



2019 - 2020

employee
benefits
guide



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Introduction

Personal needs greatly influence the choices we make every day. Young or old, single or married, our needs differ. That's why City of Duncanville wants to provide you with the freedom to select quality benefit options that work best for you.



It is important that you take an opportunity to review all of your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you and whether it is appropriate for your personal needs. By taking the time to examine all of your options, you will ensure that your benefits meet those needs throughout the plan year.

City of Duncanville values our employees and recognizes the importance of offering benefits that enhance people's lives.

All benefit changes are effective October 1, 2019.

Tobacco and wellness surcharges remain in place. New this year, a \$50.00 per month spousal surcharge for spouses who have access to health coverage outside the plan offered by the City of Duncanville.

Those wanting to make changes to benefits must complete their online enrollment through the Benefit Connector website by September 5, 2019.

While enrolling online, please review and update your e-mail address, cell phone and Emergency Contact information. You will also need social security numbers for any dependents you are adding to the plan for the first time.

For enrollment assistance, contact Todd Siegel at 972-780-5095 or Katie Peal at 972-780-5012

Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can range from a copy of a birth certificate, copy of a marriage license, or a copy of your most recent tax return proving the dependent relationship.



REMINDER

You are unable to make changes to your benefit selections during the Plan Year unless you have a **Qualifying Life Event**, such as marriage, birth of a child or adoption of a child.

Please Keep This Guide
It is a valuable resource for you throughout the year.
Your City of Duncanville HR Team

Todd Siegel & Katie Peal



Enrollment Instructions

ONLINE ENROLLMENT INSTRUCTIONS

Step 1: Register / Log Into Benefit Connector

Go to: <https://cityofduncanville.benefitconnector.com/>

1. Upon logging into the site above for the first time, you must **register** in order to set up an account.
2. Click "Register" and answer all questions in order to move forward.
3. Select a Secret Question and Answer as well as a Password. The system will auto-generate your Username for you.
4. You will receive a "Completed" message once the Username and Password have been created and the registration process is complete.
5. Log into the site using the information you just set up. **READ AND ACCEPT THE DISCLAIMER TO CONTINUE.**

Step 2: Verify Employee Information and Family Members

1. Click the "Start Enrollment" button on the top left of the screen.
2. A Help screen will pop up to assist you in moving from screen-to-screen, just in case you need assistance completing your enrollment.
3. Verify "My Info" and update, if necessary. (If no updates or changes are allowed through the online site, please notify your HR Department immediately of the requested change.)
4. Verify / Add dependents (spouse and/or children) on this screen. Please add anyone who will be enrolling for Insurance coverage on this screen to avoid any delay or missing data needed for the enrollment process.

Step 3: Completing Enrollment

- 1) Click on "Make Election", starting with the first benefit option, until all have a Check Mark inside each large box.
 - a) **Electing Coverage:**
 - i) Check the plan you want.
 - ii) Select Dependents to be covered.
 - iii) Click **Save and Exit**.
 - b) **Waiving Coverage:**
 - i) Check "Waive / Opt Out" if you choose to not elect the benefit.
 - ii) Provide a "Reason for Waiver" under Step 2.
 - iii) Click **Save**.
 - c) Now you will see a check mark next to the benefit you have completed. You **MUST** click on each benefit option until all boxes are checked.
- 2) Once all boxes have been checked, a "View Confirmation" button will appear at the top of the screen.
- 3) Click this button, and you can print / save your enrollment confirmation at this point.

Important Notes:

- You do not have the option to waive **Basic Life or Long Term Disability (LTD)**. These benefits are 100% paid by your Employer. You will be required to add a beneficiary for Basic Life.

View the Benefit Confirmation Statement. Verify that all elections are correct, all dependents are listed, and the Coverage column is correct. Retain copy of Benefit Confirmation Statement for your records.



Current Benefits Resource List & Contact Information

For more information on the wide range of City of Duncanville benefits, programs and tools, contact the following resources:

C	Contact	By Phone	On the Internet
MEDICAL COVERAGE Directories of network providers, claims status or pre-notification	BlueCross BlueShield	800-521-2227	www.bcbstx.com
HEALTHCARE CONSUMERISM	Compass Health Services	800-513-1667	https://member.compassphs.com
HEALTH SAVINGS ACCOUNT ADMINISTRATION	TASC	800-422-4661	www.tascoline.com
TELEHEALTH PROVIDER	MDlive	888-680-8646	https://welcome.mdlive.com
DENTAL COVERAGE	Cigna	800-244-6224	www.mycigna.com
VISION COVERAGE	Superior Vision	800-507-3800	www.Superiorvision.com
TERM LIFE & AD&D INSURANCE	Ochs	651-665-3789	www.ochsinc.com
DISABILITY INSURANCE	Ochs	651-665-3789	www.ochsinc.com
EMPLOYEE ASSISTANCE PROGRAM	Alliance Work Partners	800-343-3822	www.awpnow.com Registration Code: AWP-Duncanville-3705
HEALTH CARE & DEPENDENT CARE SPENDING ACCOUNTS	TASC	800-422-4661	www.tasconline.com
RETIREMENT	TMRS	800-924-8677	www.tmrs.org
OPTION RETIREMENT (457 & Roth IRA)	ICMA – RC	800-669-7400	www.icmarc.com

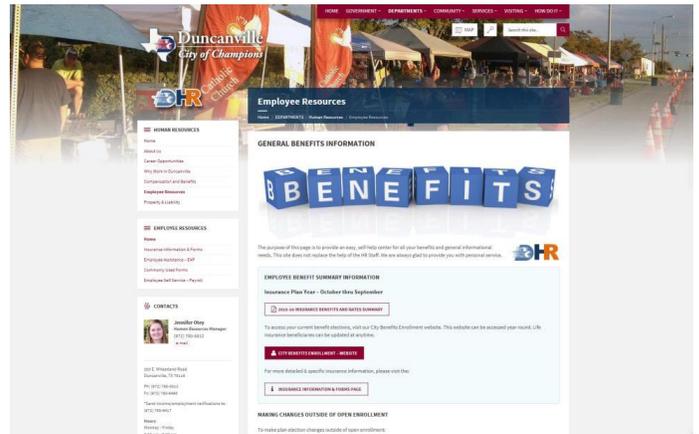
Where Can I Find Benefit Documents?

