

2022 - 2023 Employee Benefit Guide

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS
PROVIDED BY CITY OF EAST RIDGE TO HELP YOU ENJOY
INCREASED WELL-BEING AND FINANCIAL SECURITY

CITY OF EAST RIDGE



Benefits for 2022 - 2023

Introduction

As an employee of City of East Ridge, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2022 - 2023 plan year, the City of East Ridge has worked hard to offer a total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and the City of East Ridge is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your City of East Ridge benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



Update On Health Care Reform

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

Benefits for 2022 - 2023

Enrollment Instructions

Enrollment is simple! Once you have reviewed your options and reached a decision, you will need to log on to our online enrollment platform, review your personal information, and make your elections. Following is your log-in information:

Go to: www.benselect.com/enroll
User ID: Your social security number (no dashes)
Password: Last four digits of your social + two-digit year of birth
Example: SS#: 123-45-6789 / Birthdate: 01/01/50 = 678950

The enrollment system will walk you through the simple election process. While some forms can be signed with your pin code (same as your password), some require printing and manual completion. Please follow the directions closely.

EVERY EMPLOYEE IS REQUIRED TO LOG ON AND COMPLETE ENROLLMENT EITHER ELECTING OR WAIVING COVERAGE.

Don't wait... your Annual Enrollment period is May 23rd to June 6th!

If you need help or have questions while enrolling, you may contact Brock Insurance Agency, 1-800-323-8624, for assistance.

New Hire Enrollment Deadline: within 30 days of the date you are first eligible for coverage.

Benefits for 2022 - 2023

Overview Of Benefits Program

City of East Ridge provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Benefits At-A-Glance

Carrier	Coverage
Cigna	Medical Dental Vision
The Standard	Life & AD/D Long Term Disability Short Term Disability Accident Insurance Critical Illness Insurance

Eligibility

- All employees actively at work for a minimum of 30 hours per week

Benefits for 2022 - 2023

Overview Of Benefits Program

Changes and Qualifying Events

When Coverage Begins

Employees are eligible for all benefits the first of the month following 60 days of employment

When Coverage Ends

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status (Marriage, Divorce)
- Changes in number of dependents (Birth of a child, Death of a dependent)
- Reduction in hours resulting in loss of eligibility
- Dependent satisfies or ceases to satisfy eligibility requirement
- Loss or gain of other coverage
- Enrollment in Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Changes in coverage due to a qualifying event must be requested within 30 days of the event. Otherwise, you must wait until the next annual enrollment to make a change.

Benefits for 2022 - 2023

Medical



Summary of Coverage

The below medical plans are available to you through Cigna.

Plan Features	HRA 4000 Option 1	HRA 6000 Option 2
IN NETWORK		
Calendar Year Deductibles (Indiv / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000
Preventive Care	\$0	\$0
Primary Care Visit	10%	20%
Specialist Visit	10%	20%
Diagnostic Exam	10%	20%
X-Rays	10%	20%
Complex Images	10%	20%
Outpatient Procedure	10%	20%
Inpatient Visit	10%	20%
Emergency Room	10%	20%
Urgent Care	10%	20%
Pharmacy / RX (30 Day Supply)	\$10 copay / \$35 copay / \$50 copay	\$10 copay / \$30 copay / \$50 copay
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000
Bi-Weekly Cost		
Employee	\$43.84	\$19.75
Employee + 1	\$112.52	\$64.28
Employee + Family	\$163.61	\$93.48

* Member may be responsible for any amount over the allowed amount

Benefits for 2022 - 2023

Health Reimbursement Account (HRA)

For 2022 - 2023 the City of East Ridge is offering a Health Reimbursement Account (HRA). This is how an HRA works:

- The City of East Ridge sets up an HRA for each participant.
- You don't contribute any money to your HRA account; the HRA account is funded entirely by the City of East Ridge .
- HRA funds are processed and managed directly through Cigna.

How do I benefit from an HRA?

HRAs benefit everyone – single individuals, families, and soon-to-be retirees. You will appreciate your HRA because you don't pay taxes on the money in your account or your reimbursed expenses.

