



Employee Benefits Enrollment Guide





The City of Horn Lake is pleased to announce your 2019 benefits program. The program is designed to provide you with benefit solutions that help you stay healthy, feel secure and help you maintain a work/life balance.

During open enrollment, you will have the opportunity to participate in a variety of insurance plans including:

- Medical
- Dental
- Vision
- Life Insurance
- Short Term Disability
- Accident Coverage (off the job)
- Critical Illness
- Deferred Compensation
- Pet Insurance
- Flexible Spending Account (FSA)
- Retiree Insurance

The effective date of elected coverage is October 1st, 2019. All coverages are lined up with our fiscal year. However, deductibles are lined up with our Calendar Year.

Changing Coverages During the Year.

You can change your coverage during the year only when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption or loss of coverage. You must notify your Human Resources Department of a qualified change within 30 days of the event, and the election must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Frequently Asked Questions

Q. May I change my benefit coverage at any time?

A. There are only two occasions when you may change (add or cancel) your benefits coverage:

- During open enrollment
- Within 30 days of a “qualifying event”

Q. What is a qualifying event?

A. A qualifying event is a change in a person’s life that created the need to add, cancel, increase or change coverage.

Examples of qualifying events may include:

- Marriage or divorce
- Birth or adoption
- Coverage loss of a spouse
- Loss of other coverage

Please feel free to check with Human Resources if you need clarification in determining if a situation can be classified as a qualifying event.

Q. Following a “qualifying event”, how much time do I have in order to submit a request to change coverage?

A. You must submit your request for change to Human Resources within 30 days of the qualifying event. Otherwise, you will have to wait until the next open enrollment period to change coverage.

Q. How long is my child eligible to stay on my insurance?

A. Your child may remain on your medical and dental insurance until he/she turns 26 years of age.

Health Insurance – Base Plan - BlueCross BlueShield of Mississippi

BlueCross BlueShield of Mississippi – Base Plan		
Services	In Network	Out of Network
Physician Visit	\$30 Copay for PCP and SPEC	60% After Deductible
Deductible		
- Individual	\$5,000	\$5,000
- Family	\$10,000	\$10,000
Hospitalization	80% After Deductible	60% After Deductible
Preventive Care	100%	Not A Covered Benefit
Urgent Care	\$30 Copay for PCP and SPEC	60% After Deductible
Out of Pocket Max		
- Individual	\$6,000	No Limit
- Family	\$12,000	No Limit
Prescription Drugs	\$50 Deductible	
- Tier 1	\$15	Not Covered
- Tier 2	\$35	
- Tier 3	\$75	
- Tier 4	\$100	

EMPLOYEE BI-WEEKLY DEDUCTIONS				
Medical	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
COHL Bi-Weekly Contribution	\$221.84	\$395.90	\$300.72	\$399.26
Employee Bi-Weekly Deduction	\$0	\$147.31	\$103.60	\$259.18

Health Insurance – Buy Up Plan - BlueCross BlueShield of Mississippi

BlueCross BlueShield of Mississippi – Buy Up Plan		
Services	In Network	Out of Network
Physician Visit	\$30 Copay for PCP and SPEC	60% After Deductible
Deductible		
- Individual	\$2,000	\$2,000
- Family	\$4,000	\$4,000
Hospitalization	80% After Deductible	60% After Deductible
Preventive Care	100%	Not A Covered Benefit
Urgent Care	\$30 Copay for PCP and SPEC	60% After Deductible
Out of Pocket Max		
- Individual	\$5,000	No Limit
- Family	\$10,000	No Limit
Prescription Drugs	\$50 Deductible	
- Tier 1	\$15	Not Covered
- Tier 2	\$35	
- Tier 3	\$75	
- Tier 4	\$100	

EMPLOYEE BI-WEEKLY DEDUCTIONS				
Medical	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
COHL Bi-Weekly Contribution	\$221.84	\$395.90	\$300.72	\$399.26
Employee Bi-Weekly Deduction	\$22.42	\$202.19	\$144.46	\$325.71

Dental Insurance - MetLife

Services	Amount You Pay								
Preventive Services	100%, deductible waived - Exams, cleanings, x-rays								
Deductible	\$50 Individual / \$150 Family In Network and Out of Network Applies to Basic and Major Services Only								
Basic Services	80% In Network / 80% Out of Network after deductible – Composite fillings, simple extractions								
Major Services	50% In Network / 50% Out of Network after deductible - Oral surgery, root canal, crowns, implants, dentures								
Annual Maximum	\$1,000								
Orthodontia	50% / \$1,000 Overall Maximum. Covers children up to age 19								
Biweekly Deduction	<table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Employee only –</td> <td style="text-align: right;">\$2.07</td> </tr> <tr> <td style="padding-left: 20px;">Employee & Spouse –</td> <td style="text-align: right;">\$9.63</td> </tr> <tr> <td style="padding-left: 20px;">Employee & Child –</td> <td style="text-align: right;">\$14.81</td> </tr> <tr> <td style="padding-left: 20px;">Family –</td> <td style="text-align: right;">\$22.43</td> </tr> </table>	Employee only –	\$2.07	Employee & Spouse –	\$9.63	Employee & Child –	\$14.81	Family –	\$22.43
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Employee & Spouse –	\$9.63								
Employee & Child –	\$14.81								
Family –	\$22.43								

This is a Maximum Allowable Charge Plan; therefore, it is very important you are treated by a Dentist within the MetLife network. There are 132 in-network dentists within a 10 mile radius of Horn Lake and 938 in-network dentists within a 25 mile radius of Horn Lake.

