-of-pocket expenses. The benefit is paid directly to you, unless you choose otherwise.
- Covers not only cancer but also 29 additional specified diseases, such as lateral sclerosis, muscular dystrophy, multiple sclerosis, sickle cell anemia, lupus, cystic fibrosis and more.
- Coverage is portable.

Dependent child eligibility: Up to age 26

	Option 1	Option 2	Option 3
Employee Only	\$7.81	\$12.18	\$15.76
Employee + Spouse	\$12.45	\$19.03	\$24.83
Employee + Child(ren)	\$10.73	\$17.05	\$22.35
Employee + Family	\$15.36	\$23.89	\$31.41

# Voluntary Telemedicine

This is a discount benefits program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family.

The membership is simple to use. There is **no copay** required. Employees can search for providers on MyMemberPortal.com.

Packages	
	Benefits
<b>ShawHankins Advantage</b>	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Health Wealth Connection</li> </ul>
<b>ShawHankins Advantage Plus</b>	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Health Wealth Connection</li> <li>• Vision</li> <li>• Dental</li> <li>• Pharmacy</li> <li>• Lab Testing</li> <li>• MRI &amp; CT Scans</li> <li>• Hearing Aids</li> </ul>
<b>ShawHankins Premier</b>	<ul style="list-style-type: none"> <li>• Teladoc</li> <li>• Health Advocacy</li> <li>• Medical Bill Saver</li> <li>• Nurseline</li> <li>• Doctors Online</li> <li>• Health Wealth Connection</li> <li>• Vision</li> <li>• Dental</li> <li>• Pharmacy</li> <li>• Lab Testing</li> <li>• MRI &amp; CT Scans</li> <li>• Hearing Aids</li> <li>• Legal Care Direct</li> <li>• ID Sanctuary Enhanced</li> <li>• Roadside Assistance</li> </ul>

Packages	Employee-Paid Pricing
<b>ShawHankins Advantage</b>	\$6.99 pepm
<b>ShawHankins Advantage Plus</b>	\$9.99 pepm
<b>ShawHankins Premier</b>	\$15.99 pepm

# Voluntary Telemedicine (con.)

## **BENEFIT DETAILS**

### **Teladoc**

73% of Americans have trouble receiving timely medical care without having to visit the emergency room. Help employees save time and money with 24/7 access to a doctor by phone or online video consult– anytime, anywhere in the U.S. with no copay. Doctors offer diagnosis, treatment options and prescription if necessary. By using Teladoc instead of going to an urgent care clinic or ER, employees cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

### **Health Advocacy**

Time is money. Personal Health Advocates help employees navigate through insurance and healthcare systems. Advocates can also locate doctors, specialists, hospitals, dentists and pharmacies. Advocates research treatments, resolve claims and provide medical explanations so employees can make more informed decisions.

### **Medical Bill Saver**

Individuals are responsible for more out-of-pocket medical and dental costs than ever before. Medical Bill Saver provides skilled negotiators who will attempt to negotiate discounts for your employees, no matter their benefit status. Negotiators can lead to a reduction in their out-of-pocket costs.

### **Nurseline**

Employees have a place to turn to for trusted advice and information when they need it most. Rest assured – highly trained registered nurses are on-call 24/7 to answer questions.

### **Doctors Online**

Employees have access to a team of medical professionals by email or smartphone app. Doctors Online gives employees a trustworthy place to get their healthcare questions answered through a secure website 24/7. It's the fast, easy way for employees to get health information from a resource they can trust.

### **Health Wealth Connection**

Simple online tools and solutions to help employees manage their health and personal finances. Give employees an innovative wellness program that addresses the complete spectrum of their physical, mental and financial health. It's like having a health coach, financial planner, nutritionist and counselor all in one place.

### **Vision**

Our eyes are the windows to our health. Now employees and their family can see better savings at over 20,000 vision providers nationwide including chains and local retailers. Employees save 10% to 60% on glasses, contacts, laser surgery, exams and even designer eyewear.

### **Dental**

Help employees smile brighter with big savings at our 158,000\* dental practice locations nationwide. In most instances, employees save 15% to 50% per visit\*\* on services from general dentistry to special procedures. Employees can use their card over and over again to save throughout the year. \*As of December 2014. \*\*Actual costs and savings vary by provider, service and geographical area.

### **Pharmacy**

Our members save 10% to 85% on most prescriptions, reducing their out-of-pocket costs by over \$94 million in 2013.