What expenses are covered under an HRA?

Only eligible expenses can be reimbursed under your HRA. These expenses are defined by IRS rules and by the City of East Ridge plan. Learn more about eligible HRA expenses by reading the Summary Plan Description (SPD).

Eligible expenses are those that you pay for out of your pocket for medical care that's provided to you, your spouse, and eligible dependents. Generally, IRS rules state that medical care includes items and services that are meant to diagnose, cure, mitigate, treat, or prevent illness or disease. Transportation that is primarily for medical care is also included. Here are some examples of HRA-eligible expenses:

- Your health plan deductible (the amount you pay before your plan starts paying a share of your costs)
- Your share of the cost for doctor's office visits and prescription drugs

Please contact Customer Service at the number on the back of your ID card for questions related to claims and HRA balance information.

Benefits for 2022 - 2023

Health Reimbursement Account (HRA)

To help reduce your out-of-pocket costs, all plan options utilize a Health Reimbursement Arrangement (HRA). The Health Reimbursement Arrangement allows for City of East Ridge to pay a portion of your medical expenses. Below is an illustration of how this works. The HRA is available 2 times per family

Option 1 HRA

	10% Employee	100% Cigna
	90% Employer	
	\$1,000 \$2,000 \$3,000 \$4,000	\$4,001+
	Annual Total:	
Employee	\$400	\$400
Employer	\$3,600	\$3,600

Option 2 HRA

	20% Employee	100% Cigna
	80% Employer	
	\$1,000 \$2,000 \$3,000 \$4,000 \$5,000 \$6,000	\$6,001+
	Annual Total:	
Employee	\$1,200	\$1,200
Employer	\$4,800	\$4,800

Benefits for 2022 - 2023

Medical



Key Terms to Remember

Annual Deductible

All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. **Copays** are a fixed dollar amount and are usually due at the time you receive care. **Coinsurance** is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.

Plan Types

EPO/PPO – A network of doctors, hospitals and other health care providers

HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care

POS – Combines aspects of a PPO and HMO

HDHP – A plan that has higher annual deductibles in exchange for lower premiums.