To Find an In-Network Dentist, go to: www.metlife.com

Click on “Find a Provider” and choose the PDP Plus Plan

Vision Insurance – MetLife

	In Network	Out of Network								
Exams	Every 12 months / \$10 copay	Every 12 months / Up to \$45								
Lenses	Every 12 months / \$25 copay	Every 12 months / \$30 to \$65 allowance								
Frames	Every 24 months / \$130 allowance after eyewear copay Costco, Walmart and Sam's - \$70 allowance after eyewear copay	Every 24 months / \$25 copay and up to \$70								
Contacts Elective Contacts Contact Fitting and Evaluation	Every 12 months \$130 allowance Max. of \$60 copay	Every 12 months \$Up to \$105								
Laser Vision Correction	Once per eye per lifetime / Average 15% off regular price or 5% off discounted price	Not a covered benefit								
Biweekly Deduction	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Employee only –</td> <td style="text-align: right;">\$0.64</td> </tr> <tr> <td>Employee & Spouse –</td> <td style="text-align: right;">\$3.44</td> </tr> <tr> <td>Employee & Child –</td> <td style="text-align: right;">\$4.36</td> </tr> <tr> <td>Family –</td> <td style="text-align: right;">\$7.34</td> </tr> </table>	Employee only –	\$0.64	Employee & Spouse –	\$3.44	Employee & Child –	\$4.36	Family –	\$7.34	
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Employee & Child –	\$4.36									
Family –	\$7.34									

Basic Life Insurance – MetLife

The City of Horn Lake provides full-time employees with \$30,000 group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. Please check your beneficiary during open enrollment and make certain that they are current. Please designate your beneficiary in HRConnection during your enrollment.

Voluntary Life and Accidental Death & Dismemberment Insurance – MetLife

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through biweekly payroll deductions. You can purchase coverage on yourself in \$10,000 increments, not to exceed the lesser of 5 times your annual salary or \$500,000. You can purchase coverage on your spouse in \$5,000 increments not to exceed \$100,000. You may purchase life insurance for your dependent children for \$1,000, \$5,000 or \$10,000 each.

This year (2014) during open enrollment you can purchase voluntary life insurance on a guarantee issue basis as follows:

Employee - \$130,000

Spouse - \$50,000

Child - \$10,000

Voluntary Short Term Disability – MetLife

Short-term disability benefits commence after you have been out of work 14 days due to a medically certified illness or injury. Benefits are payable for up to 11 weeks of disability, but will cease when you are able to return to work. Short-term disability benefits provide income replacement of 60% of pre-tax disability weekly earnings to a maximum of \$1,000 per week. You may select units of \$50 with a minimum election of \$100.

Voluntary Accident Insurance – MetLife

This is a voluntary accident off the job insurance policy. Benefits are paid directly to you to be spent anyway you choose when a covered injury results directly and independently of all other causes from a Covered Accident. There are no health questions or pre-existing conditions limitations. If you elect coverage for yourself, you can elect coverage for your eligible family members.

Voluntary Critical Illness – Cancer Insurance – MetLife

Critical Illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness. Benefits are payable directly to you to be spent any way you choose. It provides flexible coverage options to meet your individual needs. You may elect coverage for yourself in units of \$5,000 up to \$15,000. If you elect coverage for yourself, you can elect coverage for your family members. You may purchase coverage for your spouse in units of \$2,500 up to \$7,500 and for your children in units of \$2,500 up to \$5,000

Flexible Spending Account – Medical and Dependent Care - AmeriFlex

Flexible Spending Accounts allow you to set aside pre-tax dollars to pay for certain health care and dependent care expenses. Each dollar you put into the Health Care Reimbursement Account (HCRA) or Dependent Care Reimbursement Account (DCRA) is a dollar not taxed. When you file for reimbursements from your Health and Dependent Care Reimbursement Accounts, you do not pay taxes on your reimbursements.

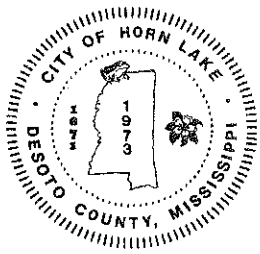
EAP – MetLife

The MetLife Employee Assistance Program is a confidential counseling service which offers confidential guidance and support at no cost to you. You have 24-hour access to the Clinical Referral Center and up to 3 in-person sessions with a licensed EAP counselor. This service is available to immediate family members. To speak directly with a counselor, call 1-800-821-6400

Pet Insurance – Nationwide

Pet protection from Nationwide is available through payroll deduction. Get complete coverage for everything from everyday care to serious illnesses with the My Pet Protection Program for your dog or cat. This plan reimburses 90% on veterinary bills including wellness services.





City of Horn Lake

Arianne Linville

Human Resources Director
3101 Goodman Road West
Horn Lake, MS 38637
Phone: 662-342-3482 Email: alinville@hornlake.org

TO: Mayor and Board of Alderman

FROM: Arianne Linville, HR Director and Andrea Freeze, City Administrator

SUBJ: Retiree Health Insurance Benefit

We would like to add another great benefit for the City of Horn Lake employees and that is to allow Retiree Health Insurance for EMPLOYEE'S only.

Effective July 1st, in order to be eligible for retiree coverage:

- Employee must be currently covered by City Health Insurance.
- Employee became a member of PERS before July 1, 2011, and regardless of age, has completed at least 25 years of creditable service.
- Employee became a member of PERS on or after July 1, 2011, and regardless of age, has completed at least 30 years of creditable service.
- Employee became a member of PERS before July 1, 2007, and has attained 60 years of age and has completed at least 4 years of creditable service
- Employee became a member of PERS on or after July 1, 2007, and has attained 60 years of age and has completed at least 8 years of creditable service.