### **Pet Care**

62% of American households have at least one pet. Your employees can keep their pets happy and healthy with discounts on everything from toys and treats to grooming and eats. They can save on boarding, doggie daycare, training, veterinary services and more.

### **Lab Testing**

Help your employees monitor their health with 10% to 80% off typical costs of routine lab work. Employees can choose from over 1,500 participating locations nationwide and order online or by phone. Confidential results are available online in as little as 24 hours for most tests.

### **MRI & CT Scans**

A better image leads to a better diagnosis, better treatment, and a better recovery. Your employees save 50% to 75% on usual charges for MRI, CR Scans and Ultrasounds at thousands of credentialed radiology centers nationwide.\*

### **Hearing Aids**

55% of seniors cite cost as a reason for not using hearing aids. Your employees receive a free initial screening and save 35% at retail locations nationwide.

### **Legal Services Discount**

Free and discounted rates on services from experienced lawyers – for everything from traffic tickets to bankruptcy to child support.

# Flexible Spending Accounts

## Administered by TASC

Participating in the Flexible Spending Account (FSA) available through your Employer can increase your take-home pay by reducing your taxable income. It allows you to potentially save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars vs. post-tax dollars to pay for those expenses.

We recommend prior to making an election, you consider and derive a conservative estimate of how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year. For example, you may want to consider your estimated cost for prescription drugs, medical and dental office visit co-pays and/or deductibles, as well as vision related needs including exams and prescription glasses/lenses.

Most FSA's require you use the funds you contribute within the plan year or you lose them. However, through the FSA available through City of Winder you can now roll over up to \$500 of unused contributions in your Healthcare Reimbursement FSA only.

**Note: This is a Reimbursement Plan Only.  
This plan does not have debit cards.**

**Highlights**  
**Healthcare Reimbursement FSA:**  
Maximum Employee Contribution: \$2,550 Annually

**Highlights**  
**Dependent Day Care FSA:**  
Maximum Employee Contribution: \$5,000 Annually

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
<b>Taxable Monthly Income</b>	<b>\$3,500</b>	<b>\$2,900</b>
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
<b>Monthly Take-home Pay:</b>	<b>\$1,932</b>	<b>\$2,098</b>

*Net Increase in Take-Home Pay = \$166/mo!*  
For illustration only. Actual dollar amounts may vary.

# City of Winder’s Defined Contribution Retirement Plan

## 457 (b) Deferred Compensation Plan

The deferred compensation plan is designed to allow City employees to voluntarily supplement their retirement savings through the deferral of income on a before-tax basis

## 401 (a) Defined Contribution Plan

The defined contribution plan allows the City to contribution on behalf of their employees and/or match contributions employees make to their deferred compensation accounts.

## Pre-Tax Contributions

Employees may contribute through payroll deduction up to one-hundred percent (100%) of eligible compensation to an elective contribution account on a before-tax basis, up to the IRS limit. Contributions must be made in one percent (1%) increments.

## City of Winder’s Contributions

The City of Winder’s Basic Contribution (B.C.) – Each pay period the City will automatically contribute an amount equal to three percent (3%) of the employee’s eligible compensation. Even if the employee chooses not to contribute on their own.

City Matching Contributions (M.C.) – If the employee makes a contribution (before-tax) the City will match the contribution dollar for dollar up to the first three percent (3%).

## Vesting Schedule

Employee Contribution	Winder’s Basic Contribution	Winder’s Matching Contribution
<p><b>100% Vested Immediately:</b> Contributions and earnings will always belong to the employee.</p>	<p><b>100% Vested After 3 Years of Employment:</b> If the employee terminates employment before completing 3 years of employment, the employee will forfeit the contributions and earnings in this account based on 1/3 per year.</p>	<p><b>100% Vested Immediately:</b> Contributions and earnings will always belong to the employee.</p> <p>Both the employee’s and City’s portion.</p>

The Defined Contribution and Deferred Compensation Retirement Plans are offered to ALL Full-Time Employees after they have completed 90 consecutive days of employment.

Employees may want to consult a tax advisor to evaluate any special tax considerations that may apply before any rollover into the City’s plan.

# Additional Benefits - Employee Assistance Program (EAP)

The EAP Program is provided at no additional cost to all employees participating in the Disability plan(s) through One America.

## What is an EAP?

An EAP is a confidential worksite-based program designed to assist both employees and employers. An EAP provides assessment and referral – in person and over the phone – for personal matters. Each eligible employee, along with each eligible employee’s dependents, is entitled to three visits (or sessions) free-of-charge per calendar year. Also, telephone intakes and information calls regarding EAP services are free and unlimited.

