



## Employee Benefits Guide 2017



**The City of Goose Creek**  
**519 North Goose Creek Boulevard**  
**Goose Creek, SC 29445**  
**843-797-6220**

## WELCOME TO YOUR BENEFITS GUIDE

This guide provides a general overview of your benefit options to help you select the coverage that is right for you. Be sure to make choices that work to your best advantage. Of course with choice, comes responsibility and planning. Please take time to read about and understand the benefit plans and any costs associated with them, thoughtfully.

It is important to remember that only those benefit programs for which you have enrolled in apply to you. We encourage you to review each section and discuss your benefit offerings with your family members. Be sure to pay close attention to applicable co-payments, deductibles, networks and services that may be limited or not covered referred to as exclusions.

This guide is not an employee/employer contract. It is not intended to cover all provisions of the plans that are offered through the City of Goose Creek but is rather a quick reference given to hopefully answer most of your questions. When in doubt about what benefits you actually have or how a benefit is considered for payment, this guide will defer to the contract itself for confirmation of the actual contract provisions. The Summary Plan Description has the complete details.



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## ELIGIBILITY

You are considered benefits-eligible if you are a full-time employee scheduled to work at least 30 hours per week. If you are a new employee of the City of Goose Creek, your effective date for benefits will be the first day of the month following 30 days of employment.

### Dependent Eligibility

Your dependents are also offered generous healthcare benefits. Those who qualify as a dependent include:

- ◆ Spouses - must not be legally separated or divorced. Qualified Domestic Relations Orders are accepted to continue coverage under COBRA.
- ◆ Your child(ren), until the date they reach age 26 or any child(ren) who is incapable of self-support due to physical or mental disability.

### Notice of Special Enrollment Rights

Your “pre-tax” benefit elections (medical, dental, vision, flexible spending, etc.) will remain in effect for the entire calendar year, unless you have an IRS-qualified change in status. Qualifying events include a change in marital status, dependent status, employment status and other IRS-defined events. You must make your new election within 30 days of the date of the qualifying event.

If during the course of the year you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll your dependents. Again, you must request enrollment within 30 days of qualifying event.

For “post-tax” benefit elections such as life insurance, you have the right to make changes throughout the year. However, benefit increases for such benefits may require completion of evidence of insurability and approval from the insurance carrier.

## MEDICAL – Cigna HealthCare



General Services	In-Network	Out-of-Network
Physician office visit – Primary Care Physician (PCP)	You pay \$20 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 40% Plan pays 60%
Physician Office Visit – Specialist	You pay \$50 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 40% Plan pays 60%
Urgent care visit <ul style="list-style-type: none"> <li>All services including Lab &amp; X-ray</li> </ul>	You pay \$50 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 40% Plan pays 60%
Preventive Care	Plan pays 100%, no copay, no deductible	Not Covered
Preventive Services	Plan pays 100%, no copay, no deductible	Not Covered
Immunizations	Plan pays 100%, no copay, no deductible	Not Covered
<b>Advantage pharmacy plan</b> <ul style="list-style-type: none"> <li>Includes contraceptives</li> <li>If a Brand name drug is requested when there is a Generic equivalent, member must purchase the Generic drug, or pay 100% of the difference between the Brand name price and the Generic price, plus the appropriate brand-name copay (unless the physician indicates "Dispense As Written" DAW)</li> <li>Cigna National Pharmacy Network</li> <li>You can choose to fill your medications in a 30- or 90-day supply at any network pharmacy.</li> <li>Specialty medications are limited to a 30-day supply</li> <li>Specialty Drugs provided at Home Delivery at the Retail cost share</li> </ul>	<b>Retail - (per 30 day supply)</b> Tier 1: \$25 Tier 2: \$45 Tier 3: \$70  <b>Retail and Home Delivery - (per 90 day supply)</b> Tier 1: \$63 Tier 2: \$113 Tier 3: \$175	Not Covered
Coinsurance	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>Benefits for an individual within a family are paid once the individual deductible has been met.</li> <li>In-network and out-of-network expenses do not cross accumulate.</li> <li>Copays always apply before plan deductible and coinsurance.</li> </ul>	Individual: \$2,000 Family: \$4,000	Individual: \$6,000 Family: \$18,000