If an employee elect's early retiree coverage, their dependents will NOT have the opportunity to continue as a dependent under the retiree's group medical coverage. However, dependents will be eligible for 18 months of COBRA continuation coverage.

All premium expenses for retiree group health insurance coverage will be the responsibility of the retiree. Premiums will be payable to the City of Horn Lake by the 1st of each month. Retiree coverage will be terminated if the premium is not received by the last day of the month in which it is due.


Finally, retiree will lose coverage when they turn 65 or if they become eligible for other coverage.

MOTION SHALL READ: Approval to offer a retiree health insurance benefits program effective July 1st, 2011.



 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit us at www.bcbsms.com or call 601-664-4590 or 1-800-942-0278. For general definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 601-664-4590 or 1-800-942-0278 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$2,000 per Individual / \$4,000 per Family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> and medical services with <u>co-payments</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>co-payment</u> or <u>co-insurance</u> may apply. For example, this plan covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$50 for <u>prescription drug coverage</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	For <u>Network Providers</u> : \$5,000 per Individual / \$10,000 per Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Balance-billed</u> charges, <u>non-network deductibles</u> , <u>non-network co-insurance</u> , <u>premiums</u> and healthcare this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsms.com or call 601-664-4590 or 1-800-942-0278 for a list of <u>Network Providers</u> .	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a provider in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **co-payment** and **co-insurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 / office visit <u>Deductible</u> does not apply.	40% <u>Co-insurance</u>	Other Covered Services rendered in the <u>Network Provider's</u> office will be subject to the <u>Network Co-insurance</u> amount.
	Specialist visit	\$30 / office visit <u>Deductible</u> does not apply.	40% <u>Co-insurance</u>	Other Covered Services rendered in the <u>Network Provider's</u> office will be subject to the <u>Network Co-insurance</u> amount. Routine vision and podiatry are not covered. See <u>Rehabilitation services</u> , below, for additional information.
	Preventive care/screening/immunization	No charge	Not covered	Covered Services must be rendered by a <i>Healthy You!</i> <u>Network Provider</u> in that <u>Provider's</u> setting. Please see www.bcbsms.com/be-healthy/healthy-you-wellness-benefit . You may have to pay for services that aren't <u>preventive</u> . Ask your <u>Provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% <u>Co-insurance</u>	Not covered	Benefits listed are for Independent Labs and Diagnostic Services Facilities. Services provided in the <u>Provider's</u> office may be subject to the amounts listed above for <u>Primary</u> or <u>Specialist</u> care.
	Imaging (CT/PET scans, MRIs)	20% <u>Co-insurance</u>	Not covered	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsms.com .	Category One Drugs	\$15 / prescription	Not covered	Limited to a 30-day retail supply. Certain Prescription drugs may be subject to Prior Authorization, quantity limits, day limits and/or duration of use restrictions. Generic drugs mandatory when available. *See the Prescription Drug Benefits section in Article VIII.
	Category Two Drugs	\$35 / prescription	Not covered	
	Category Three Drugs	\$75 / prescription	Not covered	
	Category Four Drugs	\$100 / prescription	Not covered	Prescription <u>Deductible</u> is waived for Category One drugs.

* For more information about limitations and exceptions, see the plan or policy document on the Member page at www.bcbsms.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information	
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)		
	Category One Maintenance Drugs	\$37.50 / Generic prescription	\$45 / Brand prescription	Not covered	<p>Limited to a 90-day maintenance supply. Certain drugs may be subject to Prior Authorization, quantity limits, day limits and/or duration of use restrictions. Generic drugs mandatory when available. *See the Prescription Drug Benefits section in Article VIII.</p> <p>Prescription <u>Deductible</u> is waived for Category One drugs.</p>
	Category Two Maintenance Drugs	\$87.50 / Generic prescription	\$105 / Brand prescription	Not covered	
	Category Three Maintenance Drugs	\$187.50 / Generic prescription	\$225 / Brand prescription	Not covered	
	Category Four Maintenance Drugs	\$250 / Generic prescription	\$300 / Brand prescription	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	Certain Covered Services may be subject to the Specialty Services provisions. *See Schedule of Benefits-Specialty Services. Prior Authorization may be required if Covered Services can be provided in a lower place of treatment. *See Ambulatory Surgical Facility Services Article.	
	Physician/surgeon fees	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	None.	
If you need immediate medical attention	<u>Emergency room care</u>	20% <u>Co-insurance</u>	20% <u>Co-insurance</u>	40% <u>Co-insurance</u> for non-emergency services rendered by a <u>Non-Network Provider</u> .	
	<u>Emergency medical transportation</u>	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	None.	
	<u>Urgent care</u>	\$30 / <u>Primary</u> care or \$30 / <u>Specialist</u> office visit; <u>Deductible</u> does not apply.	40% <u>Co-insurance</u>	Other Covered Services rendered in the <u>Network Provider's</u> office will be subject to the <u>Network Co-insurance</u> amount.	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	Inpatient Rehabilitation Services are limited to 30 days per year and not covered if services received from <u>Non-Network Provider</u> . Certain Covered Services may be subject to the Specialty Services provisions. *See Schedule of Benefits-Specialty Services. Prior Authorization may be required if Covered Services can be provided in a lower place of treatment. *See Hospital Benefits Article.	
	Physician/surgeon fees	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	None.	