Where can I find benefit information & documents?

It seems like in this electronic age, we are overloaded with websites, log ins, and a wealth of information at our finger tips. There are several important benefit documents you need to know exist and where to find them. To conserve on paper and to have 24/7 access to this information, HR has placed all of the benefit documents, links to carrier websites, contact information, etc. in two (2) different places.

1) The City of Duncanville website – www.duncanville.com.

Under the Human Resources Department page you will find a section for Employee Resources.



2) The online enrollment system website – <https://cityofduncanville.benefitconnector.com>

Even outside of the enrollment period, you will be able to log into this site. All of the necessary insurance documents will also be placed here, under "POSTED FORMS"

A screenshot of the online enrollment system website. The page shows a table of benefit options for the effective date of October 1, 2019. The table has columns for "Election", "Effective Date", and "Description". Each row includes a checkbox in the "Election" column and a "Make Election" link in the "Description" column. The benefits listed are Medical, Dental, Vision, Basic Life, Supplemental Life, Long Term Disability, Employee Assistance, Hospital Cap Plan, Flexible Spending Plan, and Compass Health. Some benefits have additional notes, such as "May be impacted by Medical".

Election	Effective Date	Description
<input type="checkbox"/>	Oct 01, 2019	Medical Make Election
<input type="checkbox"/>	Oct 01, 2019	Dental Make Election
<input type="checkbox"/>	Oct 01, 2019	Vision Make Election
<input type="checkbox"/>	Oct 01, 2019	Basic Life Make Election
<input type="checkbox"/>	Oct 01, 2019	Supplemental Life Make Election
<input type="checkbox"/>	Oct 01, 2019	Long Term Disability Make Election
<input type="checkbox"/>	Oct 01, 2019	Employee Assistance Make Election
<input type="checkbox"/>	Oct 01, 2019	Hospital Cap Plan Make Election
<input type="checkbox"/>	Oct 01, 2019	Flexible Spending Plan Make Election
<input type="checkbox"/>	Oct 01, 2019	Compass Health Make Election

Things to Consider...

Open Enrollment is about more than your Health Plan coverage.

Take a moment to consider:

- Do I have enough life insurance coverage to protect my family if something happened to me or my spouse?
- Could I continue to pay my bills if I became disabled?
- How much money would I save if I reduced my taxable earnings and contributed to the Flexible Spending Account?

Read on to learn more about benefit options available to you.

Got Questions? Need Insurance Help?

Compass Professional Health Services

YOUR LIFE JUST GOT SIMPLER.

Navigating healthcare these days seems impossible—unless you have Compass on your side. From finding doctors to getting cost estimates to solving billing problems, we're here to help. Your employer has partnered with us to serve as your personal healthcare advisor. So rely on your Compass Health Pro® consultant to make you an empowered healthcare consumer who takes control of healthcare costs. Our service is simple to use and available to you and your family.



UNDERSTAND INSURANCE BENEFITS

Receive guidance in understanding your benefits throughout the year.



PAY LESS FOR PRESCRIPTIONS

Let Compass compare medication prices and explore lower-cost options for you.



FIND A GREAT DOCTOR

Find the best doctors, dentists and eye care professionals in your area who meet your personal preferences and healthcare needs.



GET HELP WITH MEDICAL BILLS

Have your medical bills reviewed to make sure you are not overcharged.



SAVE MONEY ON MEDICAL CARE

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars—even in-network.

answers@compassphs.com
800.513.1667
member.compassphs.com



Medical Benefits

Visit www.bcbstx.com or scan the QR Code for additional details about your plan.



Effective October 1, 2019 *As a reminder deductible/OOP Max will reset on January 1.*

Here is a snapshot of the coverage offered through the 2019 medical plan(s).

BENEFITS - BCBS		PPO Core Plan	HDHP (HSA)
Deductible	Network	\$2,000 Individual / \$4,000 Family	\$2,700 Individual / \$5,400 Family
	Non-Network	\$4,000 Individual / \$12,000 Family	\$5,000 Individual / \$10,000 Family
Out-of-Pocket Maximum		Includes Deductible	Includes Deductible
	Network	\$4,000 Individual / \$8,000 Family	\$6,000 Individual / \$12,000 Family
	Non-Network	\$14,000 Individual / \$42,000 Family	\$12,000 Individual / \$24,000 Family
Co-insurance	Network	80%/20%	80%/20%
	Non-Network	50%	50%
Lifetime Maximum		Unlimited	Unlimited
		You Pay	You Pay
Office Visit / Specialist	Network	Office Visit \$25 Copay Specialist - \$50 Copay	Deductible/20%
	Non-Network	Deductible/ 50%	Deductible/50%
Wellness Visit	Network	Plan Pays 100%	Plan Pays 100%
	Non-Network	Non-Network Deductible + 50%	Non-Network Deductible + 50%
In-Patient & Out-Patient Hospital	Network	Deductible/20%	Deductible/20%
	Non-Network	Deductible /50%	Deductible/50%
Urgent Care	Network	\$75 Copay	Deductible/20%
	Non-Network	Deductible/50%	Deductible/50%
Emergency Room	Network	\$200 Copay, Deductible , 20%	Deductible/20%
	Non-Network	\$200 Copay, Deductible , 20%	Deductible/50%
Prescriptions	Generic/Brand/ Non- Formulary/Specialty	\$10/\$35/\$70/\$150	Deductible, then \$10/\$35/\$70/\$150 \$0 Generic if on Approved List
	Mail Order (90 Days)	\$25/\$87.50/\$175	Deductible, then \$25/\$87.50/\$175
Network Website	www.bcbstx.com	Choice POS II	

NOTE: This is a brief summary and not intended to be a contract.