## MEDICAL (cont'd)



General Services	In-Network	Out-of-Network
<b>Out-of-pocket annual maximum</b> <ul style="list-style-type: none"> <li>Medical copays apply towards the out-of-pocket maximums</li> <li>Medical deductibles apply towards the out-of-pocket maximums</li> <li>Expenses do not cross accumulate between in-network and out-of-network out-of-pocket maximums</li> <li>Pharmacy copays and coinsurance apply towards the out-of-pocket maximums</li> </ul>	Individual: \$4,000 Family: \$8,000	Individual: \$9,000 Family: \$27,000
<b>Lifetime maximum</b>	Unlimited Per individual	
<b>Out-of-network annual maximum</b>		Unlimited Per individual
<b>Emergency room care</b> <ul style="list-style-type: none"> <li>All services rendered apply to ER benefit including Lab &amp; X-ray</li> </ul>	You pay \$250 per visit copay (waived if admitted) and 20%, then plan pays 80%	
<b>Ambulance</b>	After the in-network plan deductible is met, You pay 20% Plan pays 80%	
<b>Office surgery – PCP</b>	You pay \$20 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Office surgery – Specialist</b>	You pay \$50 per visit copay, then plan pays 100%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Other office services – laboratory</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services
<b>Other office services – radiology</b>	Covered same as plan's Physician's Office Services	Covered same as plan's Physician's Office Services
<b>Outpatient lab</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient radiology</b>	Plan pays 100%, no deductible	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Independent lab</b>	Plan pays 100%, no deductible	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Office advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient advanced radiology imaging services</b> <ul style="list-style-type: none"> <li>Includes MRI, MRA, PET, CT-Scan and Nuclear medicine</li> </ul>	You pay \$50 copay	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Includes external prosthetic appliances</li> <li>Does accumulate towards the out-of-pocket maximum</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%

## MEDICAL (cont'd)



General Services	In-Network	Out-of-Network
<b>Breast Feeding Equipment and Supplies</b> <ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician. Includes related supplies</li> </ul>	Plan pays 100%, no copay, no deductible	Not Covered

Benefits	In-Network	Out-of-Network
<b>Hospital Services</b>		
<b>Inpatient hospital services</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Inpatient Professional Services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists, Anesthesiologists, and Hospital Based Physician</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient hospital services</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient professional services</b> <ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists, Anesthesiologists</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Skilled nursing facility care</b> <ul style="list-style-type: none"> <li>60 days per calendar year maximum</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Hospice care</b>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Home health care</b> <ul style="list-style-type: none"> <li>40 visits per calendar year maximum</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Mental Health and Substance Use Disorder</b>		
<b>Inpatient mental health</b> <ul style="list-style-type: none"> <li>Includes Residential Treatment</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient mental health – Physician's Office</b> <ul style="list-style-type: none"> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	You pay \$50 copay	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient mental health – all other services</b> <ul style="list-style-type: none"> <li>Includes Partial Hospitalization</li> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Inpatient substance use disorder</b> <ul style="list-style-type: none"> <li>Includes Residential Treatment</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient substance use disorder – Physician's Office</b> <ul style="list-style-type: none"> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	You pay \$50 copay	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Outpatient substance use disorder – all other services</b> <ul style="list-style-type: none"> <li>Includes Partial Hospitalization</li> <li>Includes Individual, Intensive Outpatient, and Group Therapy</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%

## MEDICAL (cont'd)



Benefits	In-Network	Out-of-Network
<b>Therapy Services</b>		
<b>Outpatient physical therapy</b> <ul style="list-style-type: none"> <li>20 visits per calendar year</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	Covered same as plan's Physician Office Visit – Specialist
<b>Outpatient speech therapy, hearing therapy and occupational therapy</b> <ul style="list-style-type: none"> <li>40 visits per calendar year</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	Covered same as plan's Physician Office Visit – Specialist
<b>Chiropractic services</b>	Not Covered	Not Covered
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Additional Services</b>		
<b>Medical Specialty Drugs Inpatient Facility</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of the Infusion Therapy drugs administered in an Inpatient Facility. This benefit does not cover the related Facility or Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Medical Specialty Drugs Outpatient Facility</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of the Infusion Therapy drugs administered in an Outpatient Facility. This benefit does not cover the related Facility or Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Medical Specialty Drugs Physician's Office</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of targeted Infusion Therapy drugs administered in the Physician's Office. This benefit does not cover the related Office Visit or Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>Medical Specialty Drugs Home</b> <ul style="list-style-type: none"> <li>This benefit applies to the cost of targeted Infusion Therapy drugs administered in the patient's home. This benefit does not cover the related Professional charges.</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	After the plan deductible is met, You pay 40% Plan pays 60%
<b>PPACA Women's Health</b> <ul style="list-style-type: none"> <li>Includes surgical services, such as tubal ligation (excludes reversals)</li> <li>Contraceptive devices are included.</li> </ul>	Plan pays 100%, no copay, no deductible	Varies based on place of service
<b>Family planning</b> <ul style="list-style-type: none"> <li>Includes surgical services, such as vasectomy (excludes reversals)</li> </ul>	Varies based on place of service	Varies based on place of service
<b>Organ transplant</b> <ul style="list-style-type: none"> <li>Services paid at network level if performed at Cigna LifeSOURCE Transplant Network® Facilities</li> <li>Travel maximum \$10,000 per lifetime (only available if using Cigna LifeSOURCE Transplant Network® facility)</li> </ul>	After the plan deductible is met, You pay 20% Plan pays 80%	Not Covered

## HEALTH ADVOCATE



Handling healthcare can cut into your work time and into your time with your family and friends. Why not let someone guide you through the maze of health insurance and healthcare providers?