* For more information about limitations and exceptions, see the plan or policy document on the Member page at www.bcbsms.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$30 / office visit; 20% <u>Co-insurance</u> for Outpatient services.	40% <u>Co-insurance</u>	For Outpatient services, other Covered Services rendered in the <u>Network Provider's</u> office will be subject to the <u>Network Co-insurance</u> amount with the <u>Deductible</u> waived. Subject to Care Management, Medical Necessity, and appropriateness of care.
	Inpatient services	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	
If you are pregnant	Office visits	\$30 / visit <u>Deductible</u> does not apply.	40% <u>Co-insurance</u>	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, a <u>Co-payment</u> , <u>Co-insurance</u> , or <u>Deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Maternity coverage is not available for dependent children.
	Childbirth/delivery professional services	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	
	Childbirth/delivery facility services	20% <u>Co-insurance</u>	40% <u>Co-insurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>Co-insurance</u>	Not covered	Available only through Care Management. *See Home Health section in Care Management.
	<u>Rehabilitation services</u>	Inpatient and Outpatient: 20% <u>Co-insurance</u>	Inpatient: Not covered Outpatient: 40% <u>Co-insurance</u> Physical Medicine: Not covered	Inpatient Rehabilitation limited to 30 days per year by a <u>Network Provider</u> . Physical medicine limited to 20 combined outpatient visits per year in the home and <u>Provider's</u> office. Outpatient Cardiac Rehab limited to 36 visits per year and must be rendered by a <u>Network Provider</u> . Speech Therapy limited to 20 outpatient visits per year and not available for learning disabilities or developmental problems. *See Inpatient Rehabilitation, Outpatient Cardiac Rehabilitation, Physical Medicine and Speech Therapy sections.
	<u>Habilitation services</u>	Not covered	Not covered	Not covered.
	<u>Skilled nursing care</u>	Not covered	Not covered	Not covered.
	<u>Durable medical equipment</u>	20% <u>Co-insurance</u>	Not covered	Medical Necessity certificate required. *See Durable Medical Equipment section.
	<u>Hospice services</u>	20% <u>Co-insurance</u>	Not covered	6 month lifetime limitation. *See Hospice Care section.

* For more information about limitations and exceptions, see the plan or policy document on the Member page at www.bcbsms.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Routine dental and eye care are not available.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric Surgery • Cosmetic Surgery • Dental Care • Habilitation Services | <ul style="list-style-type: none"> • Hearing Aids • Infertility Treatment • Long-term Care • Non-emergency care when traveling outside the U.S. • Private-duty Nursing | <ul style="list-style-type: none"> • Routine Eye Care • Routine Foot Care • Skilled Nursing Care • Weight Loss Programs |
|--|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic Care

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa or you can contact the plan at 662-342-3482 . Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: the plan, Blue Cross & Blue Shield of Mississippi at 601-664-4590 or 1-800-942-0278 or the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 601-664-4590 or 1-800-942-0278.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 601-664-4590 or 1-800-942-0278.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 601-664-4590 or 1-800-942-0278.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 601-664-4590 or 1-800-942-0278.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Primary co-payment	\$30
■ Hospital (facility) co-insurance	20%
■ Other co-insurance	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
---------------------------	-----------------

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Co-payments	\$60
Co-insurance	\$2,103
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,223

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist co-payment	\$30
■ Hospital (facility) co-insurance	20%
■ Other co-insurance	20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
---------------------------	----------------

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles*	\$2,050
Co-payments	\$1,100
Co-insurance	\$8
<i>What isn't covered</i>	
Limits or exclusions	\$235
The total Joe would pay is	\$3,393

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist co-payment	\$30
■ Hospital (facility) co-insurance	20%
■ Other co-insurance	20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,925
---------------------------	----------------

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,519
Co-payments	\$90
Co-insurance	\$30
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,639

*Note: This plan may have other deductibles for specific services included in this coverage example. See the "Are there other deductibles for specific services?" row above for additional information. The plan would be responsible for the other costs of these EXAMPLE Covered Services.



BlueCross BlueShield
of Mississippi

It's good to be Blue.



Access Your Benefits 24/7 with *myBlue*!

Your benefits are available 24/7 with our secure *myBlue* mobile app on your Apple® or Android™ device for free. Available in the app store.

- View claims as they are processed.
- Access your virtual ID card.
- Find cost-effective prescription drug info.
- Locate a Network Provider, by specialty.
- Access the latest health & wellness news.



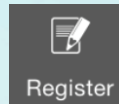
Not registered?
Register now on the
mobile app!

Scan the code to learn about
our *myBlue* mobile app!



How to register for *myBlue* through the mobile app

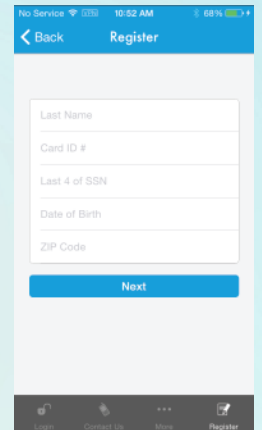
1. Click the "Register" button or icon to begin.