Medical Costs	PPO		HDHP (HSA)	
	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee Only	\$70.00	\$35.00	\$10.00	\$5.00
*Employee & Spouse	\$450.65 / \$500.65	\$225.32 / \$250.32	\$281.98 / \$331.98	\$140.99 / \$165.99
Employee & Children	\$317.61	\$158.81	\$172.90	\$86.45
*Employee & Family	\$480.00 / \$530.00	\$240.00 / \$265.00	\$312.17	\$156.09 / \$181.09

*Spousal Surcharge for spouses who have access to health care coverage outside the plan offerings through the City of Duncanville.

Gap Insurance - What Is It?

What is Gap Insurance?

Gap Insurance is a companion plan to the PPO plan designed to pay your in-patient hospital deductible, and assist with your out-of-pocket expenses, when hospitalized and also provides a benefit for medically necessary out-patient tests and procedures of up to \$1,000 three times a year (total).

Who is it for and how much is it?

GAP Insurance is a voluntary benefit and available **ONLY** to those enrolled in the PPO Plan. Please see monthly rates at the bottom of this page.

Basic Plan Benefits offered to employees of City of Duncanville

Hospital Confinement Benefit* – This benefit is designed to offset the cost you incur as an in-patient in the hospital when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to the \$2,000 calendar year maximum per insured person.

Out-Patient Benefit* – This benefit offsets the cost you incur for out-patient treatment when your primary major medical policy applies such expenses to your deductible or coinsurance maximum, up to the \$1,000 benefit limit, and up to a maximum of three out-patient occurrences per family per calendar year. An "occurrence" is the treatment, or the series of treatments, for a *specific injury or illness within a calendar year*. Expenses related to physician office visits are not included in this benefit. Covered expenses include:

- **Surgery in an Out-Patient Facility or Physician's Office**
- **Emergency Room visits**
- **Diagnostic testing, Lab & X-ray at a diagnostic or hospital out-patient facility or at a Physician's office if the cost is not included in the global office visit fee and is not part of a wellness/preventive care**

***For expenses to be eligible under this plan they must be medically necessary for the treatment of an injury or illness. Expenses NOT covered by your group major medical plan are NOT covered.**

How Do I Use This Benefit or File a Claim?

Use your SIS Link Card. Give card to your provider for billing as secondary insurance.

If provider will not file a secondary insurance claim, you must file a claim for reimbursement. You will need:

1. SIS Link Claim Form
2. EOB – Explanation of Benefits from BlueCross BlueShield.
3. Obtain a copy of a UB-04, HCFA 1500, or an itemized bill that has BOTH procedural codes and diagnostic codes on it. You will obtain this from the provider.



Deductible & Coinsurance Limited Benefit Plan

Name: _____ Eff. Date: _____
 Policy#: _____
 Employer: DUNCANVILLE, CITY OF
 Coverage: Employee & Family

In Hospital Benefit: \$2000
 Out Patient Benefit: \$1000
 Office Visit: \$0
 Wellness Benefit: \$0

All benefits are subject to the policy terms and conditions. See back for more information.

RATES	
Under Age 40:	Monthly Rate
Insured Only:	\$25.20
Insured & Spouse	\$46.31
Insured & Child(ren)	\$61.75
Insured & Family	\$82.30
Ages 40-49:	Monthly Rate
Insured Only:	\$32.54
Insured & Spouse	\$59.78
Insured & Child(ren)	\$77.56
Insured & Family	\$100.77
Ages 50 & Above:	Monthly Rate
Insured Only:	\$68.22
Insured & Spouse	\$125.33
Insured & Child(ren)	\$120.25
Insured & Family	\$175.88



...the solution to your benefit problems

Generic Drugs: Questions and Answers

What are generic drugs?

A generic drug is identical -- or bioequivalent -- to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used.

FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. But, generic drug makers must show that their product performs in the same way as the brand-name drug.

How are generic drugs approved?

Drug companies must submit an abbreviated new drug application (ANDA) for approval to market a generic product. The Drug Price Competition and Patent Term Restoration Act of 1984, more commonly known as the Hatch-Waxman Act, made ANDAs possible by creating a compromise in the drug industry. Generic drug companies gained greater access to the market for prescription drugs, and innovator companies gained restoration of patent life of their products lost during FDA's approval process.

New drugs, like other new products, are developed under patent protection. The patent protects the investment in the drug's development by giving the company the sole right to sell the drug while the patent is in effect. When patents or other periods of exclusivity expire, manufacturers can apply to the FDA to sell generic versions.

The ANDA process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. This applies to drugs first marketed after 1962.

What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications
- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products



For more information about Generic Drugs visit <https://www.accessdata.fda.gov/scripts/cder/daf/> or use your QR Scanner.

Wellness Requirements and Wellness Program

No Tobacco & Wellness Exam (Annual Physical)

Tobacco Surcharge

According to the Center for Disease Control, more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. This is just one of the many reasons why City of Duncanville wants to provide you with resources and incentives to help you meet your nicotine-free goals.



Employees who use tobacco products or cover dependents who use tobacco products including cigarettes, chewing tobacco, e-cigarettes and vapors are required to pay a \$50.00 per month surcharge. You will be asked whether you or your dependents use tobacco products when you enroll for benefits.