The City of Goose Creek has partnered with Standard Insurance Company to do just that. The Health Advocacy Solution assigns a Personal Health Advocate to your case, helping you manage and resolve your healthcare questions, needs and concerns. Personal Health Advocates (typically registered nurses) understand the system and can help you with a wide range of healthcare challenges. Of course, your medical and personal information will be kept confidential.

### Your Whole Family Benefits

Health Advocacy services are available to you, your spouse, your children, your parents and your parents-in-law.

### Round-The-Clock Access

Health Advocacy services are available 24 hours a day, 365 days a year. Personal Health Advocates are available Monday through Friday between 8 a.m. and 9 p.m. Eastern Standard Time. Staff is available after hours and on weekends.

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**Personal Health Advocates understand the healthcare system and can help with health-related challenges such as:**

**Coordinating care**

**Locating doctors**

**Negotiating fees**

**Explaining tests results**

**Medical terminology**

**Clarifying Billing Statements**

**Assist Seniors**

**Terminal Illness**

**or helping find resources for services that may not be covered through your health-benefits program.**

Backed by medical directors and claims / benefits experts, the Personal Health Advocates are dedicated to each case they work on until resolution. Each case is managed confidentially and in compliance with all state and federal privacy laws.

**Contact Health Advocate™**

**1-866-695-8622**

**Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)**



## PRESCRIPTION DRUG

Your prescription drug coverage is included as a part of the medical plan. You should always use a participating pharmacy (one that is contracted by your medical plan) to get the best price.

You can access a list of pharmacies through your plan's website at [www.cigna.com](http://www.cigna.com).

Generic drugs usually have the lowest copays, and non-formulary brand name drugs normally have the highest copays. A formulary is a list of drugs that are preferred by the plan. Plans use formularies to make sure members are using the most cost-effective drugs. You can learn more about your plan's prescription drug coverage, including what drugs are on the formulary, by visiting the plan's website [www.cigna.com](http://www.cigna.com)



## Facts About the Medical Plan

•**HIPAA privacy rights.** The Health Insurance Portability and Accountability Act (HIPAA) includes provisions that protect the privacy of medical plan participants. These provisions govern how health insurance companies must handle protected health information. For more information, please visit the official HIPAA information website at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

•**Women's health and cancer rights.** As required by the Women's Health and Cancer Rights Act of 1998, the medical plan offered by the City of Goose Creek provide benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry of the breast; prostheses; and treatment for complications resulting from all stages of mastectomy, including lymphedema.

•**Minimum maternity stays.** As required by federal law, the medical plan offered by the City of Goose Creek will not restrict benefits for any hospital stay in connection with childbirth (either for the mother or the newborn child) to less than 48 hours following a normal (vaginal) delivery or 96 hours following a cesarean section.

## DENTAL



**Selection of Providers:** Members may choose any licensed dental provider. Members have access to our national network of over 170,000 participating access points where they can take advantage of discounts AlwaysCare has negotiated on their behalf. Further, in areas with relatively few participating providers, members have access to our list of an additional 46,000+ "certified" providers who, according to an independent resource, despite not participating in our network, offer excellent value for their customers. Members using participating providers will eliminate balance billing and reduce out-of-pocket expenses. No claim forms needed with participating providers. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) or call 1-888-729-5433, Ext. 2013 for a list of participating providers.

<b>Deductible:</b> Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	\$25 per calendar year		
<b>Coinurance:</b> The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	100%
	Class B	Basic	80%
	Class C	Major	50%
<b>Benefit Maximums:</b> (Class A, B, and C benefits).	\$1000 per calendar year		
<b>Carryover Benefit:</b>	\$250, Threshold Limit \$500, Carryover Account Maximum \$1000.		

### Covered Procedures and Waiting Periods:

#### **Preventive Services (Class A):** No waiting period.

- Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)
- Bitewing x-rays (maximum of 4 films) (1 per 12 months)
- Full mouth / panoramic x-rays (1 per 24 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Prophylaxis (2 per 12 months)
  - (1 additional cleaning or periodontal maintenance per 12 months if member is in 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy)
- Routine exams (2 per 12 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Space maintainers for children up to age 16 (1 per 24 months)

#### **Basic Services (Class B):** No waiting period.

- Emergency treatment (1 per 12 months)
- Simple restorative services (Fillings)
- Simple extractions
- Oral surgery (extractions and impacted teeth) & Anesthesia (subject to review, covered with complex oral surgery)
- Posterior Composite Restorations
- Surgical Periodontics
- Simple Periodontics
- Endodontics (Root Canals)

#### **Major Services (Class C):** No waiting period.

- Inlays and Onlays
- Crowns, Bridges, Dentures and Endosteal Implants (in lieu of an approved 3-unit Bridge)
- Repair of Crown, Denture, or Bridge

**Dental Carryover Benefit** Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's Threshold Limit, the Insured will be credited a Carryover Benefit. Carryover Benefits will be accrued and stored in the Insured's Carryover Account to be used in the next benefit year. If an Insured reaches his or her Certificate Year Maximum Benefit, we will pay a benefit from the Insured's Carryover Account up to the amount stored in the Insured's Carryover Account. The accrued Carryover Benefits stored in the Carryover Account may not be greater than the Carryover Account Limit. **The Limits for this Policy/Certificate are:** Carryover Benefit **\$250**, Threshold Limit **\$500**, Carryover Account Limit **\$1000**.