2. You will be asked if you are a member of the State and School Employees' Health Plan. Please choose "Yes" or "No."

3. You will enter the following information: **See picture A**

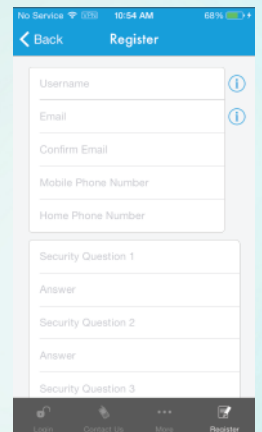
- Last Name
- ID number (**Please note – You will need to capitalize any letters that appear in your ID number here**)
- The last four (4) digits of your social security number
- Date of birth (format mm/dd/yyyy)
- Zip code

A screenshot of the mobile app's registration form. It has a blue header with "Back" and "Register" buttons. The form fields are: Last Name, Card ID #, Last 4 of SSN, Date of Birth, and ZIP Code. A blue "Next" button is at the bottom.

A

4. You will enter the following information: **See picture B**

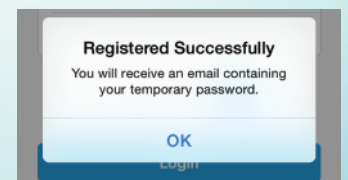
- Choose a user name.
- Enter your email address and confirm email address.
- Enter at least one phone number in the field.
- Choose and answer three security questions. *Please note, capitalization will not affect your entries.*

A screenshot of the mobile app's registration form. It has a blue header with "Back" and "Register" buttons. The form fields are: Username, Email, Confirm Email, Mobile Phone Number, Home Phone Number, Security Question 1, Answer, Security Question 2, Answer, and Security Question 3.

B

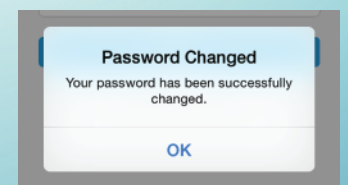
5. Once you've entered this information, you will submit.

6. You will be notified that your registration was completed, and you will receive an email with your temporary password to log in to *myBlue*. **See picture C**



C

7. Please check your email and retrieve your temporary password. Follow the prompt to change your password.

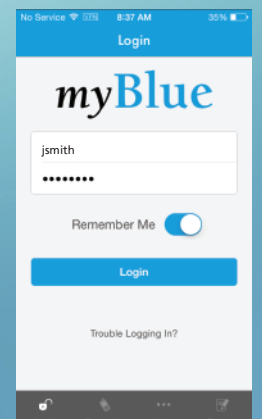


D

8. You will enter your temporary password. You will then create your new password and confirm.

9. You will be notified that your password has been successfully changed. **See picture D**

10. You will now be asked to log in to *myBlue*. **See picture E**

A screenshot of the mobile app's login screen. It has a blue header with "Login" and "Register" buttons. The "myBlue" logo is at the top. There is a text input field for the username "jsmith" and a password field with dots. A "Remember Me" toggle is checked. A blue "Login" button is at the bottom. A "Trouble Logging In?" link is below the button.

E

11. You will arrive at the landing page of *myBlue* to proceed to your information.



MetLife

www.metlife.com/mybenefits

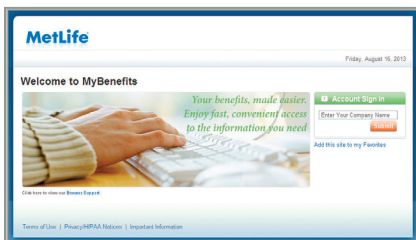
How to Register on MyBenefits

MyBenefits provides you with a personalized, integrated and secure view of your MetLife-delivered benefits. You can take advantage of a number of self-service capabilities as well as a wealth of easy to access information. MetLife is able to deliver services that empower you to manage your benefits. As a first time user, you will need to register on MyBenefits. To register, follow the steps outlined below.

Registration Process for MyBenefits

Provide Your Group Name

Access MyBenefits at www.metlife.com/mybenefits and enter your group name and click 'Submit.'



The Login Screen

On the Home Page, you can access general information. To begin accessing personal plan information, click on 'Register Now' and perform the one-time registration process. Going forward, you will be able to log-in directly.

Step 1: Enter Personal Information

Enter your first and last name, identifying data and e-mail address.

Step 2: Create a User Name and Password

Then you will need to create a unique user name and password for future access to MyBenefits.

The User Name and Password requirements may vary by company setup. General setup includes a User Name between 8-20 characters, containing at least one letter and one number, and a password between 6-20 characters, containing at least one letter and one number.

Step 3: Security Verification Questions

Now, you will need to choose and answer three identity verification questions to be utilized in the event you forget your password.

Step 4: Terms of Use

Finally, you will be asked to read and agree to the website's Terms of Use.

Step 5: Process Complete

Now you will be brought to the "Thank You" page.

Lastly, a confirmation of your registration will be sent to the email address you provided during registration.

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com

Checking your benefits just got easier

MetLife's mobile app puts convenience in the palm of your hands. You can quickly access¹ and manage your benefits information — anytime, anywhere.

[Auto Insurance

- Access your ID card
- Pay your auto insurance bills
- File claims
- View your policies and more]

[Dental Insurance

- Find a dentist
- **DHMO Plans Only:** [Add/Change your dental office]
- **PPO Plans Only:** [Get estimates on most procedures]
- **PPO Plans Only:** [View your Plan Summary]
- **PPO Plans Only:** [View your claims]
- Track your brushing and flossing]

[Disability Insurance

- View and update claim [and leave] information
- Set up direct deposit for benefit payments]

[Legal Services

- Find an attorney
- View your coverage details
- Get a case number]

