



CITY OF  
**EAST RIDGE**  
TENNESSEE · EST. 1921

OFFICIAL EMPLOYEE BENEFITS

# Employee Benefits Guide

Everything you need to make confident benefit decisions

● Plan Year: July 1, 2026 – June 30, 2027

● Open Enrollment: May 26 – June 9, 2026

## *Gateway to Tennessee*

This guide is a summary of your benefits. Coverage is subject to the full terms, definitions, limitations, and exclusions of each carrier's contract. Presented by Oakbridge Insurance.

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**Open Enrollment: May 26 – June 9, 2026.** Complete all elections at [employeenavigator.com](https://employeenavigator.com) — Company ID: **CityOfEastRidge**. Coverage effective July 1, 2026. Questions? Contact HR or Oakbridge Insurance.



# How to Enroll — Employee Navigator

Open Enrollment: May 26 – June 9, 2026 · [employeenavigator.com](http://employeenavigator.com) · Company ID: CityOfEastRidge

## 1 Register / Log In

Click Login → Register. Company ID: CityOfEastRidge. Returning users log in with existing credentials.

## 2 Accept Terms

Accept Terms of Use & Privacy Policy. Click Accept → Let's Begin → Sign Document → Finish → Start → Get Started.

## 3 Personal Info

Verify your personal information for accuracy. Click Save & Continue on each page.

## 4 Dependents

Add or update dependents. All changes must be made here. Click Save & Continue.

## 5 Medical

Select who is covered. All enrolling dependents must show a green checkmark. To decline, click "Don't want this benefit?"

## 6 Dental & Vision

Repeat Step 5 for Dental then Vision.

## 7 Basic Life & AD&D

City-paid — no cost to you. Select dependent coverage level from the dropdown. Save & Continue.

## 8 Beneficiaries

Click Add a Beneficiary. Enter relationship, name, and allocation %. Total must equal 100%.

## 9 Voluntary Life

Select benefit amount via slider. Increases require EOI — click Open Link. Policy #: 760836. EOI not required for Voluntary AD&D.

## 10 Disability & Supplemental

Confirm LTD (City-paid), elect STD if desired, enroll in Accident and/or Critical Illness.

## 11 Sign & Submit — Required

**Enrollment is NOT processed without your electronic signature.** Apply your signature on the final screen.



# Medical Benefits — Cigna HRA OAP

Two plan options · No referral required · City funds an HRA to offset your deductible · Cigna Open Access Plus

## Option 1 — Gold Plan

Lower Deductible

Lower cost-sharing in exchange for a slightly higher premium. Best for employees who anticipate regular medical care.

### BI-WEEKLY EMPLOYEE PREMIUMS

Employee Only

**\$43.84**

/ pay period

Employee + 1

**\$112.52**

/ pay period

Family

**\$163.61**

/ pay period

**Spousal Surcharge:** \$23.08 bi-weekly surcharge applies if spouse has access to other employer-sponsored coverage.

Benefit	In-Network	Out-of-Network
Annual Deductible	\$5,000 Ind / \$10,000 Fam	\$10,000 / \$20,000
City HRA Contribution	<b>Up to \$4,200 / \$8,400</b>	N/A
Your Deductible Share	<b>\$800 Individual</b>	Employee responsible
Out-of-Pocket Max	\$6,000 / \$12,000	\$12,000 / \$24,000
Preventive Care	<b>No Charge</b>	30% coinsurance
MDLIVE Virtual Care	<b>No Charge</b>	N/A
Primary Care Visit	10% after deductible	30% after deductible
Specialist Visit	10% after deductible	30% after deductible
Emergency Room	10% after deductible	10% after deductible
Urgent Care	10% after deductible	30% after deductible
Lab / X-ray	10% after deductible	30% after deductible
Imaging (CT/MRI)	10% after deductible	30% after deductible
Hospital – Inpatient	10% after deductible	30% after deductible
Hospital – Outpatient Surgery	10% after deductible	30% after deductible
Mental Health	10% after deductible	30% after deductible
Rehab (PT/OT/ST)	10% after deductible	30% after deductible

## Option 2 — Silver Plan

Lower Premium

Lower premiums offset by a larger City-funded HRA. Good choice if you want to minimize monthly payroll deductions.