Wellness and Health Management

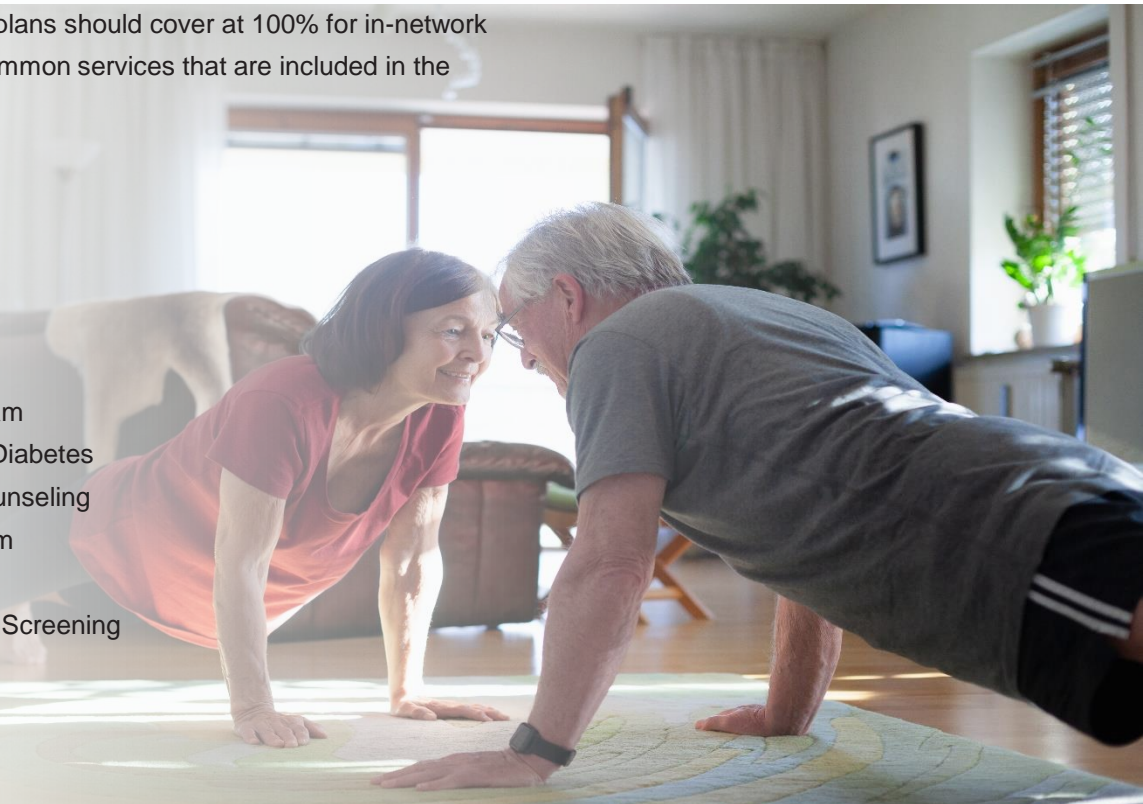
Preventative Care

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by the City of East Ridge, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence



“An ounce of prevention is worth a pound of cure”

Benefits for 2022 - 2023

Dental Coverage



Summary of Coverage

Cigna	
IN NETWORK	
Annual Deductible (Individual / Family)	\$50 Individual / \$150 Family
Class I Expenses - Preventive & Diagnostic Care Oral Exams Cleanings Routine X-rays Fluoride Application Sealants Space Maintainers (limited to non-orthodontic treatment) Non-Routine X-rays	100%, No deductible
Class II Expenses - Basic Restorative Care Emergency Care to Relieve Pain Fillings Oral Surgery - Simple Extractions Oral Surgery - All Except Simple Extraction Surgical Extraction of Impacted Teeth Anesthetics Minor Periodontics Major Periodontics Root Canal Therapy / Endodontics Repairs - Dentures Brush Biopsy	80%, After deductible
Class III Expenses - Major Restorative Care Relines, Rebases, and Adjustments Repairs - Bridges, Crowns, and Inlays Crowns/Inlays/Onlays Stainless Steel/Resin Crowns Dentures Bridges	50% after deductible
Calendar Year Maximum Benefit	\$1,500 per person
Implants	50%, After deductible Calendar year max: \$1500
Orthodontia	50% up to \$1,500 lifetime max Available to children only up to age 18
BI-WEEKLY COSTS	
Employee	\$1.62
Employee + 1	\$2.87
Employee + Family	\$6.15

Benefits for 2022 - 2023

Dental Coverage



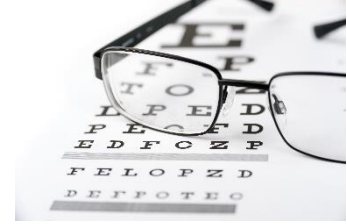
Summary of Coverage

Cigna Dental PPO / Indemnity Exclusions and Limitations:

Procedure	Exclusions & Limitations
Exams	Two per calendar year
Prophylaxis (cleanings)	Two per calendar year
Fluoride	1 per calendar year for people under 19
X-Rays (routine)	Bitewings: 2 per calendar year
X-Rays (non-routine)	Full mouth: 1 every 3 calendar years. Panorex: 1 every 3 calendar years
Cone Beams	Not covered
Model	Payable only when in conjunction with Ortho workup
Minor Perio (non-surgical)	Various limitations depending on the service
Perio Surgery	Various limitations depending on the service
Crowns and Inlays	Replacement every 5 years
Prosthesis over Implants	1 per 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.
Bridges	Replacement every 5 years
Dentures and Partials	Replacement every 5 years
Relines, Rebases	Covered if more than 6 months after installation
Adjustments	Covered if more than 6 months after installation
Repairs - Bridges	Reviewed if more than once
Repairs - Dentures	Reviewed if more than once
Sealants	Limited to posterior tooth. One treatment per tooth every three years up to age 14
Space Maintainers	Limited to non-Orthodontic treatment. No frequency limit for participants under age 19.
Alternate Benefit	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Orthodontia	For dependent children, up to age 19
Missing Tooth Provision	The amount payable is 50% of the amount otherwise payable until insured for 12 months; thereafter, considered a Class III expense
Late Entrant Limit	50% coverage on Class III, IV (if applicable), and IX for 12 months
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$200 is proposed