If you use tobacco and would like to quit, City of Duncanville wants to provide support and resources to assist you.

Please contact Human Resources for information on tobacco cessation.

Wellness Requirements Surcharge

Employees who haven't completed the wellness requirements for the prior year will pay a surcharge of \$50.00 per month. The surcharge will be added to your monthly health insurance premium. The wellness requirement is to complete a wellness physical with your primary care provider. If you do not have a regular doctor you can do one of a few things: 1) Do a provider search in the BlueCross BlueShield Choice POS II network or 2) Contact Compass to assist you with a search of primary care physician.



You must complete your annual physical before December 31, 2019. Provide Human Resources with a copy of the Explanation of Benefits from the insurance company or a note from the provider that you were seen for your annual physical. Please note, Human Resources **does not** want or need results.

Fire Department employees who have had their Hughley Assessment this calendar year will not need to meet this requirement. Fire Department employees in the off year will need to meet this requirement. A surcharge will be added beginning January 1 for those who have not met this requirement.

Employee Wellness Program

The city offers a wellness program for employees that includes an array of wellness initiatives (e.g., weight management, financial management, team challenges, etc.). The program is a point-based system and employees who obtain 100 points from October 1 to August 31 each fiscal year, will receive a \$150 rebate off of their health care premiums.

Flexible Spending Account

Effective October 1, 2019

The flexible spending plan is offered through TASC. A Flexible Spending Account (FSA) can provide an important tax advantage that allows you to pay certain health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA is \$2,700**. Some examples include:

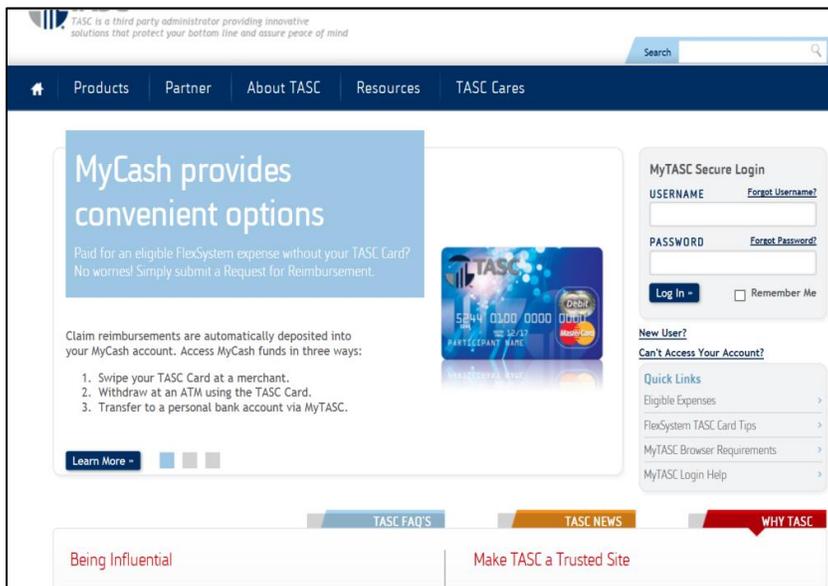
- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles and coinsurance
- Acupuncture

Dependent Care FSA

The Dependent Care FSA lets employees use pre-tax dollars towards qualified dependent care such as caring for children under age of 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$5,000** for 2019, (or \$2,500 if married and filing separately).

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)



FSA Smart Tips

- Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.
- Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So if you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.
- Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost. (\$500 will rollover annually).



www.tasconline.com



Convenient and easy to use website to log into your TASC, Flexible Spending Accounts. Set up recurring reimbursement payments for daycare, check your balance, check your expenses. TASC even has a phone app for benefits on the go.

Available on iPhone App store and Google Play.



Health Savings Account (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is an individually-owned, personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax-free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance premiums can therefore be put into the Health Savings Account.

YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contribution during the plan year without a qualifying event (allowed one time per month).
- Like a bank account, you must maintain a balance in order to pay for eligible healthcare expenses.
- Keep all receipts for tax documentation.
- An HSA allows you to save and “roll over” money from year to year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.

2019 IRS CONTRIBUTION MAXIMUMS	
COVERAGE LEVEL	
Employee Only	\$3,500
Employee + Spouse Employee + Child(ren) Family	\$7,000
Catch-Up Contribution (Individuals 55 or Older)	\$1,000



YOU ARE ELIGIBLE TO OPEN AND FUND AN HSA IF YOU MEET ALL OF THE CRITERIA BELOW:

- You are enrolled in a HDHP/HSA plan.
- You are not covered by another health plan (unless it is an HSA-qualified plan), healthcare FSA (including a spouse’s healthcare FSA), or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.

For more information on HSA Accounts visit <https://www.irs.gov/pub/irs-pdf/p969.pdf> or scan the QR Code with your phone.

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You must have an HDHP if you want to open an HSA or keep contributing to an existing HSA. The HDHP is usually a less expensive health insurance plan that generally doesn’t pay for the first several thousand dollars of health care expenses (i.e., your “deductible”) but will generally cover you after that. Of course, your HSA is available to help you pay for the expenses your plan does not cover.

Health Savings Account (HSA) *continued*

HSA ADVANTAGES AND HOW DOES THE HSA PLAN WORK?

1. The contributions are made to the HSA by City of Duncanville. City of Duncanville's 2019 - 2020 contribution is \$1,000 annually (\$41.67 per check) for Employee Only and \$2,000 annually for Employee Spouse, Employee Child(ren), and Family coverage (\$83.33 per check). You can also elect at Open Enrollment to make your own additional contribution to the HSA which would be taken out of your paycheck on a pre-tax basis. That money is available to pay for the qualifying medical expenses throughout the year.
2. When you need medical care and visit the doctor, emergency room or hospital, you will be responsible for the full cost of the visit (minus any network discounts). You can use the HSA account funds to pay for that visit at the time of the service, you can reimburse yourself at the end of the year or you can choose to pay for the visit out of pocket and let the HSA funds grow.
3. Unused HSA contributions carry over from year to year and remain in the HSA for the following year's medical expenses.