### BI-WEEKLY EMPLOYEE PREMIUMS

Employee Only

**\$19.75**

/ pay period

Employee + 1

**\$64.28**

/ pay period

Family

**\$93.48**

/ pay period

**Spousal Surcharge:** \$23.08 bi-weekly surcharge applies if spouse has access to other employer-sponsored coverage.

Benefit	In-Network	Out-of-Network
Annual Deductible	\$7,000 Ind / \$14,000 Fam	\$10,000 / \$20,000
City HRA Contribution	<b>Up to \$5,000 / \$10,000</b>	N/A
Your Deductible Share	<b>\$2,000 Individual</b>	Employee responsible
Out-of-Pocket Max	\$8,000 / \$16,000	\$16,000 / \$32,000
Preventive Care	<b>No Charge</b>	30% coinsurance
MDLIVE Virtual Care	<b>No Charge</b>	N/A
Primary Care Visit	20% after deductible	30% after deductible
Specialist Visit	20% after deductible	30% after deductible
Emergency Room	20% after deductible	30% after deductible
Urgent Care	20% after deductible	30% after deductible
Lab / X-ray	20% after deductible	30% after deductible
Imaging (CT/MRI)	20% after deductible	30% after deductible
Hospital – Inpatient	20% after deductible	30% after deductible
Hospital – Outpatient Surgery	20% after deductible	30% after deductible
Mental Health	20% after deductible	30% after deductible
Rehab (PT/OT/ST)	20% after deductible	30% after deductible

Pre-authorization required for certain services. OON providers may balance-bill. For Rx, see the Cigna Healthcare Advantage 4-Tier Drug List on the City website. Full SBC: [www.cigna.com](http://www.cigna.com) or 1-866-494-2111.



# Health Reimbursement Arrangement (HRA)

City-funded · Administered by Cigna · No employee contribution required

**Important:** After your deductible is met, submit your receipt and EOB to HR for reimbursement in \$50 increments up to \$1,000.

The City funds an HRA for every enrolled employee. You pay nothing into it. The HRA works on a per-claim basis — each eligible claim is reviewed and reimbursed separately. Only IRS-qualified medical expenses are reimbursable.

## Option 1 — Gold HRA

Total Annual Deductible	<b>\$5,000 Ind / \$10,000 Fam</b>
You Pay (Deductible)	<b>\$800 Individual</b>
City HRA Covers	<b>\$4,200 / \$8,400</b>
Your Share per Claim	<b>16%</b>
City Share per Claim	<b>84%</b>
Post-Deductible Extra	<b>\$50 increments up to \$1,000</b>

## Option 2 — Silver HRA

Total Annual Deductible	<b>\$7,000 Ind / \$14,000 Fam</b>
You Pay (Deductible)	<b>\$2,000 Individual</b>
City HRA Covers	<b>\$5,000 / \$10,000</b>
Your Share per Claim	<b>29%</b>
City Share per Claim	<b>71%</b>
Post-Deductible Extra	<b>\$50 increments up to \$1,000</b>

### Gold Plan Example

You incur a \$1,000 eligible medical expense:

→ You pay

**\$160**

(16%) → City HRA pays

**\$840**

(84%)

After your \$800 employee deductible is met, submit your receipt and EOB to HR for reimbursement in \$50 increments up to \$1,000.

### Silver Plan Example

You incur a \$1,000 eligible medical expense:

→ You pay

**\$290**

(29%) → City HRA pays

**\$710**

(71%)

After your \$2,000 employee deductible is met, submit your receipt and EOB to HR for reimbursement in \$50 increments up to \$1,000.

HRA questions? Call the number on the back of your Cigna ID card.



# myCigna App & Virtual Care (MDLIVE)

Free on iOS & Android · 24/7 access · No charge on either plan · No deductible applied



## Digital ID Card

View and share your Cigna ID card instantly — no physical card needed.



## Deductible & HRA Tracker

Real-time balances for deductible, out-of-pocket max, and HRA.



## Find Care

Search in-network doctors, specialists, urgent care, hospitals, and pharmacies.



## Prescriptions

Compare drug costs, find the most affordable pharmacy, manage medications.



## Virtual Care 24/7

Launch an MDLIVE visit directly from the app — no separate login needed.



## Health Advocate

Live chat 24/7 with a Cigna health advocate for coverage questions.