Benefits for 2022 - 2023

Vision Coverage



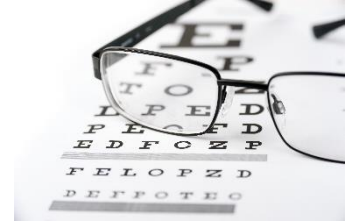
Summary of Coverage

The below vision plan is available to you on a voluntary basis through Cigna.

Cigna		
	In Network	Out of Network Allowance
Copays		
- Exam	\$10 copay	Up to \$45
- Materials	\$25 copay	
Standard Plastic Lenses		
- Single	\$25 copay	Up to \$32
- Bifocal	\$25 copay	Up to \$55
- Trifocal	\$25 copay	Up to \$65
- Lenticular	\$25 copay	Up to \$80
Elective Contact Lenses	Up to \$120	Up to \$100
Therapeutic Contact Lenses	Covered 100%	Up to \$210
Frequency (Months)		
- Exams / Lenses	12 Months	
- Frames	24 Months	
- Contacts (In lieu of glasses)	12 Months	
Frame Retail Allowance	Up to \$120	Up to \$66
Definitions: Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses). Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance. Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance. Materials: eyeglass lenses, frames, and/or contact lenses. <input type="checkbox"/> To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders. <input type="checkbox"/> If you use other discounts and/or promotions instead of this vision coverage or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses. In-Network Coverage Includes***: <input type="checkbox"/> One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses; <input type="checkbox"/> One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) <input type="checkbox"/> Polycarbonate lenses for children under 19 years of age <input type="checkbox"/> Oversize lenses <input type="checkbox"/> Rose #1 and #2 solid tints <input type="checkbox"/> Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles. <input type="checkbox"/> Progressive lenses covered up to bifocal lens amount with 20% savings on the difference; <input type="checkbox"/> One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance; <input type="checkbox"/> One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials * Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts. *** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.		
BI-WEEKLY COSTS		
Employee		\$1.24
Employee + 1		\$3.72
Employee + Family		\$6.75

Benefits for 2022 - 2023

Vision Coverage



Summary of Coverage

Healthy Rewards® - Vision Network Savings Program:

When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com,"Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click Cigna Vision Directory, under Additional Directories.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:

- Go to **Cigna.com** and go to Forms, Vision Forms
- Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits for 2022 - 2023

Life Insurance



Summary of Coverage



City of East Ridge provides this valuable benefit at no cost to you.

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by City of East Ridge, except for the cost of your dependent's insurance, which is paid by you through payroll deduction. Your dependents will need to provide acceptable evidence of good health if you elect coverage after initially becoming eligible. Enrollment materials needed to elect coverage will be provided.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$20,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Basic Dependents Life Coverage Amount	The Basic Dependents Life coverage amount for your eligible spouse is \$5,000. Your spouse is the person to whom you are legally married. The Basic Dependents Life coverage amount for each of your eligible children is \$2,000. Child means your child from live birth through age 25.

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Expanded AD&D Package
- Family Benefits Package
- Line of Duty Benefit (Public Safety Employees only)
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D and Basic Dependents Life insurance policy sponsored by City of East Ridge. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and City of East Ridge may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For costs and more complete details of coverage, contact your human resources representative.

Benefits for 2022 - 2023

Voluntary Life Insurance



Summary of Coverage

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

? About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

How Much Can I Apply For?	For You:	\$10,000 – \$500,000 in increments of \$10,000
Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.	For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000
	For Your Child(ren):	\$10,000
What is the Guarantee Issue Maximum?	For You:	Up to \$150,000
Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.	For Your Spouse:	Up to \$50,000

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$1.82 for \$10,000, no matter how many children you're covering.