## Assessment and Referral Services

### Personal Concerns

- Stress
- Crisis
- Psychiatric Disorders
- Medical Problems
- Work-Related Difficulties
- Marital and Family Issues
- Emotional Concerns
- Relationship Issues
- Life Adjustments
- Alcohol & Drug Problems

### Financial

- Financial Planning
- Retirement Planning
- Investment Strategies
- Money Management

### Childcare

- Assess Child Care Needs & Explore Care Options
- Adoption Resources
- Referrals for an Array of Child Care Arrangements, Camps & Schools

### Online Services

- Stress Management Course
- Legal/Financial Library
- Smoking Cessation Program
- Depression & Substance Abuse Screenings
- Identify theft resources
- Behavioral health library
- Wellness Information

### Eldercare

- Resources and referral for both public and private eldercare facilities consultation on evaluation of facilities

### Legal

- Consultation Provided for an Array of Legal Issues, Including Family Law, Housing and Real Estate and Estate Planning
- Simple Will Prepared at No Cost
- 25% Discount on Standard Attorney Hourly Rate for Services Rendered Beyond Scope of EAP

### Academic Resources

- SAT and Other Testing Resources
- Tutors
- College Planning Guides
- Sources of Financial Assistance

### Pet Services

- Referrals for Breeders, Kennels, Veterinarians, Etc.
- Pet Services Guide

# Disclosure Notices - Prescription Drug and Medicare Notice

## Important Notice from the City of Winder About 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 with the City of Winder and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of Winder has determined that the prescription drug coverage offered by the BCBS 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.

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

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

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Winder coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the City of Winder benefit plan during an open enrollment period under the City of Winder benefit 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 Winder and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Winder changes. You also may 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'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

From: January 1, 2016 to December 31, 2016  
Name of Entity/Sender: City of Winder  
Contact/Position Office: Heather Wright/Director of Human Resources  
Address: 45 East Athens Street, Winder, GA 30680  
Phone Number: 770.867.3106

# Disclosure Notices – CHIP

## Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of November 3, 2010. You should contact your State for further information on eligibility**

<b>ALABAMA – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-800-362-1504	Website: <a href="http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 1-866-298-8443
<b>ALASKA – Medicaid</b>	<b>COLORADO – Medicaid and CHIP</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In State): 1-800-866-3513 Medicaid Phone (Out of State): 1-800-221-3943 CHIP Website: <a href="http://www.CHPplus.org">http:// www.CHPplus.org</a> CHIP Phone: 303-866-3243
<b>ARIZONA – CHIP</b>	
Website: <a href="http://www.azahcccs.gov/applicants/default.aspx">http://www.azahcccs.gov/applicants/default.aspx</a> Phone (In-State): 1-877-764-5437	
<b>ARKANSAS – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.arkidsfirst.com/">http://www.arkidsfirst.com/</a> Phone: 1-888-474-8275	Website: <a href="http://www.fdhc.state.fl.us/Medicaid/index.shtml">http://www.fdhc.state.fl.us/Medicaid/index.shtml</a> Phone: 1-866-762-2237
<b>GEORGIA – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Telephone: 1-800-694-3084
<b>IDAHO – Medicaid and CHIP</b>	<b>NEBRASKA – Medicaid</b>
Medicaid Website: <a href="http://www.accesstohealthinsurance.idaho.gov">www.accesstohealthinsurance.idaho.gov</a> Medicaid Phone: 1-800-926-2588 CHIP Website: <a href="http://www.medicaid.idaho.gov">www.medicaid.idaho.gov</a> CHIP Phone: 1-800-926-2588	Website: <a href="http://www.dhhs.ne.gov/med/medindex.htm">http://www.dhhs.ne.gov/med/medindex.htm</a> Phone: 1-877-255-3092
<b>INDIANA – Medicaid</b>	<b>NEVADA – Medicaid and CHIP</b>
Website: <a href="http://www.in.gov/fssa/2408.htm">http://www.in.gov/fssa/2408.htm</a> Phone: 1-877-438-4479	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900 CHIP Website: <a href="http://www.nevadacheckup.nv.org/">http://www.nevadacheckup.nv.org/</a> CHIP Phone: 1-877-543-7669
<b>IOWA – Medicaid</b>	
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.khpa.ks.gov">https://www.khpa.ks.gov</a> Phone: 800-766-9012	Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a> Phone: 603-271-4238
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-342-6207	
<b>MAINE – Medicaid</b>	<b>NEW MEXICO – Medicaid and CHIP</b>
Website: <a href="http://www.maine.gov/dhhs/oms/">http://www.maine.gov/dhhs/oms/</a> Phone: 1-800-321-5557	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>MASSACHUSETTS – Medicaid and CHIP</b>	
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	
<b>MINNESOTA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MISSOURI – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/index.htm">http://www.dss.mo.gov/mhd/index.htm</a> Phone: 573-751-6944	Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>	<b>UTAH – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Website: <a href="http://health.utah.gov/medicaid/">http://health.utah.gov/medicaid/</a> Phone: 1-866-435-7414
<b>OKLAHOMA – Medicaid</b>	<b>VERMONT- Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="http://ovha.vermont.gov/">http://ovha.vermont.gov/</a> Telephone: 1-800-250-8427
<b>OREGON – Medicaid and CHIP</b>	<b>VIRGINIA- Medicaid and CHIP</b>
Medicaid & CHIP Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> Medicaid & CHIP Phone: 1-877-314-5678	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>PENNSYLVANIA – Medicaid</b>	<b>WASHINGTON- Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm">http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm</a> Phone: 1-800-644-7730	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext 15473
<b>RHODE ISLAND – Medicaid</b>	<b>WEST VIRGINIA- Medicaid</b>
Website: <a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.wvrecovery.com/hipp.htm">http://www.wvrecovery.com/hipp.htm</a> Phone: 304-342-1604
<b>SOUTH CAROLINA – Medicaid</b>	<b>WISCONSIN- Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm">http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING- Medicaid</b>
Website: <a href="http://www.gethipptexas.com/">http://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.health.wyo.gov/healthcarefin/index.html">http://www.health.wyo.gov/healthcarefin/index.html</a> Phone: 307-777-7531