CHANGES TO YOUR HSA WHEN YOU REACH 65

At age 65, you can take penalty-free distributions from the HSA for any reason. However, in order to be both tax-free and penalty-free the distribution must be for a qualified medical expense. Withdrawals made for other purposes will be subject to ordinary income taxes.

HEALTH INSURANCE PREMIUMS

At age 65, you can use your HSA to pay for Medicare parts A, B, D and Medicare HMO premiums tax-free and penalty-free. You cannot use your HSA to pay for Medigap insurance premiums.

If your Medicare premium is automatically deducted from your Social Security check, you simply reimburse yourself directly from your HSA for the Medicare premiums paid from your Social Security payment.

CONTINUED ELIGIBILITY FOR AN HSA

Most Americans become eligible for Medicare at age 65. Americans that begin receiving Social Security benefits prior to age 65 are automatically enrolled in Medicare at age 65. Participation in any type of Medicare (Part A, Part B, Part C - Medicare Advantage Plans, Part D, and Medicare Supplement Insurance -Medigap), makes you ineligible to contribute to an HSA. However, you can continue to use your HSA for qualified medical expenses and for other expenses for as long as you have funds in your HSA.

LOSS OF ELIGIBILITY IN MONTH YOU TURN 65. You lose eligibility as of the first day of the month you turn 65 and enroll in Medicare.

STOPPING MEDICARE TO RECLAIM HSA ELIGIBILITY

If you signed up for Medicare Part A and now want to decline it, you can do so by contacting the Social Security Administration. Assuming you have not begun receiving Social Security checks this will reestablish your eligibility for an HSA. If you have applied for or have begun receiving Social Security, you cannot opt out of Medicare Part A without paying the government back all the money you received from Social Security payments plus paying the government back for any money Medicare spent on your medical claims. This action will also stop future Social Security payments (until you reapply and start this cycle over again).

SPOUSE UNDER AGE 65

If your spouse is under age 65 that may provide an avenue for continued HSA contributions. An employer; however, cannot make HSA contributions into the HSA of an employee's spouse.

Health Savings Account (HSA) *continued*

How the TASC HSA Plan Works

You and your employer can deposit money into your TASC HSA, up to an annual per person or family limit set by the IRS. You can use money in your HSA to pay for insurance deductibles and medical care/supplies such as dentistry, ophthalmology, and prescription drugs.

When you enroll online and set up your TASC HSA investment accounts, you'll be given access to a secure, easy-to-use web portal where you can track your account balance, manage your investment accounts, and submit a request for distribution.

In addition, you'll be issued a **benefits debit card** you can use at point-of-sale to pay for approved medical expenses. You can request distributions online for any purchases not made with your debit card. Payment will be made based on your available funds and may be sent via direct deposit.

You can make contributions anytime during the Plan Year, up to the annual maximum. All of your contributions are tax-deductible. Your HSA is similar to an IRA, but better. Withdrawals used for eligible medical expenses are always tax-free.

View current IRS limits for HSA contributions at: www.tasconline.com/benefits-limits

How it Saves You Money

Enrolling in the TASC HSA can help you save money in several ways. Choosing an HDHP may help you reduce your monthly insurance premiums and you can use these savings to fund your TASC HSA. Money you deposit into your HSA isn't subject to income taxes, which means your take-home pay increases. Use money from your HSA to pay for medical care/supplies that aren't typically covered by health insurance. Because that money isn't taxed, you're essentially getting a 25% to 40% discount on these expenses. Unused money kept in your HSA may be invested in mutual funds with no taxes to you on qualified withdrawals, interest, or growth.*

Your HDHP monthly premiums may lower.	You contribute a tax-free amount each month.	You use your funds to pay un-covered expenses.	Your unused funds earn interest, and can be invested in mutual funds*.
Savings #1	Savings #2	Savings #3	Savings #4
You (or your employer) pay lower premiums.	Your take-home pay increases by your tax rate	You essentially get a 25% to 40% discount on medical expenses.	You don't get taxed on qualified withdrawals, interest, or growth.

Important Considerations

Eligibility:

- If you are claimed as a dependent on someone else's taxes or are covered by any other health insurance policies that are not considered HDHPs, including Medicare and unlimited Flexible Spending Accounts, you are not eligible for an HSA.
- If you participate in an unlimited FSA or HRA through your employer or your spouse's employer, you are not eligible for an HSA.
- You and your spouse can each have an HSA if you both have high deductible coverage. If you have family HDHP coverage, the maximum contribution is split equally unless you and your spouse agree on a different division.

Reimbursement:

- You don't have to submit receipts to receive your reimbursement. However, you need to keep receipts and documentation for each year's federal tax return (Form 8889 attached to Form 1040).
- You can make a withdrawal at any time. Reimbursements for qualified medical expenses are tax-free. If you are disabled or reach age 65, you can receive non-medical distributions without penalty, but you must report the distribution as taxable income. You may also use your funds for a spouse or dependent not covered under your HDHP.

Using an HSA with an FSA:

As long as the FSA is a Limited-Purpose FSA (dental and/or vision expenses only), you can also have an HSA.

Timing:

- You're eligible to begin an HSA plan starting on the first day of each month. If you get HDHP coverage mid-month, your HSA eligibility starts on the first of the following month.
- An HSA must be set up and the contributions must be made by your tax return due date for the year, not including extensions.