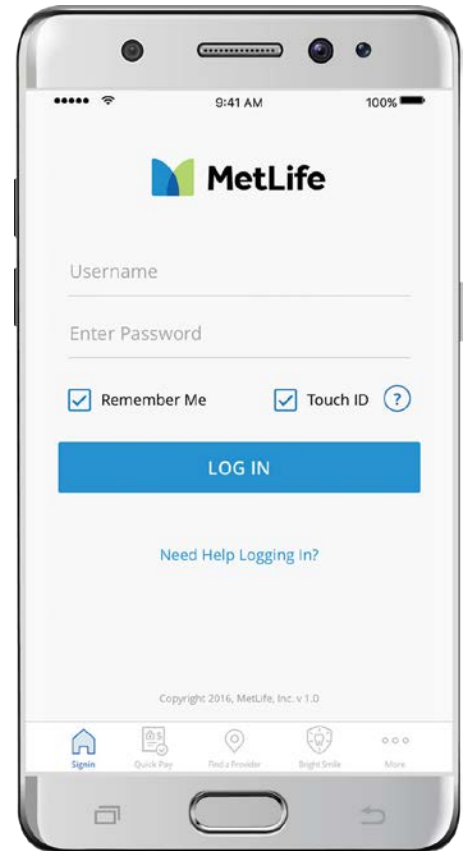
[Vision Insurance

- Find a provider
- [View your ID card]]

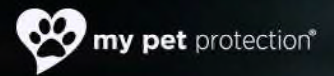
Plus, view your current coverage for [Life Insurance,][Accident Insurance,][Critical Illness Insurance,][Hospital Insurance,][and][Cancer Insurance].

It is easy to get the MetLife US Mobile app

Search "MetLife" on the iTunes App Store or Google Play and download the MetLife US Mobile App, or scan these QR codes.



Same great product, new affordable cost



Additional reimbursement options

Choose from **50%**, **70%** or **90%** back on eligible vet bills



Lower price points

Select from options made to **fit any budget**



More opportunities for coverage

Give pets the **care they need** without worrying about cost



Choose the level of reimbursement that fits your needs

Reimbursement after \$250 annual deductible	90%	70%	50%
Accidents , including allergic reactions and poisonings	✓	✓	✓
Injuries , including cuts and broken bones	✓	✓	✓
Common illnesses , including ear infections	✓	✓	✓
Serious/chronic illnesses , including cancer	✓	✓	✓
Hereditary and congenital conditions	✓	✓	✓
Hospitalization , including x-rays and surgeries	✓	✓	✓
Prescription medications and Rx diets	✓	✓	✓

Additional benefits included with every policy

Up to \$500 for kennel fees if the employee is hospitalized

Up to \$500 for advertising or reward for lost or stolen pets

Up to \$500 if a lost or stolen pet is not found within 60 days

Up to \$1,000 if a pet passes due to an injury or illness

Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy for complete list of exclusions.

Upgrade to My Pet Protection with Wellness for more coverage:



Wellness exams



Shots and vaccinations



Spay and/or neuter



Microchip implants



Parasite prevention



Routine blood tests

90% reimbursement per paycheck dog insurance rates

My Pet Protection

My Pet Protection with Wellness

Alabama	\$19.72	\$32.97	Indiana	\$18.63	\$31.14	Nebraska	\$20.82	\$34.80	South Carolina	\$19.95	\$33.35
Alaska	\$18.36	\$31.14	Iowa	\$20.82	\$34.80	Nevada	\$16.44	\$27.48	South Dakota	\$20.82	\$34.80
Arizona	\$19.72	\$32.97	Kansas	\$20.82	\$34.80	New Hampshire	\$23.01	\$38.47	Tennessee	\$20.82	\$34.80
Arkansas	\$17.53	\$29.31	Kentucky	\$19.72	\$32.97	New Jersey	\$27.39	\$45.79	Texas	\$17.35	\$31.03
California	\$21.91	\$36.64	Louisiana	\$15.52	\$25.95	New Mexico	\$19.72	\$32.97	Utah	\$18.63	\$31.14
Colorado	\$19.72	\$32.97	Maine	\$23.01	\$38.47	New York	\$26.30	\$43.96	Vermont	\$23.01	\$38.47
Connecticut	\$24.11	\$40.30	Maryland	\$23.01	\$38.47	North Carolina	\$18.26	\$33.58	Virginia	\$24.11	\$40.30
Delaware	\$17.85	\$29.84	Massachusetts	\$22.83	\$45.79	North Dakota	\$24.11	\$40.30	Washington	\$20.89	\$34.20
Florida	\$24.33	\$38.95	Michigan	\$19.72	\$32.97	Ohio	\$19.72	\$32.97	Washington DC	\$30.68	\$51.29
Georgia	\$18.63	\$31.14	Minnesota	\$20.82	\$34.80	Oklahoma	\$17.53	\$29.31	West Virginia	\$21.91	\$36.64
Hawaii	\$23.01	\$38.47	Mississippi	\$18.63	\$31.14	Oregon	\$21.91	\$36.64	Wisconsin	\$25.20	\$42.13
Idaho	\$19.72	\$32.97	Missouri	\$17.53	\$29.31	Pennsylvania	\$23.01	\$38.47	Wyoming	\$20.82	\$34.80
Illinois	\$25.20	\$42.13	Montana	\$20.82	\$34.80	Rhode Island	\$21.91	\$36.64			

Based on 26 pay periods. Rates are valid as of 8/21/19 and are subject to change. Rates include preferred pricing and are guaranteed for one year from the policy effective date.