Age (as of July 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<35	\$0.126	\$0.126
35-39	\$0.156	\$0.156
40-44	\$0.230	\$0.230
45-49	\$0.399	\$0.399
50-54	\$0.607	\$0.607
55-59	\$0.769	\$0.769
60-64	\$1.192	\$1.192
65-69	\$2.206	\$2.206
70+	\$3.623	\$3.623

Please note: Requests for coverage or increases for coverage amounts over the guaranteed issue amount will require the completion of an Evidence of Insurability (EOI) form and approval by underwriting at The Standard.

To save time and get faster results, you may submit a Web Form online but visiting:

http://www.standard.com/mybenefits/mhs_ho.html



Benefits for 2022 - 2023

Voluntary Life Insurance

Summary of Coverage

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. If this requirement is not met, the additional coverage will not become effective. To be eligible for coverage, you must be:

- An active employee of City of East Ridge and regularly working at least 30 hours per week **OR** an employee of City of East Ridge who retired under the employer's retirement program
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),

- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

*Defined as first of the month that follows 60 consecutive days as a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your [spouse's] age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until Social Security Normal Retirement Age (SSNRA), provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Benefits for 2022 - 2023

Voluntary AD&D Insurance



Summary of Coverage

Enhance Your Safety Net With Protection Against Unexpected Loss

Accidental Death & Dismemberment (AD&D) insurance helps protect against the sudden financial loss often brought on by an accidental death. It can also help you pay for unexpected expenses associated with surviving an accident that results in a severe physical loss. You can elect to cover your eligible spouse and children as well.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Coverage for accidental death and dismemberment

? About This Coverage

How Much Can I Apply For?	For You:	\$10,000 – \$500,000 in increments of \$10,000
Note: You can't buy more coverage for your spouse and child(ren) than you buy for yourself. Coverage for your spouse is limited to 100% of your coverage. Coverage for your child(ren) cannot exceed 100% of your coverage.	For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000
	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000

\$ How Much Your Coverage Costs

Because this insurance is offered through City of East Ridge, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on the benefit amount you elect.

If you buy coverage for your spouse and/or children, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for...	Cost per \$1,000 of Coverage
You	\$0.02
Your spouse	\$0.026
Your children, regardless of how many	\$0.026

Benefits for 2022 - 2023

Voluntary AD&D Insurance



Summary of Coverage

Important Details

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- An active employee of City of East Ridge and regularly working at least 30 hours per week **OR** an employee of City of East Ridge who retired under the employer's retirement program

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy AD&D insurance for yourself, you can also buy AD&D coverage for your dependents. You may also choose to cover your child. Child means your unmarried child from live birth through age . Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Apply for coverage and agree to pay premium and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, including AD&D insurance for your dependents, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your dependents.

*Defined as first of the month that follows 60 consecutive days as a member

Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of

coverage available.

AD&D Benefits

The amount of your or your dependent's AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent's AD&D insurance in effect on the date of the covered accident as shown below. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

Covered loss:	Percentage of AD&D benefit payable:
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia involving the same hand or foot.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

Benefits for 2022 - 2023

Voluntary Short-Term Disability Insurance



Summary of Coverage



Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

? About This Coverage

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$750** per week. Plan minimum **\$15** per week.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

14 days for accidental injury
14 days for physical disease, pregnancy or mental disorder

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

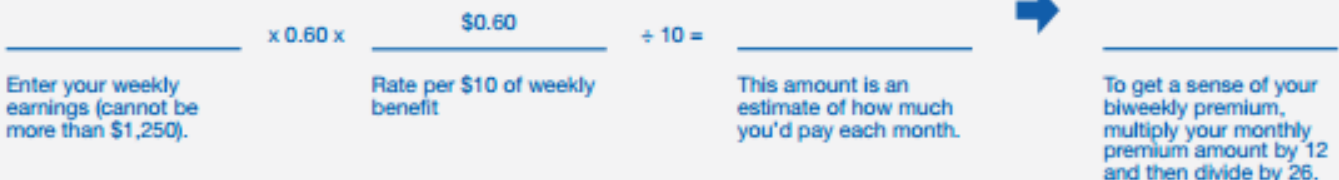
How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