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

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

## Disclosure Notices (cont'd)

Unless otherwise noted, these Notices are available on the web at: [www.cityofwinder.bswift.com](http://www.cityofwinder.bswift.com). A paper copy is also available, free of charge, by calling ShawHankins at 800-994-7429.

### **NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:**

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 towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:**

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred.

All changes are subject to approval by your Employer/Plan.

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:**

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

### **NEWBORNS' ACT DISCLOSURE:**

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.

**NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION:** This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: [www.cityofwinder.bswift.com](http://www.cityofwinder.bswift.com). A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: [www.cityofwinder.bswift.com](http://www.cityofwinder.bswift.com). A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

**SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at [www.cityofwinder.bswift.com](http://www.cityofwinder.bswift.com). A paper copy is also available, free of charge, by calling your Employer at 770-867-3106 or ShawHankins at 844-337-4378. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

**HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice):** When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at [www.cityofwinder.bswift.com](http://www.cityofwinder.bswift.com). A paper copy is also available, free of charge, by calling your Employer at 770-867-3106.

## Notes

# Contacts

Need additional information? Have a question about your benefits?

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	ShawHankins	<a href="http://www.shawhankins.com">www.shawhankins.com</a>	844-337-4378
Wellness Program	Humana Vitality/City of Winder	<a href="http://www.humanavitality.com">www.humanavitality.com</a>	770-867-3106
Medical Benefits	Blue Cross Blue Shield	<a href="http://www.bcbsga.com">www.bcbsga.com</a>	888-630-2583
HRA (Health Reimbursement Account)	Health Equity	<a href="http://www.healthequity.com">www.healthequity.com</a>	800-346-5800
Dental & Vision Benefits	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	800-487-5553
Life and AD&D Insurance	One America	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	800-537-6442
Disability Insurance	One America	<a href="http://www.oneamerica.com">www.oneamerica.com</a>	800-537-6442 OR 888-305-0593
Group Accident, Cancer, Critical Illness	AllState	<a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a>	800-521-3535
Flexible Spending Accounts	TASC	<a href="http://www.tasconline.com">www.tasconline.com</a>	800-422-4661
Employee Assistance Program (EAP)	EAP Consultants, LLC	<a href="http://www.eapconsultants.com">www.eapconsultants.com</a>	800-869-0276

The ShawHankins Call Center is available to help!

**Please contact ShawHankins toll-free at 844-337-4378 if you have any questions.**

## About this Guide

This guide describes the benefit plans available to you as an eligible Employee of the City of Winder. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Winder.