90% reimbursement per paycheck cat insurance rates

My Pet Protection

My Pet Protection with Wellness

Alabama	\$11.83	\$19.78	Indiana	\$11.18	\$18.68	Nebraska	\$12.49	\$20.88	South Carolina	\$11.97	\$20.01
Alaska	\$11.18	\$18.68	Iowa	\$12.49	\$20.88	Nevada	\$9.86	\$16.49	South Dakota	\$12.49	\$20.88
Arizona	\$11.83	\$19.78	Kansas	\$12.49	\$20.88	New Hampshire	\$13.81	\$23.08	Tennessee	\$12.49	\$20.88
Arkansas	\$10.52	\$17.59	Kentucky	\$11.83	\$19.78	New Jersey	\$16.44	\$27.48	Texas	\$10.41	\$18.62
California	\$13.15	\$21.98	Louisiana	\$9.31	\$15.57	New Mexico	\$11.83	\$19.78	Utah	\$11.18	\$18.68
Colorado	\$11.83	\$19.78	Maine	\$13.81	\$23.08	New York	\$15.78	\$26.38	Vermont	\$13.81	\$23.08
Connecticut	\$14.46	\$24.18	Maryland	\$13.81	\$23.08	North Carolina	\$10.96	\$20.15	Virginia	\$14.46	\$24.18
Delaware	\$10.71	\$17.91	Massachusetts	\$13.70	\$27.48	North Dakota	\$14.46	\$24.18	Washington	\$12.53	\$20.52
Florida	\$14.60	\$23.37	Michigan	\$11.83	\$19.78	Ohio	\$11.83	\$19.78	Washington DC	\$18.41	\$30.77
Georgia	\$11.18	\$18.68	Minnesota	\$12.49	\$20.88	Oklahoma	\$10.52	\$17.59	West Virginia	\$13.15	\$21.98
Hawaii	\$13.81	\$23.08	Mississippi	\$11.18	\$18.68	Oregon	\$13.15	\$21.98	Wisconsin	\$15.12	\$25.28
Idaho	\$11.83	\$19.78	Missouri	\$10.52	\$17.59	Pennsylvania	\$13.81	\$23.08	Wyoming	\$12.49	\$20.88
Illinois	\$15.12	\$25.28	Montana	\$12.49	\$20.88	Rhode Island	\$13.15	\$21.98			

Based on 26 pay periods. Rates are valid as of 8/21/19 and are subject to change. Rates include preferred pricing and are guaranteed for one year from the policy effective date.

My Pet Protection[®] from Nationwide[®]

Now with options to meet every budget.

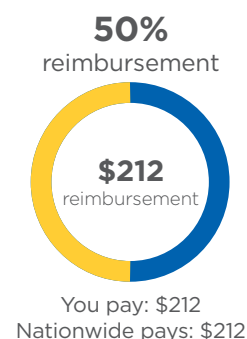
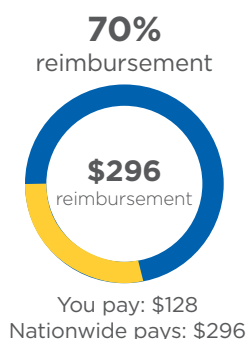
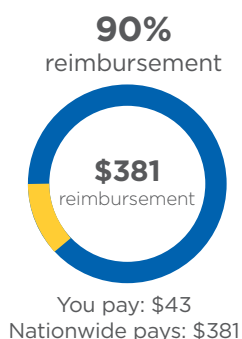


Our popular My Pet Protection pet insurance plans now feature more choices and more flexibility

- ✓ Get **cash back** on eligible vet bills
Choose from three levels of reimbursement:
90%, 70% or 50%*
- ✓ Available **exclusively for employees**
These plans aren't available to the general public
- ✓ **Same price for pets of all ages**
Your rate won't go up because your pet had a birthday
- ✓ Use **any vet**, anywhere
No networks, no pre-approvals
- ✓ Optional **wellness coverage** available
Includes spay/neuter, dental cleaning,
exams, vaccinations and more

Choose the reimbursement level that fits your needs

Problems such as upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is **\$424**. Here's how My Pet Protection would cover the bill.*



Examples reflect reimbursement after \$250 annual deductible has been fulfilled.

Get more—enjoy these extras when you protect your pet with a Nationwide pet insurance policy

vethelpline[®]

Unlimited, 24/7 access to a veterinary professional (\$150 value).



Multiple-pet discounts available.†



Mobile claims submission with the free VitusVet app.



Fast, convenient electronic claim payments.



Access to our award-winning magazine, *The Companion*.



Discounts on hand-picked pet products and services.

Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.petsnationwide.com)





Choose the level of coverage that fits your needs

Get 90%, 70% or 50% reimbursement on these vet bills and more.*



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.*

How to use your pet insurance plan

1



Visit any vet, anywhere.

2



Submit claim.

3



Get reimbursed.

Get a fast, no-obligation quote today at [PetsNationwide.com](https://www.PetsNationwide.com)

To enroll your bird, rabbit, reptile or other exotic pet, call 877-738-7874.

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states. †Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an AM Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an AM Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5915

19GRMPP907050



Offer a voluntary benefit designed just for employees



my pet protection®



Our popular My Pet Protection® plans now feature more choices and more flexibility.

- ✓ **Cash back** on eligible vet bills
Choose from three levels of reimbursement: 90%, 70% or 50%*
- ✓ **Simple pricing** based on just two factors: ZIP code and species of pet. We're the only company to offer this kind of pricing
- ✓ Available **exclusively for employees**, not to the general public. We're the only company with a dedicated product for voluntary benefits
- ✓ **Same price for pets of all ages**
Your rate won't go up because your pet had a birthday
- ✓ Use **any vet**, anywhere
No networks, no pre-approvals
- ✓ Optional **wellness coverage** available
Includes spay/neuter, dental cleaning, exams, vaccinations and more

Why choose Nationwide pet insurance for your voluntary benefits package?