### MDLIVE VIRTUAL CARE — SERVICES AVAILABLE

Service Area	Conditions & Services Covered	Cost
Urgent / Primary Care	Cold & flu, sinus infections, allergies, ear infections, UTIs, rashes, headaches, and more	No Charge
Behavioral Health	Anxiety, depression, stress, grief, PTSD, sleep disorders, addiction support, ongoing therapy	No Charge
Dermatology	Acne, eczema, psoriasis, rosacea, hair loss, skin lesions (photo-based consultation available)	No Charge
Nutrition Counseling	Dietary guidance, weight management, chronic disease nutrition, personalized dietitian plans	No Charge
Wellness Screening	Annual wellness check-in — counts toward Accident plan Wellness benefit (\$50)	No Charge

Access: myCigna app → Virtual Care | my.cigna.com | Phone: **1-855-667-9722** | Member Services: 1-866-494-2111. Register at my.cigna.com or search *myCigna* in the App Store / Google Play.



# Dental & Vision – Guardian

Effective July 1, 2026 · Pre-tax payroll deduction · guardiananytime.com · 1-800-541-7846

## DENTAL BENEFITS

Coverage Class	In-Network	Out-of-Network
<b>Class I – Preventive</b> Exams, cleanings, x-rays, fluoride, sealants	<b>100% – no deductible</b>	Reimbursed at UCR
<b>Class II – Basic Restorative</b> Fillings, simple extractions, root canals	90% after deductible	Reimbursed at UCR
<b>Class III – Major Restorative</b> Crowns, dentures, bridges	60% after deductible	Reimbursed at UCR
<b>Orthodontia</b>	50% – \$1,500 lifetime max (dependent children age 19)	Reimbursed at UCR
<b>Annual Maximum</b>	\$1,500 per person per calendar year	
<b>Calendar Year Deductible</b>	\$50 Individual / \$150 Family (waived for Class I)	Reimbursed at UCR
<b>Exam &amp; Cleaning Frequency</b>	2 per calendar year	
<b>Full Mouth X-rays</b>	Every 3-5 years	

Employee Only <b>\$1.62</b> / pay period	Employee + 1 <b>\$2.87</b> / pay period	Family <b>\$6.14</b> / pay period
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## VISION BENEFITS

Benefit	In-Network	Out-of-Network
<b>Copays</b>	<b>Exam: \$10</b> <b>Materials: \$25*</b>	
Comprehensive Eye Exam	<b>100% after copay</b>	Up to plan allowance
Single, Bifocal & Trifocal Lenses	<b>100% after copay</b>	Up to plan allowance
Frames	\$120 frame allowance toward your choice	Up to plan allowance
Contact Lenses (elective)	Contact lens allowance in lieu of glasses	Up to plan allowance
Contact Lens Fitting	Covered with contact purchase	—
Laser Vision	Discounts available through Guardian	N/A
Frequency — Exam & Lenses	Once per calendar year	
Frequency — Frames	Once every two calendar years	

Employee Only <b>\$1.24</b> / pay period	Employee + 1 <b>\$3.72</b> / pay period	Family <b>\$6.75</b> / pay period
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Find a provider: guardiananytime.com → Find a Dentist / Find a Vision Provider. Davis Vision providers available nationwide.

Contact Guardian for current frame and contact lens allowance amounts.

\* Materials copay waived for elective contact lenses.



# Basic Life & AD&D – City-Paid

Lincoln Financial · No cost to eligible full-time employees · 1-800-423-2765

Coverage	Benefit
Employee Life & AD&D	<b>\$20,000 each</b>
Spouse Life Coverage	\$5,000
Dependent Children (14 days – 6 months)	\$100
Dependent Children (6 months – under 26)	\$2,000
Cost to Employee	<b>\$0 Employee Only</b> <b>\$1.25/mo Dependent Benefits</b>
Evidence of Insurability	Not required — fully guaranteed issue
Conversion Option	Yes, with restrictions — see certificate of benefits
Value-Added Services Included	LifeKeys® (counseling, legal & financial) & TravelConnect® (emergency travel)

Designate your beneficiary in Employee Navigator. Update after any major life event — marriage, divorce, birth, or death in the family.