For a complete detailed description of coverage, please refer to the Policy / Certificate.

# VOLUNTARY VISION



## IN NETWORK BENEFITS

- Comprehensive eye exam every 12 months with a \$10 copay.
- \$150 material allowance every 12 months towards glasses and/or contact lens with a one-time \$25 copay.
- After your material allowance has been used, receive a 20% discount on glasses and a 15% discount on contact lens at most providers\*.
- Discounts of 10%-20% on refractive surgery including LASIK at participating providers.
- \$49 standard contact lens fitting fee or 15% discount off the usual and customary fitting for non-standard contact lens\*\* at most providers\*.
- No claims or paperwork to file.



## OUT OF NETWORK BENEFITS

- If you choose to use an out-of-network provider, you will be reimbursed the following amounts:
  - Exam including contact lens fitting: \$50 less exam copay
  - Materials: 65% of the material allowance that was used, less material copay
- Please submit a claim form (available at [www.physicianseyecareplan.com](http://www.physicianseyecareplan.com)) along with your itemized receipts to: Physicians Eyecare Plan, 48 Courtenay Dr., Charleston, SC 29403

## IMPORTANT INFORMATION

- New members will be mailed a membership card.
- Find an in-network provider by going to [www.physicianseyecareplan.com](http://www.physicianseyecareplan.com).
- Check your eligibility, print a replacement ID card, download an out-of-network claim form and find answers to frequently asked questions by going to [www.physicianseyecareplan.com](http://www.physicianseyecareplan.com).
- To make an appointment, call an in-network provider and let them know that you are a PEP member.
- You are responsible for payment to the in-network provider for any amount exceeding the material allowance, any copays and any contact lens fitting fees.
- This is a routine vision program. Medical and surgical treatments of the eyes are not covered benefits.
- Material allowance does not cover non-prescription lenses, non-prescription or cosmetic contact lenses, or non-prescription sunglasses.
- Members will not be able to terminate coverage during their 12 month plan except for a termination resulting from a change in employment or family status.

\* Discounts subject to change. Certain providers such as JC Penney Optical, Pearle Vision, Sears Optical, and Target Optical do not offer discounts on disposable contact lens.

Participating Walmart Vision Centers do not offer discounts on glasses, contacts, or contact lens fitting fees. Not all Walmart Vision Centers provide eye exam services.

\*\* Spherical daily wear, extended wear and disposable contact lens are considered standard contact lens; any other contact lens types are considered non-standard.

## BASIC LIFE AND AD&D



The City of Goose Creek provides a level of Basic Life Insurance and AD&D coverage at no cost to the employee. Employees may elect Basic Dependent Spouse and Child(ren) Life at the rates outlined on page 13.

### **Eligibility: All Full-Time Employees**

**Basic Life: \$10,000**

### **Accidental Death and Dismemberment Benefits (AD&D):**

The death benefit under AD&D equals \$10,000. The AD&D benefit is payable for losses that are a result of an accident including loss of life, loss of both hands or both feet, loss of sight in both eyes, loss of a hand and a foot, loss of a hand or a foot and the sight of one eye. Please review the Basic Life policy for the payout amounts or percentages for each of the losses mentioned above.

### ***Additional Benefit Information:***

**Reduction Schedule:** 35% at age 65, 50% at age 70, and 65% at age 75.

**Conversion Privilege:** Employees may convert to an individual Life Policy within 31 days of leaving active employment.

**Accelerated Benefit:** If terminally ill member has access to a portion of the face value of the Life benefit.

### **Basic Dependent Spouse and Child(ren) Life: \$5,000**

Dependent coverage includes unmarried child(ren) from live birth through age 20, or through age 24 if the child is a fulltime registered student.

## ADDITIONAL LIFE AND DEPENDENT LIFE



**Employee Life** Coverage Amount: Units of \$10,000 to a maximum of \$500,000. Any amount of Additional Life in excess of \$150,000 will be subject to medical underwriting approval.

**Dependent Spouse Life** Coverage Amount: Units of \$5,000 to a maximum of \$250,000 not to exceed 100 percent of your (you, the employee's) additional life coverage. An amount in excess of \$25,000 will be subject to medical underwriting approval.

**NOTE: All late applications will be subject to medical underwriting approval.**

### EMPLOYEE Rates

Employee's Age as of January 1	Rate (Per \$1000 )
Under 30	.117
30-34	.120
35-39	.158
40-44	.221
45-49	.335
50-54	.510
55-59	.824
60-64	1.094
65-69	1.859
70-74	3.304
75+	12.528

If you elect Additional **Employee** Life insurance, your *monthly premium rate* for this Plan is Indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

**To calculate your Premium:**

1. Amount Elected: Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 =Line 2 Line 2: \_\_\_\_\_
3. Select your rate from the rate table Line 3: \_\_\_\_\_
4. Multiply Line 2 by Line 3 = Monthly Cost Line 4: \_\_\_\_\_

To get the **bi-weekly pay period** amount Multiply **Line 4** above by **12** then divide that number by **26**.