Total Administrative Services Corporation
2302 International Lane | Madison, WI 53704-3140
www.tasconline.com | 800.422.4661

HS-4563-120115

Medical Eligible Expenses for FSA or HSA

<p>Acupuncture</p> <p>Alcoholism</p> <p>Ambulance</p> <p>Artificial Limb</p> <p>Artificial Teeth</p> <p>Bandages</p> <p>Breast Reconstruction Surgery</p> <p>Birth Control Pills</p> <p>Braille Books and Magazines</p> <p>Capital Expenses - ramps, rails, etc.</p> <p>Car - special design</p> <p>Chiropractor</p> <p>Christian Science Practitioner</p> <p>Contact Lenses</p> <p>Crutches</p> <p>Dental Treatment (not teeth whitening)</p> <p>Diagnostic Devices</p> <p>Disabled Dependent Care Expenses</p> <p>Drug Addiction - inpatient treatment</p> <p>Drugs (excluding over-the-counter)</p> <p>Eyeglasses</p> <p>Eye Surgery</p> <p>Fertility Enhancement</p> <p>Founder's Fee - care at retirement home</p> <p>Guide Dog or Other Animal</p> <p>Health Institute</p> <p>Health Maint. Org. (HMO)</p> <p>Hearing Aids</p> <p>Home Improvements - ramps, lifts, etc.</p> <p>Hospital Services</p> <p>Insurance Premiums - see IRS list</p> <p>Laboratory Fees</p> <p>Lead-Based Paint Removal</p> <p>Learning Disability</p>	<p>Lifetime Care—Advance Payments</p> <p>Lodging - for medical care</p> <p>Long-Term Care</p> <p>Meals - for medical care</p> <p>Medical Conferences</p> <p>Medical Information Plan</p> <p>Medical Services</p> <p>Medicines (excluding over-the-counter without an Rx)</p> <p>Nursing Home</p> <p>Nursing Services & Home Care</p> <p>Operations</p> <p>Optometrist</p> <p>Organ Donors</p> <p>Osteopath</p> <p>Oxygen</p> <p>Pregnancy Test kit</p> <p>Prosthesis</p> <p>Psychiatric Care</p> <p>Psychoanalysis</p> <p>Psychologist</p> <p>Special Education</p> <p>Sterilization</p> <p>Stop-Smoking Programs</p> <p>Surgery</p> <p>Telephone for hearing-impaired</p> <p>Television for hearing impaired</p> <p>Therapy</p> <p>Transplants</p> <p>Transportation - for medical care</p> <p>Trips - for medical care</p> <p>Vasectomy</p> <p>Vision Correction Surgery</p> <p>Weight-Loss Program</p> <p>Wheelchair</p>
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Using your mobile device scan the QR Code to get more information about HSA and FSA eligible expenses.



Urgent Care vs. Emergency Rooms

Healthcare consumers must educate themselves to recognize the differences between an urgent care facility, emergency rooms and freestanding emergency rooms. Understanding their differences could save you as a consumer thousands of dollars.

Whenever you feel bad or have a child who is under the weather all you want is for yourself or them to feel better. You should take into consideration the severity of the situation, the ER wait time and the hefty bill you will receive. Actually, visiting an urgent care may be a better choice as wait times may be shorter and more affordable.

A majority of Urgent Care Clinics accept insurance and are open all week long, including nights, weekends and holidays. Additionally, instead of having to wait in a waiting room to be seen, some Urgent Care Clinics allow you to call in advance and wait in the comfort of your home until a room becomes available.



Urgent care centers are equipped to handle non-life threatening situations, and many have attending doctors and nurses who have access to x-rays and labs onsite. Most urgent care centers are open late and on weekends and holidays.

Choosing an urgent care center over the ER can save you time and money:

- Average time of an ER visit: 4 hours
- Average cost of an ER visit: \$1,757
- Average cost of an urgent care center visit: \$162

Visit an urgent care center for these common conditions:

- Flu and cold / High fevers
- Broken bones
- Coughs and sore throat
- Vomiting, diarrhea, stomach pain
- Cuts and severe scrapes
- High fevers

Emergency Rooms

Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and other life threatening situations.

Most hospitals have an emergency room that's open 24 hours a day, 7 days a week. If you have a true emergency, go to your nearest emergency room or call 911.

Visit an emergency room if you experience:

- Allergic reactions
- Broken bones
- Chest pain
- Constant vomiting
- Continuous bleeding
- Severe shortness of breath
- Deep wounds
- Weakness or pain in a leg or arm
- Head injuries / Unconsciousness



Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors can help treat the following conditions and more:

General Health

- ◆ Allergies
- ◆ Asthma
- ◆ Nausea
- ◆ Sinus infections

Pediatric Care

- ◆ Cold/flu
- ◆ Ear problems
- ◆ Pinkeye

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Dental Benefits

Visit www.mycigna.com or scan the QR Code for additional details about your dental plan.



Effective October 1, 2019

Here is a snapshot of the coverage offered through the 2019 dental plan(s).

BENEFITS	Cigna - LOW	Cigna - HIGH
Type I – Preventive Services		
Oral examinations (2 Per Year)	100%	100%
X-rays		
Cleanings (2 Per Year)		
Type II – Basic Services		
Fillings	80%	80%
Extractions		
Type III – Major Services		
Crowns	50%	50%
Removable / fixed bridge-work		
Partial or complete dentures		
Type IV - Orthodontia	N/A	50% after deductible
Child Only		To age 19
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximums		
Dental Annual Maximum	\$1,000	\$1,500
Orthodontia Lifetime Maximum	N/A	\$1,500
Network Website www.mycigna.com	Cigna Total PPO	Cigna Total DPPO

NOTE: This is a brief summary and not intended to be a contract.