180 days

STD coverage is contributory, meaning that you are responsible for paying for the cost through payroll deduction. Calculate your cost by dividing your weekly benefit by 10 and multiplying the result by the rate **\$0.60**. Follow the example below to estimate your bi-weekly payroll deduction.

Use this formula to calculate your premium payment:



Benefits for 2022 - 2023

Voluntary Short-Term Disability Insurance



Summary of Coverage

☰ Additional Features

Your coverage comes with some added features:

Return to Work Incentive	Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit and your work earnings exceeds 100 percent of your predisability earnings.
Help with Returning to Work	If a worksite modification would enable you to return to work, we can help your employer make approved modifications by covering some or all of the cost.

Not being able to work also means not being able to earn a paycheck. As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/disability/needs.

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- An activity arising out of or in the course of any employment for wage or profit

Benefits for 2022 - 2023

Long-Term Disability Insurance



Summary of Coverage



City of East Ridge provides this valuable benefit at no cost to you.

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by City of East Ridge.

Eligibility

Definition of a Member	You are a member if you are a regular employee of City of East Ridge, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows 60 consecutive days as a member.

Benefits

Monthly Benefit	60 percent of the first \$8,333 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100 or 10 percent of the Long Term Disability benefit before reduction by deductible income, whichever is greater
Benefit Waiting Period	180 days

This information is only a brief description of the group Long Term Disability insurance policy sponsored by City of East Ridge. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and City of East Ridge may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Benefits for 2022 - 2023

Unum Voluntary Plans

Whole Life Cont.

Whole Life Insurance

Sample rates**

Lifetime premium

You'll have coverage as long as you make your payments. Your premiums are spread out over your lifetime.

\$3 weekly cost		
Issue age	Coverage amount	Guaranteed cash value at 65
25	\$17,910	\$6,215
35	\$11,650	\$3,629
45	\$6,949	\$1,767

\$6 weekly cost		
Issue age	Coverage amount	Guaranteed cash value at 65
25	\$35,821	\$12,430
35	\$23,301	\$7,260
45	\$13,898	\$3,534

\$9 weekly cost		
Issue age	Coverage amount	Guaranteed cash value at 65
25	\$53,731	\$18,646
35	\$34,951	\$10,890
45	\$20,846	\$5,302

**Sample amounts shown are for non-tobacco users.
Cash values may vary for policies effective prior to 1/1/2020.

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum. For more information about the retained asset account, please contact Unum.

*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage. Employees are not considered actively at work if they are on a leave of absence.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.

Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

Exclusions

Life Insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Benefits for 2022 - 2023

Voluntary Plans



Critical Illness

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

- 1 You get a critical illness diagnosis**
Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.
- 2 The Standard is there for you**
The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.
- 3 Focus on getting better for you**
With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$10,000	\$20,000
Total Out-Of-Pocket Expenses	\$10,900	\$10,900
Remaining Out-Of-Pocket Expenses	\$900	\$0
Remaining Benefit For Other Expenses	\$0	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$20,000 in increments of \$5,000
Your spouse	\$5,000-\$20,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

Benefits for 2022 - 2023

Voluntary Plans



Critical Illness

Affordable Group Rates

Because you'll be buying this insurance through City of East Ridge, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The biweekly premiums you would pay for Critical Illness insurance benefits are below.