### SPOUSE Rates

Employee's Age as of January 1	Rate (per \$1,000)
Under 30	.117
30-34	.120
35-39	.158
40-44	.221
45-49	.335
50-54	.510
55-59	.824
60-64	1.094
65-69	1.859
70-74	3.304
75+	12.528

If you elect Additional **SPOUSE** Life insurance, your *monthly premium rate* for this plan is Indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck. **NOTE: Spouse Life is calculated using the employee's age.**

**To calculate your Premium:**

1. Amount Elected: Line 1: \_\_\_\_\_
2. Line 1 divided by \$1,000 =Line 2 Line 2: \_\_\_\_\_
3. Select your rate from the rate table Line 3: \_\_\_\_\_
4. Multiply Line 2 by Line 3 = Monthly Cost Line 4: \_\_\_\_\_

To get the **bi-weekly pay period** amount Multiply **Line 4** above by **12** then divide that number by **26**.

## EMPLOYEE COST PER PAY PERIOD

MEDICAL PLAN	FULL WELLNESS	EE ONLY WELLNESS	WITHOUT WELLNESS
Employee Only	100% paid by City	NA	\$ 25.00
Add Spouse	\$242.65	\$267.65	\$292.65
Add Children	\$194.84	\$219.84	\$244.84
Add Family	\$476.55	\$501.55	\$526.55
IMPORTANT NOTE: WELLNESS FOR DEPENDENTS—Spouses must participate in the Wellness Program to qualify for the Employee/Spouse or Family Wellness rate.			
DENTAL			
Employee Only	100 % PAID BY THE CITY		
Dependent(s)	\$18.21 per pay period		
BASIC DEPENDENT SPOUSE AND CHILD(REN) LIFE			
Spouse & Child(ren)	\$.20	100% EMPLOYEE PAID	
If Dependent Life was initially declined, an Evidence of Insurability form will be required unless a qualifying event has occurred within the last 30 days. Benefit: \$5,000			
ADDITIONAL EMPLOYEE LIFE AND SPOUSE LIFE			
100% EMPLOYEE PAID	See Page 12 to calculate your individual premium cost (Spouse rates are calculated using the employee's age as of January 1, 2017)		
ADDITIONAL BENEFITS			
\$10,000 Employee Life	100 % PAID BY THE CITY		
Accidental Death & Dismemberment	100 % PAID BY THE CITY		
Long Term Disability	100 % PAID BY THE CITY		
VOLUNTARY VISION			
Employee Only	\$ 3.32		
Employee Spouse	\$ 6.46		
Employee Child(ren)	\$ 6.74		
Family	\$10.29		

## LONG TERM DISABILITY



The City of Goose Creek provides a Long Term Disability plan which provides you with financial protection. It pays a percentage of your monthly earnings in the event of a covered disability. The cost of this plan is paid 100% by the City of Goose Creek. The following contract provisions apply:

<b>Monthly Benefit Amount:</b>	<b>60% of your Pre-disability Earnings</b>
<b>Maximum Monthly Benefit:</b>	<b>\$7,500</b>
<b>Benefit Waiting Period:</b>	<b>90 days</b>
<b>Maximum Benefit Period:</b>	<b>Social Security Normal Retirement Age Definition of Disability: 2 Year Own Occupation then if you are unable to perform the major duties of any gainful work.</b>

### **Additional Provisions Include:**

- **Employee Assistance Program**
- **Health Advocacy Services**
- **Reasonable Accommodation Expense Benefit**
- **Rehabilitation Incentive Benefit**
- **Rehabilitation Plan Provision**
- **Return to Work Incentive**
- **Survivors Benefit**
- **Temporary Recovery Provision**
- **Waiver of Premium while LTD benefits are payable**
- **24 hour coverage, including coverage for work related disabilities**

This information is only a brief description of the group LTD insurance policy sponsored by the City of Goose Creek. The controlling provisions will be in the group policy issued by The Standard Insurance Company. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard Insurance Company and the City of Goose Creek may 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.

*Please see the SPD for full details of the benefits and provisions.*



# FLEXIBLE SPENDING ACCOUNT

## WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

The Federal Government created FSAs to help you pay for your Medical expenses and Dependent Care expenses. An FSA allows you to set aside pre-tax earnings. You can use these funds to pay for qualified expenses. Each pay period, your employer deducts your chosen amount of money out of your paycheck and places it into your FSA before deducting any taxes. By using pre-tax dollars to fund your FSA, you are taxed on less income.

**FSA Debit Card:** For your convenience a prepaid benefits card is available that gives you an easy automatic way to pay for qualified benefit expenses by electronically accessing the pre-taxed amounts set aside in your Flexible Spending Account. It works like a Visa card, but has the amount of your FSA contribution stored on it. This debit card is available for both medical and dependent care FSAs.