# Short & Long-Term Disability

Lincoln Financial · STD is employee-paid (voluntary) · LTD is City-paid at no cost

## Short-Term Disability

Employee-paid (Voluntary) · Guaranteed Issue

Weekly Benefit	<b>60% of earnings</b>
Maximum Weekly Benefit	<b>\$750 / week</b>
Maximum Duration	<b>25 weeks</b>
Elimination Period — Accident	<b>14 days</b>
Elimination Period — Illness	<b>14 days</b>
Rate (per \$10 weekly benefit)	<b>\$0.536</b>

## Long-Term Disability

City-paid · Picks up after STD ends

Monthly Benefit	<b>60% of earnings</b>
Maximum Monthly Benefit	<b>\$5,000 / month</b>
Elimination Period	<b>180 days</b>
Pre-existing Conditions	<b>3-mo lookback / 12-mo exclusion</b>
Premium Waiver While Disabled	<b>Yes</b>
Cost to Employee	<b>\$0</b>

## SHORT & LONG-TERM DISABILITY (CONTINUED)

### LTD MAXIMUM BENEFIT PERIOD BY AGE AT DISABILITY

Age at Disability	Max Benefit Period	Age at Disability	Max Benefit Period
Under 60	To Age 65 (or SSNRA)	65	24 months
60	60 months	66	21 months
61	48 months	67	18 months
62	42 months	68	15 months
63	36 months	69 and over	12 months
64	30 months		

### STD VOLUNTARY RATE EXAMPLES

Weekly Earnings	Weekly Benefit (60%)	Monthly Rate	Bi-Weekly Rate
\$500 / week	\$300 / week	<b>\$16.08</b>	<b>\$7.42</b>
\$750 / week	\$450 / week	<b>\$24.12</b>	<b>\$11.13</b>
\$1,000 / week	\$600 / week	<b>\$32.16</b>	<b>\$14.84</b>
\$1,250 / week	\$750 / week (max)	<b>\$40.20</b>	<b>\$18.55</b>

Rate: \$0.536 per \$10 of weekly benefit. Maximum weekly benefit is \$750. Bi-weekly = monthly  $\times$  12  $\div$  26.

STD covers up to 25 weeks. LTD begins after the 180-day elimination period — seamless long-term income protection. File claims early: 1-800-423-2765.



# Voluntary Life & AD&D

Lincoln Financial · Employee-paid · Policy #760836 · Pre-tax payroll deductions

Feature	Employee	Spouse	Dependent Children
Coverage Increments	\$10,000	\$5,000	Fixed amounts
Maximum Coverage	Lesser of 7× salary or \$500,000	100% of EE; max \$500,000	Day 1–6 mo: \$1,000 / 6 mo–26 yrs: \$20,000
Guarantee Issue (New Hire)	<b>\$150,000</b>	<b>\$50,000</b>	Guaranteed issue
AD&D Included	Yes — equals life benefit	Yes — equals life benefit	N/A
Benefit Reduction	35% at 70; 15% more at 75	35% at 70; 15% more at 75	Ends at age 26
Portability	Yes	Yes (based on EE age)	N/A

## RATE TABLE — PER \$1,000 OF COVERAGE

Age Band	Life Rate/\$1,000	EE AD&D/\$1,000	Spouse AD&D/\$1,000	Example: \$50K Life+AD&D/mo
Under 30	\$0.126	\$0.020	\$0.026	\$7.30
30–34	\$0.126	\$0.020	\$0.026	\$7.30
35–39	\$0.156	\$0.020	\$0.026	\$8.80
40–44	\$0.230	\$0.020	\$0.026	\$12.50
45–49	\$0.399	\$0.020	\$0.026	\$20.95
50–54	\$0.607	\$0.020	\$0.026	\$31.35
55–59	\$0.769	\$0.020	\$0.026	\$39.45
60–64	\$1.192	\$0.020	\$0.026	\$60.60
65–69	\$2.206	\$0.020	\$0.026	\$111.30
70+	\$3.623	\$0.020	\$0.026	\$182.15
<b>Dependent Children (flat rate)</b>				\$3.64/mo for \$20K

### How to Calculate Your Monthly Cost

Example: age 45, electing \$100,000 Voluntary Life + AD&D

Life:  $\$0.399 \div 1,000 \times \$100,000 =$

**\$39.90/mo**

+ AD&D:  $\$0.020 \div 1,000 \times \$100,000 =$

**\$2.00/mo**

=

**\$41.90/mo total**

EOI required for elections above Guarantee Issue (\$150,000 EE / \$50,000 spouse). **Employees and Spouses may increase their Voluntary Life amount by up to two increments per year without EOI, up to Maximum Coverage.** Complete EOI electronically in Employee Navigator for amounts above GI. The amount currently elected must be re-elected each year to remain enrolled.