- ✓ **#1 provider** of pet insurance in America
- ✓ More than **1,000,000 pets** protected
- ✓ **Still going strong** after nearly 40 years, while more than 50 competitors have come and gone
- ✓ Offered by **more than half of Fortune 500** companies
- ✓ We're one of the **largest and most trusted** financial services companies in the world

Add Nationwide pet insurance to your voluntary benefits package today.
[PetsVoluntaryBenefits.com](https://www.PetsVoluntaryBenefits.com)



Nationwide®
is on your side



Options for every employee and every budget

Employees can choose 90%, 70% or 50% reimbursement on these vet bills and more.*



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.*

Resources available to all pet insurance members



Unlimited, 24/7 access to a veterinary professional (\$150 value).



Easy online account management.



Mobile claims submission with the free VitusVet app.



Fast, convenient electronic claim payments.



Multiple-pet discounts applied when enrolling more than one pet.†



Plans also available for birds, rabbits, reptiles and other exotic pets.

Add Nationwide pet insurance to your voluntary benefits package today.
PetsVoluntaryBenefits.com

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states. †Pet owners receive a 5% multiple-pet discount by insuring two to three pets or a 10% discount on each policy for four or more pets.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an AM Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an AM Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 19GRP5911





Nationwide[®] pet insurance

Open enrollment FAQ for HR professionals

What do the My Pet Protection[®] plans cover?

My Pet Protection[®] and My Pet Protection with Wellness[®] reimburse a straightforward 90%, 70% or 50% of employees' eligible vet bills* instead of using a benefit schedule. A \$250 annual deductible and \$7,500 maximum annual benefit apply to all plans.

Will pre-existing conditions be covered?

Unfortunately, no. Like all pet insurers, we don't cover pre-existing conditions on any of our plans.

Do employees need to re-enroll for this benefit every year?

No. Once enrolled, the policy will renew automatically each year.

How can an employee make changes to their policy?

Employees who wish to make changes may do so during their policy renewal period by calling 888-341-0789. All changes are subject to underwriting approval.

When is the policy renewal period?

The renewal period starts 60 days before the policy's current 12-month term expires. The policy's effective date and expiration date can be found on the Declarations Page, which is included with the policy packet that is mailed to the employee at each new term.

Do my company's employees get a discount?

Preferred pricing and multiple-pet discounts are available.

What happens to an employee's pet insurance policy if they are no longer with the company?

If the employee pays policy premiums via direct bill, no action is required and the policy will automatically remain active. However, the premium may change at policy renewal, as group preferred pricing may no longer apply.

If the employee pays policy premiums via payroll deduction, he or she will be notified and asked to update billing information in order to keep the policy active.

How can I promote pet insurance to employees?

You can find a variety of materials in the Plan Information section on PetInsuranceMediaKit.com, or contact your Nationwide National Account Executive for more information.

How do employees enroll or get more information on pet insurance?

Employees should visit PetsNationwide.com to enroll or to learn more.

*Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

Insurance terms, definitions and explanations are intended for informational purposes only and do not in any way replace or modify the definitions and information contained in individual insurance contracts, policies or declaration pages, which are controlling. Such terms and availability may vary by state and exclusions may apply. Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an AM Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an AM Best A+ rated company (2018). Agency of Record: DVM Insurance Agency, Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide. 1955471





New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

PART A: General Information

When key parts of the health care law take 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 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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.¹

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

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

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 Horn Lake

4. Employer Identification Number (EIN) 64-0536486

5. Employer address 3101 Goodman Road

6. Employer phone number 662-342-3487

7. City
Horn
Lake

8. State
MS

9. ZIP code
38637

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

Arianne Linville, Human Resources Director

11. Phone number (if different from above)
same

12. Email address alinville@hornlake.org

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

- As your employer, we offer a health plan to: All employees.

XX Some employees. Eligible employees are: All full time employees working 30 hours per week or greater after initial waiting period.

- With respect to dependents:

XX We do offer coverage. Eligible dependents are: Spouses and dependent children to age 26

We do not offer coverage.

If checked, 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.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Model General Notice Of COBRA Continuation Coverage Rights

CITY OF HORN LAKE, MS

**** Continuation Coverage Rights Under COBRA ****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the City of Horn Lake Group Health Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage are required to pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The City of Horn Lake, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Arianne Linville, Human Resources

BENEFITS ADMINISTRATION CONTACT INFORMATION

Lipscomb & Pitts Insurance

Lipscomb & Pitts administers the plans for our employees. Contact information is as follows:

LOCAL MEMPHIS NUMBER 901-321-1000 and request extension listed below

Mary Murff	marymurff@lpinsurance.com	870-934-9600 ext 3313
Vanessa Criswell	vanessac@lpinsurance.com	870-934-9600 ext 3314

HRConnection website with plan information and benefit elections

www.hrconnection.com

City of Horn Lake Human Resource Contact

Arianne Linville	662-342-3482	alinville@hornlake.org
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BlueCross BlueShield of Mississippi

BlueCross BlueShield of Mississippi administers all aspects of the health insurance. Contact information is as follows:

Customer Service	800-942-0278
Website	www.bcbsms.com

MetLife

MetLife administers all aspects of dental, vision, group life, voluntary life, short term disability, accident and critical illness insurance. Contact information is as follows:

Customer Service	800-275-4638
Website	www.metlife.com

Flexible Spending Account and Dependent Care Account

Customer Service	888-868-3539
Website	www.flex125.com