**FSA Debit Card Substantiation Requirements:** The FSA debit card offers members convenience, but FSA claims still must be substantiated. In fact, the IRS requires all FSA claims to be substantiated. Participants won't always receive a request for substantiation from TCC. But if and when they do, it is important that they respond promptly to meet IRS regulations.

Debit card holders should save all itemized receipts for purchases made with an FSA debit card. They will need to provide these receipts if TCC requests substantiation. Each receipt must show the merchant or provider name, the service received or the item purchased, the date and the amount of the purchase.

**Will You Be Able to Change Your Election?** You may change the designated amount of pre-tax earnings deposited into your FSA only at the beginning of each plan year unless there is a qualifying event. Examples of a qualifying event include:

- ◆ Marriage
- ◆ Divorce
- ◆ Birth of a child
- ◆ Adoption of a child
- ◆ Death of a spouse or child
- ◆ Loss or gain of employment

## Qualifying Medical Expenses

You may use your FSA to pay for many medical costs not covered by your health insurance benefits up to a maximum of \$2,000 per plan year. You can carry over up to \$500 into the next plan year if you don't use it as long as you enroll in FSA the following year. Should you terminate your employment, you will have 30 days from the date of termination to submit for reimbursements that were incurred prior to your date of termination. The plan year ends on December 31, 2017 or the date an employee resigns, whichever is sooner.

Medical Reimbursement Qualifying Expenses include: Medical, dental, vision, and prescription drugs.

- ◆ Medical, dental, vision, and prescription drugs.
- ◆ Over-the-counter (OTC) medications with a doctor's prescription.
- ◆ Orthodontics, eyeglasses, contact lenses, hearing aids, equipment for the physically disabled, well-baby care, routine physical exams and more.

## Qualifying Dependent Care Expenses

You may use your FSA to help pay for Dependent Care expenses up to a maximum of \$5,000 per plan year. You are considered eligible and able to qualify for an FSA, if you are married, both you and your spouse work, or your spouse is disabled or a full-time student.

- ◆ In and out of home daycare
- ◆ Before and after school care
- Pre-school daycare
- Summer camp costs, except for overnight camps and more.

Qualifying dependents include: Children under the age of 13 who qualify as your dependents for income tax purposes and Mentally or Physically Disabled dependents or Elderly persons who qualify as a dependent.



## FLEXIBLE SPENDING ACCOUNT (cont'd)

### HOW FLEXIBLE SPENDING PLANS CAN BENEFIT YOU

By using pre-tax dollars to fund your FSA, you pay fewer taxes. Below are examples of how much money you can save each year with a Medical and / or Dependent Care FSA.

#### MEDICAL

Susan's estimated annual qualifying health care expenses include:

Glasses and eye exam	\$ 450
Health Plan Deductible/Copayment	\$ 550
Orthodontia	\$ 1,000
<b>TOTAL =</b>	<b>\$ 2,000</b>

Calculations	Without an FSA	With an FSA
Annual Gross Income	\$ 30,000.00	\$ 30,000.00
Annual Pre-tax Election	\$ 0.00	\$ 2,000.00
Taxable Income	\$ 30,000.00	\$ 28,000.00
Taxes Withheld	\$ 7,500.00	\$ 7,000.00
Annual Take-home Pay	\$ 22,500.00	\$ 21,000.00
<b>After-tax Dollars Spent on Eligible Health Care Expenses</b>	<b>\$ 2,000.00</b>	<b>\$ 0.00</b>
Spendable Income	\$ 20,500.00	\$ 21,000.00
<b>Annual Savings</b>		<b>\$ 500.00</b>

#### DEPENDENT CARE

Jack's estimated annual qualifying dependent care expenses include:

Out of Home Daycare = \$375 Per Month which would be an Annual

**TOTAL = \$4,500**

**Jack knows he will spend at least \$4,500 on Dependent Care.**

Calculations	Without an FSA	With an FSA
Annual Gross Income	\$25,000.00	\$25,000.00
Annual Pre-tax Election	0.00	\$ 4,500.00
Taxable Income	\$25,000.00	\$20,500.00
Taxes Withheld	\$ 6,250.00	\$ 5,125.00
Annual Take-home Pay	\$18,750.00	\$15,375.00
<b>After-tax Dollars Spent on Eligible Dependent Care Expenses</b>	<b>\$ 4,500.00</b>	<b>0.00</b>
Spendable Income	\$14,250.00	\$15,375.00
<b>Annual Savings</b>		<b>\$1,125.00</b>

## FLEXIBLE SPENDING ACCOUNT (cont'd)

**Maximize the Value of Your Reimbursement Account** - Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

### Eligible Expenses

#### BABY/CHILD TO AGE 13

- Lactation Consultant\*
- Lead-Based Paint Removal
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability\*
- Well Baby /Well Child Care

#### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

#### EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

#### HEARING

- Hearing Aids and Batteries
- Hearing Exams

#### LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

#### MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment\*
- Hospital Beds\*
- Mattresses\*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs\*

#### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment\*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation\*

#### MEDICATIONS

- Insulin
- Prescription Drugs

#### OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doula\*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

#### PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

#### THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs\*
- Hypnosis
- Massage\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

#### HRA ELIGIBLE

- Insurance Premiums
- Long Term Care Premiums

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

## FLEXIBLE SPENDING ACCOUNT (cont'd)

**Maximize the Value of Your Reimbursement Account** - Your Dependent Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Child Care Expenses	Ineligible Child Care Expenses
<ul style="list-style-type: none"> <li>■ Au pair expenses for dependent care (does not include travel expenses)</li> <li>■ Babysitting (work-related, inside or outside household)</li> <li>■ Babysitting by your relative who is not a tax dependent (work-related)</li> <li>■ Before &amp; After school or extended day programs (supervised activities after the regular school program)</li> <li>■ Custodial childcare expenses for qualifying individual</li> <li>■ Day camps, if primary reason for being there is the care and well-being of the child and is custodial in nature, not education</li> <li>■ Daycare centers</li> <li>■ FICA and FUTA taxes of daycare provider</li> <li>■ Household employee whose services include care of a qualifying person</li> <li>■ Late pick-up fees</li> <li>■ Looking for work-expenses incurred to enable employee to look for work</li> <li>■ Nanny expenses</li> <li>■ Preschool/Nursery school for pre-kindergarten</li> <li>■ Sick-child care center to extent the care is not for medical services</li> <li>■ Summer day camps</li> <li>■ Temporary Absence such as for vacation or minor illness and required to pay provider weekly or monthly and the payment includes the short absence as well as work days</li> <li>■ Transportation to and from eligible care (provided by your care provider)</li> <li>■ Work-related day care expenses – must allow you to work or look for work. You must be gainfully employed (earning income). This does not include volunteer work that is unpaid or for nominal pay</li> </ul>	<ul style="list-style-type: none"> <li>■ Educational/tuition expenses – kindergarten, first grade and above</li> <li>■ Expenses paid to child of participant</li> <li>■ Field trip expenses</li> <li>■ Food, clothing, education or entertainment expenses</li> <li>■ Household services (chauffeur, bartender, gardener)</li> <li>■ Incidental expenses (diapers, activities, etc. charges)</li> <li>■ Overnight camp (not even the portion attributed to the daytime cost)</li> <li>■ Payment for care where you are not the custodial parent (in divorce situations)</li> <li>■ Payments for care while you are off work because you are on a leave of absence</li> <li>■ Payments for care while you are off work because you are on maternity or other medical leave</li> <li>■ Payments for care while you are off work because you are on vacation unless required to pay weekly or monthly and the payment includes the short absence as well as work days</li> <li>■ Payments for care while you are off work due to illness unless temporary absence, required to pay weekly or monthly and the payment includes the short absence as well as work days</li> <li>■ Payment for services not yet provided (advanced payments)</li> <li>■ Registration fees/reservation fees/holding fees unless paid in order to obtain care and only if and when that provider is selected</li> <li>■ Transportation expenses unless furnished by the care provider to or from a place where care is provided</li> </ul>

Eligible Elder Day Care Expenses	Ineligible Elder Day Care Expenses
<p><b>Elder Day Care Expenses</b></p> <ul style="list-style-type: none"> <li>■ Adult daycare center</li> <li>■ Custodial eldercare expenses for qualifying individual</li> <li>■ Looking for work-expenses incurred to enable employee to look for work</li> <li>■ Elder care (work-related, inside or outside household)</li> <li>■ Senior day care</li> <li>■ Transportation to and from eligible care (provided by your care provider)</li> </ul>	<p><b>Elder Day Care Expenses</b></p> <ul style="list-style-type: none"> <li>■ Custodial elder care (not work-related, for other purpose)</li> <li>■ Day nursing care</li> <li>■ Medical care</li> <li>■ Nursing home care</li> <li>■ Transportation expenses unless furnished by the care provider to or from a place where care is provided</li> </ul>

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify.

## ADDITIONAL BENEFITS

**The additional benefits below are provided to the employees of the City of Goose Creek at no cost.**

- ♦ Complete Wellness Program with on site visits from our own personal wellness nurse. A reduction in the cost of insurance is available for participants in the program (see page 13) and you have the ability to earn **Wellness Reward Hours**.  
*(See the following page for more details on Wellness Reward Hours)*
- ♦ Employee Assistance Plans that are confidential help for employees and their families
- ♦ Defined Benefit Plan with the South Carolina Public Employee Benefit Authority
- ♦ Optional Defined Contribution plans to include 401k, 457, Roth and Traditional IRAs. Managed by ICMA Retirement Corporation
- ♦ Paid Vacation and Sick Time
- ♦ 10 paid holidays a year (one being a Floating Holiday – employee chooses the day)
- ♦ Educational Reimbursement Plan after two years of employment. Up to \$3,000 per year for approved curriculum
- ♦ Recreation Center that includes free membership for employee and spouse
- ♦ Crowfield Golf Club offering reduced rates
- ♦ Workers Comp benefits provided
- ♦ Sick time donation policy
- ♦ Employee Assistance Plan (EAP) Program through the Kennedy Center and Standard Life

## WELLNESS BENEFITS

### WELLNESS REWARD HOURS

**WELLNESS REWARD HOURS** are increments of time that full-time employees can earn by participating in certain Wellness sponsored activities and events. Qualifying events and activities will be noted as offering Wellness Reward Hours.