Employee Biweekly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.81	\$1.22	\$2.49	\$5.19	\$9.62	\$16.94
\$10,000	\$1.62	\$2.45	\$4.98	\$10.38	\$19.25	\$33.88
\$15,000	\$2.42	\$3.67	\$7.48	\$15.58	\$28.87	\$50.82
\$20,000	\$3.23	\$4.89	\$9.97	\$20.77	\$38.49	\$67.75

Spouse Biweekly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.81	\$1.22	\$2.49	\$5.19	\$9.62	\$16.94
\$10,000	\$1.62	\$2.45	\$4.98	\$10.38	\$19.25	\$33.88
\$15,000	\$2.42	\$3.67	\$7.48	\$15.58	\$28.87	\$50.82
\$20,000	\$3.23	\$4.89	\$9.97	\$20.77	\$38.49	\$67.75

With Critical Illness insurance, you can:

- Protect your loved ones.** Cover your spouse up to \$20,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Benefits for 2022 - 2023

Voluntary Plans



Critical Illness

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism

- Active participation in a violent disorder or riot
- Being intoxicated or under the influence of narcotics, unless administered on the advice of a Physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

Benefits for 2022 - 2023

Voluntary Plans



Accident

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$150
X-ray	\$50
Concussion	\$150
Leg Fracture (Surgical)	\$2,400
Knee Cartilage Repair	\$750
Hospital Admission	\$1,000
2 Days Hospital Confinement	\$400
Medical Appliance	\$100
Physician Follow-Up Appointment	\$50
2 Physical Therapy Appointments	\$100
TOTAL	\$5,150

Here's what it would cost you:

Coverage for...	BiWeekly Premium
You	\$4.45
You and your spouse	\$7.08
You and your children	\$8.42
You, your spouse and your children	\$13.20

Benefits for 2022 - 2023

Voluntary Plans



Accident

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

<p style="text-align: center;">Injury</p> <ul style="list-style-type: none"> • Burns • Dislocations • Eye Injuries • Concussion • Loss of Hearing • Lacerations • Fractures • Coma • Paralysis 	<p style="text-align: center;">Emergency</p> <ul style="list-style-type: none"> • Emergency Dental • Urgent Care • Ambulance • Emergency Room • X-ray • Major Diagnostic Exam 	<p style="text-align: center;">Surgery</p> <ul style="list-style-type: none"> • Abdominal/Thoracic Surgery • Outpatient Surgical Facility • Skin Grafts • Knee Cartilage/ Ligament/ Tendon Repair • Ruptured Disk • Rotator Cuff
<p style="text-align: center;">Hospitalization</p> <ul style="list-style-type: none"> • Hospital Admission • Hospital Confinement • CCU Confinement • CCU Admission 	<p style="text-align: center;">Follow-Up Care</p> <ul style="list-style-type: none"> • Chiropractor • Medical Appliance • Hearing Device • Physical Therapy • Physician Care • Prosthesis • Rehab Facility 	<p style="text-align: center;">Value Added Benefits</p> <ul style="list-style-type: none"> • Transportation • Lodging • Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment – Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Line of Duty Benefit – Provides an additional benefit for public safety officers who suffer an accidental death or covered dismemberment or impairment while on the job.

Health Maintenance Screening Benefit – Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Automobile Accident Benefit – Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

Benefits for 2022 - 2023

Voluntary Plans



Accident

Important Details

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of City of East Ridge, actively working in the United States at least 30 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane

- Committing or attempting to commit a felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in high-risk sports or activities such as (but not limited to) bungee jumping, parachuting, base jumping, mixed martial arts or mountain climbing
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

Benefits for 2022 - 2023

Voluntary Plans

Value-Add Services Available



- **Travel Assistance** – available to members enrolled in **Basic Life** insurance
Insured members and their families have 24/7 access to medical, legal and trip assistance information, as well as referral and coordination services.
 - Available domestically when participants travel 100 miles or more from home
 - Available internationally when participants are in a foreign country for trips lasting up to 180 days
- **Life Services Toolkit** – available to members enrolled in **Basic Life** insurance
The Life Services Toolkit helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, address financial concerns, and more.
 - Online resources and tools include will preparation, estate planning, identity theft, wellness improvement and more
- **Employee Assistance Program** – available to members enrolled in **Long Term Disability** insurance
The Employee Assistance Program offers in-person and phone services to help employees and their household family members during challenging times.
 - Services range from work and life services and legal and financial counseling
 - Three in-person counseling visits per incidence per year
- **Health Advocate Select** – available to members enrolled in **Short Term Disability** insurance
Health Advocate Select helps employees manage their healthcare while on an approved short-term disability claim.
 - Ease HR's administrative burden
- **Health Maintenance Screening Benefit** – available to members enrolled in **Accident, Critical Illness and/or Hospital Indemnity** insurance
 - Cash benefit each calendar year when an insured completes any one of the approved wellness tests.