Dental Costs	Cigna – Low Monthly / Per Pay Period	Cigna – High Monthly / Per Pay Period
Employee Only	\$24.27 / \$12.14	\$51.33 / \$25.67
Employee & Spouse	\$48.50 / \$24.25	\$104.15 / \$52.08
Employee & Children	\$49.90 / \$24.95	\$128.38 / \$64.19
Employee & Family	\$77.02 / \$38.51	\$181.21 / \$90.61

You don't need an ID card to receive dental care.

Go to myCigna.com – the easiest way! Group # 3339059

Once you're enrolled, you can search for a network dentist by name, specialty or location at www.myCigna.com (registration required). MyCigna automatically knows which Cigna dental plan and network you belong to. Your home zip code will be entered automatically, but you can change the zip if you are looking for a dentist in another area.

- After logging into myCigna.com, click on **"Find a Doctor or Service"** at the top of the page.
- Enter your search criteria and click **"Search"** OR
- Click on **"Dentist"** under the **"Find a Person"** heading and select a specialty dentist by category.

Vision Benefits

Visit www.Superiorvision.com or scan the QR Code for additional details about your vision plan.



Effective October 1, 2019

This is a snapshot of the coverage offered through the 2019 Vision plan(s).

BENEFITS		Superior Vision
Eye Exam	Network Non-Network	\$10 Copay Up to \$42 Reimbursement
Frames/ Lens		
Single Vision	Network Non-Network	\$25 Copay Up to \$26 Reimbursement
Bifocal Lenses	Network Non-Network	\$25 Copay Up to \$34 Reimbursement
Trifocal Lenses	Network Non-Network	\$25 Copay Up to \$50 Reimbursement
Frames	Network Non-Network	Up to \$150 Reimbursement Up to \$60 Reimbursement
Contacts *In Lieu of Glasses		
Network	Medically Necessary Elective	\$0 Copay/Covered in Full \$150 Reimbursement
Non-Network	Medically Necessary Elective	Up to \$210 Reimbursement Up to \$100 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		24 Months
Network Website	www.Superiorvision.com	www.Superiorvision.com

NOTE: This is a brief summary and not intended to be a contract.

Vision Costs	Monthly / Pay Period
Employee Only	\$5.68 / \$2.84
Employee & Spouse	\$11.34 / \$5.67
Employee & Children	\$11.45 / \$5.73
Employee & Family	\$18.30 / \$9.15



City Paid Basic Life & AD&D Benefits

Effective October 1, 2019

City of Duncanville provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned resulting in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at anytime by *submitting a new beneficiary form to HR*.

BASIC LIFE/AD&D BENEFITS	Ochs
Basic Life & AD&D Schedule	1X Basic Annual Salary up to \$175,000
Guarantee Issue Amount	\$175,000
Maximum Amount	\$175,000
Employee Age Reduction Schedule	Age 65 to 69: 65% of Life Insurance Benefits Age 70 to 74: 45% of Life Insurance Benefits Age 75 to 79: 30% of Life Insurance Benefits Age 80 and Over: 20% of Life Insurance Benefits
Waiver of Premium	9 Months EP / Included to age 65
Accelerated Death Benefit	100% to \$1,000,000
Conversion	Included
Portability	Included

NOTE: This is a brief summary and not intended to be a contract.

How Much Life Insurance Do You Need?

If you're going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you'll require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you'll want to recognize these changing needs and be prepared to act.

When you're a young adult, and you're single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you don't own a home, the death of one spouse will generally not be financially catastrophic for the other.



But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it's a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you've reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably would want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it's also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we've seen, insurance can be important at every stage of your life. You'll help yourself – and your loved ones – by getting the coverage you need when you need it.

Voluntary Life & AD&D Benefits

Effective October 1, 2019

VOLUNTARY LIFE and AD&D BENEFITS	Ochs Life and AD&D Amounts are Bundled	
Employee Life and AD&D Amount	Increments of \$10,000	
Employee Guarantee Issue Amount	\$100,000	
Employee Maximum Amount	\$500,000	
Employee Age Reduction Schedule	No Age Reduction	
Spouse Life and AD&D Amount	\$5,000 Increments to the lesser of \$150,000, not to exceed 100% of Employee Amount	
Spouse Guarantee Issue Amount	\$50,000	
Spouse Maximum Amount	\$150,000	
Child Life and AD&D Amount	\$10,000 or \$5,000	
Child Maximum Amount	\$10,000	
Waiver of Premium	9 Months	
Conversion	Included	
AGE RATED PREMIUMS	Employee (Rate Per \$1,000)	Spouse (Rate Per \$1,000)
AD&D Rate: (per \$1,000)	\$0.025	\$0.025
Life Rate: Up to 24	\$0.064	\$0.064
25-29	\$0.064	\$0.064
30-34	\$0.074	\$0.074
35-39	\$0.085	\$0.085
40-44	\$0.138	\$0.138
45-49	\$0.201	\$0.201
50-54	\$0.350	\$0.350
55-59	\$0.636	\$0.636
60-64	\$0.996	\$0.996
65-69	\$1.526	\$1.526
70-74	\$2.491	\$2.491
75-79	\$4.378	\$4.378
Child Life Rate (Per \$1,000)	\$0.22	
Child AD&D Rate (Per \$1,000)	\$0.035	

NOTE: This is a brief summary and not intended to be a contract.

ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, evidence of insurability will not be required for Child or Supplemental AD&D (must match elected Supplemental coverage amounts).