# Supplemental Benefits — Cigna

Employee-paid · Accident Insurance & Critical Illness · Effective July 1, 2026

## ACCIDENT INSURANCE — PER PAY PERIOD RATES

Employee Only <b>\$3.69</b> / pay period	EE + Spouse <b>\$6.54</b> / pay period	EE + Child(ren) <b>\$8.66</b> / pay period
EE + Family <b>\$11.51</b> / pay period		

Accident Benefit	Amount	Accident Benefit	Amount
Emergency Care (1/accident)	\$200	Hospital Admission (1/accident)	\$1,000
Physician / Urgent Care visit	\$100	Hospital Stay (up to 365 days)	\$200/day
Diagnostic Exam (X-ray or Lab)	\$75	Intensive Care Unit Stay	\$400/day
Ground / Water Ambulance	\$400	Skull/Hip/Thigh — Non-Surgical	\$4,000
Air Ambulance (1/accident)	\$1,600	Skull/Hip/Thigh — Surgical	\$8,000
Accidental Death	\$50,000	Upper Arm/Shoulder — Surgical	\$2,000
Auto Accidental Death	\$50,000	Common Carrier Accidental Death	\$100,000
Sight Both Eyes / Both Hands	\$30,000	One Hand+Foot / Both Ears	\$15,000
Wellness / Health Screening (1/yr)	<b>\$50</b>	Finger or Toe	\$2,000

## CRITICAL ILLNESS INSURANCE

Pays a lump-sum directly to you upon diagnosis of a covered condition (heart attack, stroke, cancer, major organ failure, and more). Use it for anything. Benefits paid in addition to other insurance. No pre-existing condition exclusion. **Guarantee Issue for new hires: \$30,000.**

Feature	Details
Benefit Levels	\$10,000 / \$20,000 / \$30,000
Guarantee Issue (New Hire)	<b>\$30,000</b> — no health questions required
Spouse Benefit	50% of employee's elected benefit
Dependent Children	50% of employee's elected benefit (birth to age 26)
Portability	Coverage continues to age 100 upon termination
EOI Required	For elections above \$30,000 GI or after initial enrollment

Accident Insurance is an accident-only policy. It does NOT constitute comprehensive health insurance and does not satisfy ACA Minimum Essential Coverage.

**SUPPLEMENTAL BENEFITS — CRITICAL ILLNESS RATES (CONTINUED)**
**CRITICAL ILLNESS MONTHLY RATES — \$10,000 BENEFIT LEVEL**

Age Band	Employee Only	EE + Spouse	EE + Child(ren)	EE + Family
0-24	\$3.83	\$7.43	\$5.18	\$8.78
25-29	\$4.31	\$7.98	\$5.66	\$9.33
30-34	\$5.13	\$9.03	\$6.48	\$10.38
35-39	\$6.85	\$11.53	\$8.20	\$12.88
40-44	\$8.91	\$14.68	\$10.26	\$16.03
45-49	\$12.95	\$20.84	\$14.30	\$22.19
50-54	\$17.66	\$28.20	\$19.01	\$29.55
55-59	\$25.85	\$40.55	\$27.20	\$41.90
60-64	\$33.40	\$51.95	\$34.75	\$53.30
65-69	\$43.94	\$68.93	\$45.29	\$70.28
70-74	\$57.51	\$91.16	\$58.86	\$92.51
75-79	\$75.15	\$118.96	\$76.51	\$120.31
80-84	\$89.08	\$141.41	\$90.43	\$142.76
85+	\$96.58	\$152.83	\$97.93	\$154.18

**CRITICAL ILLNESS MONTHLY RATES — \$20,000 BENEFIT LEVEL**

Age Band	Employee Only	EE + Spouse	EE + Child(ren)	EE + Family
0-24	\$7.66	\$14.86	\$10.36	\$17.56
25-29	\$8.62	\$15.96	\$11.32	\$18.66
30-34	\$10.26	\$18.06	\$12.96	\$20.76
35-39	\$13.70	\$23.06	\$16.40	\$25.76
40-44	\$17.82	\$29.36	\$20.52	\$32.06
45-49	\$25.90	\$41.68	\$28.60	\$44.38
50-54	\$35.32	\$56.40	\$38.02	\$59.10
55-59	\$51.70	\$81.10	\$54.40	\$83.80
60-64	\$66.80	\$103.90	\$69.50	\$106.60
65-69	\$87.88	\$137.86	\$90.58	\$140.56
70-74	\$115.02	\$182.32	\$117.72	\$185.02
75-79	\$150.30	\$237.92	\$153.02	\$240.62
80-84	\$178.16	\$282.82	\$180.86	\$285.52
85+	\$193.16	\$305.66	\$195.86	\$308.36

Rates are monthly, uni-tobacco, age-banded. \$30,000 benefit level available — contact HR or Oakbridge Insurance for rates.