**Eligibility:** All full-time employees are eligible to earn Wellness Reward Hours.

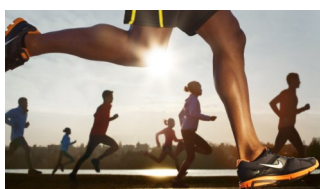
**Use:** Wellness Reward Hours can be used to take “paid time off”. Hours must be scheduled in advance with the approval of the supervisor. Submit a PAF when using these hours. Wellness Reward Hours must be used in hour increments.

**Tracking:** Wellness Reward Hours earned or used will appear on employees’ direct deposit notices. Hours can carry over at the end of the year but only a maximum of 16 hours can be banked.

**Activities:** Wellness sponsored activities which qualify for Wellness Reward Hours will be announced.

#### Please Note:

- ⇒ Wellness Reward Hours cannot be paid in cash and will not be paid upon separation from employment.
- ⇒ Wellness Reward Hours cannot be donated to another person.
- ⇒ Participation is voluntary. If an activity or event occurs during an employee’s day off or scheduled unpaid lunch, there will be no compensation paid for attending; however, Wellness Reward Hours will be earned.
- ⇒ Employees scheduled to work the day of the activity or event may attend if time permits with the approval of the employee’s supervisor.



## CHIP NOTICE

### **Medicaid and the Children’s Health Insurance Program (CHIP) offer free or low-cost health coverage to children and families**

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

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

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

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

You should contact your State for further information on eligibility at:  
SOUTH CAROLINA – Medicaid  
Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

For more information on special enrollment rights, you can contact either:

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

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



## MEDICARE PART D

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Goose Creek has determined that the prescription drug coverage offered by the City of Goose Creek's Healthcare 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<sup>th</sup> to December 7<sup>th</sup>. 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.

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

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

# Health Insurance Marketplace Notice



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

Form Approved

OMB No. 1210-0149

### PART A: General Information

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

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2016 for coverage starting as early as January 1, 2017.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Joellyn Robbins](#).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



## Health Insurance Marketplace Notice (cont'd)

### PART B: Information About Health Coverage Offered by Your Employer

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

**3. Employer Name:** City of Goose Creek

**4. Employer Identification Number:** 57-6008064

**5. Employer Address:** 519 North Goose Creek Boulevard

**6. Employer Phone Number:** 843-797-6220, ext. 1138

**7. City:** Goose Creek

**8. State:** SC

**9. Zip Code:** 29445

**10. Who can we contact about employee health coverage at this job?** Joellyn Robbins

**11. Phone Number (if different from above):** same

Here is some basic information about health coverage offered by this employer:

**As your employer, we offer a health plan to some employees. Eligible employees are:**

All Full-time employees working more than 30 hours per week on average for 48 or more weeks per year once they have met their appropriate waiting period.

**With respect to dependents, we do offer coverage. Eligible dependents are:**

Any legally-married spouses that do not have access to other employment-based coverage and any legal children until the age of 26.

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

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

## Benefit Contacts and Important Numbers

Medical / Pharmacy		<b>Member Services</b> 866-494-2111	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental		<b>Michael Umpleby</b> 888-729-5433	<a href="http://www.alwaysassist.com">www.alwaysassist.com</a>
Life AND ADD, Supplemental Life, LTD, Health Advocate		<b>Lauren Fuller</b> 800-628-8600	<a href="http://www.standard.com">www.standard.com</a>
Voluntary Vision		<b>Member Services</b> 800-368-9609	<a href="http://www.physicianseyecareplan.com">www.physicianseyecareplan.com</a>
Flexible Spending Account, Dependent Care		<b>Ashley Marcum</b> 843-722-2115 Or 800-815-3314	<a href="http://www.tccofsc.com">www.tccofsc.com</a>
Wellness Nurse		<b>Phil Benetatos</b> 864-234-6979 ext. 118	<a href="mailto:Benetatos@ecmins.com">Benetatos@ecmins.com</a>
ECM Ferguson Solutions		<b>Roxie Kimbrell-Hixson</b> 864-234-6979	<a href="mailto:Hixson@ecmins.com">Hixson@ecmins.com</a>

**This information was provided by:**

ECM Solutions

531 South Main Street, Suite 300

Greenville, SC 29601

864-234-6979

In conjunction with THE CITY OF GOOSE CREEK

Please note: This guide has been provided for informational purposes only. When in question about any benefit or statement admitted in this publication, the contract / policy / certificate / summary plan description will always take precedence.