Evidence of insurability is required for all other elections



City Paid Long-Term Disability Benefits

Effective October 1, 2019

City of Duncanville provides full-time employees with long-term disability income benefits. The cost for this coverage is paid in full by your employer. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

LONG TERM DISABILITY BENEFITS	Ochs
Monthly Percentage	60%
Monthly Maximum	\$6,000
Elimination Period	180 Days
Benefit Duration	See Benefit Period Shown Below
Definition of Earnings	Base Annual Earnings
Pre-existing Limitation	3 / 12
Mental Nervous Limitations	24 Months per Disability
Drug & Alcohol Limitations	24 Months per Disability

NOTE: This is a brief summary and not intended to be a contract.

Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period, or until you no longer qualify for benefits, whichever occurs first. (Cigna will ask you to periodically furnish proof of your continuing disability.)

This plan pays long-term disability benefits monthly.

Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to the later of your Social Security Normal Retirement Age (SSNRA) or the following schedule, depending on your age at the time you become disabled.

Age at Commencement of Disability	Duration of Benefit Period
Age 62 or younger	To Age 65 or the date the 42 nd monthly benefit is payable, if later
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

NOTE: This is a brief summary and not intended to be a contract.

Note: If you are enrolling for Voluntary Disability coverage as a late entrant, you will be required to submit Evidence of Insurability before coverage is approved.

Employee Assistance Program (EAP)

City of Duncanville

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, **confidential** services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-DUNCANVILLE-3705

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...

AWP EAP Benefit 2015

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Employee Assistance Program (EAP)



City of Duncanville

Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

Services For Which You Do Not Need To Make Elections On The Benefit Connector Site



Texas Municipal Retirement System (TMRS)

TMRS – is a retirement program that is funded by the contributions of employees, the City, and earnings from investment of those deposits. It is mandatory participation for Full-Time Employees.

City Plan Provisions: 7% employee contributions.

City matching – 2:1. For calendar year 2019 – 0% COLA & 0% USC

COLAs and USCs

- COLAs – affect current retirees only. The amount is based on current CPI (Consumer Price Index) compared with the CPI of the month of retirement
- USCs (Updated Service Credits) – affect current employees only. This is an added benefit the City pays for in the City’s contribution rate. It is a calculated assumption that your current salary is the salary you have been earning during your entire tenure with the City. If you have received pay increases, promotions, etc., this benefit ultimately increases your pension.



Eligibility for Retirement:

- 5 years of service to become vested – meaning eligible for City contributions
- Age 60, if vested, or 20 years or more of service, whichever comes first

Things to Know:

- Withdraw assets after employment for any reason and regardless of years of service
- May withdraw during employment for emergencies
- Portable – meaning assets can be transferred – or rolled over – to another eligible retirement plan without being taxed

Things to know:

- At no time, for any reason, during employment can you withdraw funds
- If you leave employment and refund TMRS, only your employee contributions will be paid
- You can receive “Restricted Service Credit” for time served in other public agencies, local, state, or federal. Restricted Service Credit is time only credit towards your vesting or retirement eligibility
- All employee amounts are guaranteed a minimum of 5% interest credit annually
- You can review your account at any time by visiting www.tmr.org

ICMA-RC – 457 Deferred Compensation & Roth IRA

457 – Deferred Compensation Option

A Tax-Advantaged Retirement Plan – A 457 plan is a retirement savings plan and investment vehicle with tax advantages. It is designed to help meet your retirement goals.

- Contributions can be changed, stopped, restarted at any time
- Account value based on contributions and investment returns
- Earnings are not taxed until withdrawn
- You have control over
 - How your money is invested
 - How funds are withdrawn after separation from employment
 - Who receives remaining assets upon death



Contributions

- Pre-tax contributions – reduces your taxable income for the year

Access your money

- Withdraw assets after employment for any reason and regardless of years of service
- May withdraw during employment for emergencies
- Portable – meaning assets can be transferred – or rolled over – to another eligible retirement plan without being taxed

Things to know:

- 457 plans are unlike other retirement accounts, meaning you DO NOT have to qualify for an exception to avoid the 10% IRS penalty on withdrawals before age 59 ½.
- After your reach age 70 ½ or separate from employment, whichever is later, you will be required to withdraw at least a minimum amount from your account each year, per IRS rules.

2019 CONTRIBUTION LIMITS

Normal – Under Age 50	Age 50 Catch-Up	Pre-Retirement Catch-Up
\$19,000	\$25,000	\$38,000

ICMA-RC – 457 Deferred Compensation & Roth IRA

Payroll Roth IRA

A Roth IRA is a savings vehicle that complements your employer retirement plan by allowing for tax-free earnings and, if needed, flexible withdrawals.

Boost your Savings Goals

- Earn additional retirement income
- Set aside money in retirement for travel, gifts, or medical care
- Down payment on a home
- Pay for child’s college education
- Emergency fund



Control & Flexibility

- After tax contributions but interest is earned on contributions
- Withdrawals allowed at any time
- Potential for tax-free withdrawals

Eligibility

- Modified Adjusted Gross Income (generally all your taxable income)
- Tax filing status

Contribution Eligibility	Single Filers income	Married Joint Filers Income
Full Annual Limit Amount	Less than \$122,000	Less than \$193,000
Partial Amount	\$122,000-\$137,000	\$193,000-\$203,000
None	More than \$137,000	More than \$203,000

2019 CONTRIBUTION LIMITS

Year	Under Age 50	Age 50 or Over as of 12-31-14
2019	\$6,000	\$7,000

Withdrawals – 100% Tax Free

- If held Roth IRA for at least 5 years AND EITHER:
 - At least 59 ½
 - Qualifying “first-time” home purchase
 - Qualifying disability
 - Beneficiaries receive the assets after your death



203 East Wheatland Road
Duncanville, TX 75116
(972) 780-5012

<http://www.duncanville.com>

The City of Duncanville expects to continue these plans indefinitely but reserve the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination by request of your HR Department. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Fall 2019 for 2020 Plan Year