Benefits for 2022 - 2023

Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman'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:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

These will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this benefits plan.

Newborns' and Mothers' Health Protection 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).

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Michelle Sinigaglio at 423-867-7711 or msinigaglio@eastridgetn.gov.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, Michelle Sinigaglio at 423-867-7711 or msinigaglio@eastridgetn.gov

Benefits for 2022 - 2023

Legal Notices

HIPAA 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 dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' 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 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.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

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 www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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 or dial **1-877-KIDS NOW** or www.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 www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

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Legal Notices

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

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

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Legal Notices

Important Notice from the City of East Ridge about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it in a safe place. This notice has information about your current prescription drug coverage with the City of East Ridge 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:

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. The City of East Ridge has determined that the prescription drug coverage offered by the City of East Ridge Benefits Plan 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 City of East Ridge coverage will not be affected if working full time. You can keep this coverage if electing part D and this plan will coordinate with Part D coverage, and the City of East Ridge will be Primary for the Employee.

If you do decide to join a Medicare drug plan and drop your current City of East Ridge coverage, be aware that you and your dependents will be able to get this coverage back during the City of East Ridge Open Enrollment Period for all full time eligible employees or early retirees who have not reached the age of 65 years of age.

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 East Ridge 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 Michelle Sinigaglio at 423-867-7711

NOTE: You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through City of East Ridge 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 will receive 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

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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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Contact Information

Carrier Name	Website	Email	Phone Number
Cigna	www.cigna.com	members@cigna.com	800-244-6224

Claims and Eligibility [online forms and process instructions](#)

Life & Disability | 800.628.8600

- [Life claim packet](#)
- [Claim Intake Video](#)

Life submission:

- lifepro@standard.com
- [Ask a Life Claim Question](#)

STD submission:

- SecureSTDForms@standard.com (secure)
- STDForms@standard.com (not secure –_correspondence)
- [Ask an STD Claim Question](#)

LTD submission:

- NEWCLM@standard.com
- [Ask an LTD Claim Question](#)

Accident, Critical Illness, Hospital Indemnity 866.851.2429

Submit claims:

- [Online Claim Submission](#)
- [Ask an AI, CI or HI Claim Question](#)

Dental & Vision | 800.547.9515

Submit claims:

- standard@employeebenefit-service.com
- [Ask a Dental Claim Question](#)

Value-Added Resources [included with below coverages](#)

Travel Assistance (with life coverage)

U.S., Canada, Puerto Rico, U.S. Virgin Islands and Bermuda: 800.872.1414

All other locations: 609.986.1234

Text: 609.334.0807 | medservices@assistamerica.com

[Employer Flyer](#) | [Employee Flyer](#)

Life Services Toolkit (with life coverage)

[Employers](#) | [Employees](#) | [*Beneficiaries](#) (*available with an approved claim)

www.standard.com/mytoolkit | Username: support

Employee Assistance Program (with LTD)

888.293.6948 | www.healthadvocate.com/standard3

[Employee Flyer](#)

Health Advocate Select Services* (with STD)

844.450.5543 | [Employee Flyer](#) (*available with an approved claim)



Brock Insurance Agency Benefit Team:

800-323-8624 / [benefits @ brockins.com](mailto:benefits@brockins.com)

Dee Hoats	Account Manager	deeh@brockins.com	X141
Justin White	Advisor	justinw@brockins.com	X101

*City of East Ridge:
The Gateway to Tennessee*

2022 - 2023 Benefits Open Enrollment Booklet