## Value-Added Services

Included with Lincoln Financial benefits · No additional cost · Available whether or not you file a claim

### EmployeeConnect EAP

- › Up to 5 in-person counseling sessions per person, per issue, per year
- › Free 30-min attorney consultation per legal issue; 25% off additional
- › 24/7 phone, app & online support for family, legal & financial matters
- › GuidanceResources.com articles, videos & calculators
- › Topics: Family, Parenting, Addictions, Legal, Financial, Stress

**1-888-628-4824**

### Funeral Planning

- › Nationwide funeral home price comparisons
- › Pre-planning arrangement guidance and documentation
- › Reduces emotional and financial burden on your family
- › Support resources for families navigating loss

**1-888-628-4824**

### LifeKeys® Services

- › Emotional support — counseling, grief, crisis help
- › Attorney consultations, will & estate planning, document prep
- › Financial services — budgeting, debt, retirement guidance
- › Identity theft recovery assistance

**1-888-628-4824**

### TravelConnect®

- › Emergency medical evacuation to nearest facility
- › Repatriation of remains if you pass away while traveling
- › Rx replacement, cash advances, lost document help
- › Pre-trip: passport/visa info, vaccination requirements
- › Security evacuation for natural disaster or political unrest
- › Covers you + family on trips up to 90 days

**Active 100+ miles from home · 24/7/365**

Access all EAP and LifeKeys services at [GuidanceResources.com](https://www.guidanceresources.com) or download the [GuidanceNow app](#).



## Important Contacts & Resources

For enrollment questions, contact City of East Ridge HR. For claims or coverage details, contact Oakbridge Insurance.

Carrier / Resource	Plan / Service	Phone	Website
<b>Cigna</b>	Medical, HRA, Virtual Care	1-866-494-2111	<a href="http://www.cigna.com">www.cigna.com</a>
<b>myCigna / MDLIVE</b>	App, Virtual Care, Claims	1-855-667-9722	<a href="http://my.cigna.com">my.cigna.com</a>
<b>Guardian</b>	Dental & Vision	1-800-541-7846	<a href="http://guardiananytime.com">guardiananytime.com</a>
<b>Lincoln Financial</b>	Life, STD, LTD, Voluntary Life	1-800-423-2765	<a href="http://lincolffinancial.com">lincolffinancial.com</a>
<b>EmployeeConnect EAP</b>	Counseling, Legal, Financial	1-888-628-4824	<a href="http://guidanceresources.com">guidanceresources.com</a>
<b>Employee Navigator</b>	Online Enrollment — Company ID: <b>CityOfEastRidge</b>	—	<a href="http://employeenavigator.com">employeenavigator.com</a>
<b>Oakbridge Insurance</b>	Broker / Benefits Advisor — Jason Bryant	706-419-3964	<a href="mailto:jbryant@oakbridgeinsurance.com">jbryant@oakbridgeinsurance.com</a>
<b>City of East Ridge HR</b>	Eligibility, Payroll, HR Questions	(423) 867-7711	<a href="http://eastridgetn.gov">eastridgetn.gov</a>
<b>Medicare</b>	Part D creditable coverage questions	1-800-633-4227	<a href="http://medicare.gov">medicare.gov</a>
<b>TennCare / CoverKids</b>	Tennessee Medicaid & CHIP assistance	1-800-525-6401	<a href="http://tn.gov/tenncare">tn.gov/tenncare</a>
<b>DOL / EBSA</b>	ERISA & benefits compliance questions	1-866-444-3272	<a href="http://dol.gov/ebsa">dol.gov/ebsa</a>

Questions about enrollment or eligibility? Contact City of East Ridge HR. For claims or coverage details, contact Oakbridge Insurance.



# Annual Notices

Federally required disclosures — please read and retain this guide

## 1. HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents because of other health insurance coverage, you may be able to enroll 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. You must request enrollment within **30 days** after your 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. To request special enrollment or obtain more information, contact Human Resources.

## 2. Women's Health and Cancer Rights Act (WHCRA) of 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Written notice of the availability of such benefits has been delivered to each participant upon enrollment and annually thereafter. Questions? Contact HR or Cigna at 1-866-494-2111.

## 3. Newborns' and Mothers' Health Protection Act

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 these periods. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of the above periods.

#### 4. Notice of Privacy Practices (HIPAA)

Your health plan is required by law to maintain the privacy of your protected health information (PHI) and to provide you with notice of its legal duties and privacy practices with respect to PHI. Your insurer may use and disclose PHI for treatment, payment, and health care operations purposes without your authorization.

You have the right to: request restrictions on certain uses and disclosures of your PHI; receive confidential communications of PHI; inspect and copy your PHI; amend your PHI; receive an accounting of disclosures of your PHI; and receive a paper copy of the Notice of Privacy Practices. Contact your carrier or HR for a full Notice of Privacy Practices. Cigna: 1-866-494-2111 | [www.cigna.com](http://www.cigna.com)

#### 5. Notice of Creditable Coverage — Medicare Part D

**Important Notice from the City of East Ridge 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 East Ridge and about your options under Medicare's prescription drug coverage.

The City of East Ridge has determined that the prescription drug coverage offered by the Cigna health 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 — as long as you do not go **63 or more consecutive days** without creditable prescription drug coverage after your group health plan coverage ends.

For more information about Medicare prescription drug plans: visit [www.medicare.gov](http://www.medicare.gov); call 1-800-MEDICARE (1-800-633-4227), TTY: 1-877-486-2048; or contact the State Health Insurance Assistance Program (SHIP) for your state. For questions about this notice or your current prescription drug coverage, contact Human Resources.

#### 6. 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 Medicaid or CHIP. If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or a child might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply.

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.

**Tennessee — TennCare:** 1-800-525-6401 | [www.tn.gov/tenncare](http://www.tn.gov/tenncare) **Tennessee CHIP (CoverKids):** 1-800-525-6401 | [www.tn.gov/tenncare](http://www.tn.gov/tenncare)  
For questions or more information, contact the U.S. Department of Labor, Employee Benefits Security Administration: 1-866-444-EBSA (3272) | [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

## 7. Genetic Information Nondiscrimination Act (GINA)

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 employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to any 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.

Under GINA, it is illegal for health insurance issuers to: (1) adjust premium or contribution amounts for a group on the basis of genetic information; (2) request, require, or purchase genetic information for underwriting purposes; or (3) use genetic information to determine eligibility, set premiums, or otherwise discriminate.

## 8. Employee Rights Under ERISA

As a participant in this plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

- **Examine, without charge**, at the Plan Administrator's office and at other specified locations, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor.
- **Obtain, upon written request** to the Plan Administrator, copies of documents governing the operation of the plan. The administrator may make a reasonable charge for the copies.
- **Receive a summary** of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

**Prudent actions by plan fiduciaries.** In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

**Enforce your rights.** If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. Assistance: 1-866-444-EBSA (3272) | [www.dol.gov/ebsa](http://www.dol.gov/ebsa)

## 9. Grandfathered Plan Status

The City of East Ridge health plan believes this plan is **not** a grandfathered health plan under the Patient Protection and Affordable Care Act (ACA). Being a non-grandfathered plan means this plan must comply with certain consumer protections in the ACA — for example, the plan must cover certain preventive care services without cost-sharing. Questions regarding which protections apply to this plan: 1-866-444-3272 | [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

## 10. Mental Health Parity and Addiction Equity Act (MHPAEA)

This plan complies with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The financial requirements (such as deductibles and copayments) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits may not be more restrictive than the predominant requirements or limitations applied to substantially all medical and surgical benefits covered by the plan. In general, the rules under MHPAEA also provide that separate cost-sharing requirements or treatment limitations that apply only to MH/SUD benefits are not permitted.

For information on MH/SUD benefits available under this plan, or for questions about MHPAEA, contact Cigna at 1-866-494-2111. For confidential support, counseling, and EAP referrals, contact **EmployeeConnect** at 1-888-628-4824 or visit **GuidanceResources.com** — available 24/7/365.