2023-2024

Employee Benefits Guide

Effective October 1, 2023 - September 30, 2024

CITY OF HORN LAKE
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DESOTO COUNTY, MISSISSIPPI

Get Started

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Welcome To Your Benefits

Our most important asset is our people. That's why City of Horn Lake offers a comprehensive benefits program to meet all your needs. Review this guide to learn about everything provided to you and to determine which benefits are best for you and your family. You will find many resources available during enrollment and throughout the year to help you make the most of your benefits plans and answer questions.

The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. City of Horn Lake's health care benefit year begins October 1st and ends September 30th. You may also enroll or change your benefits during the annual Open Enrollment period.

You must make your elections during the specified enrollment window, or you will not have coverage. You may not enroll again until the next Open Enrollment period unless you experience a qualifying life event. To have coverage, you must confirm your benefit choices through Employee Navigator by the deadline.

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Contacts & Resources

Find more details about the benefits offered to you by contacting your insurance carrier or logging in to Employee Navigator at employeenavigator.com. Register on the insurance carrier websites to access plan information, including your ID cards, coverages, claims, network providers, and more. Search for the carrier apps on Google Play™ or the App Store® to access your benefits anytime, anywhere .

If you have questions or need assistance with enrolling, you may contact Human Resources or our partners at McGriff Insurance.

About This Guide:

Look for underlined links and clickable resources throughout this guide for additional information.

View informational videos to deepen your understanding of your benefits.

Return to the beginning of this guide at any time by clicking this icon located in the footer on the following pages.

Carrier Websites & Apps

Registering on the carrier websites and downloading the apps gives you instant access to valuable resources. In most cases, you can access the following:

- Specific plan details
- ID cards
- In-network provider search
- Your claims history
- Other tools and resources

	Carrier	Phone	Website/Email
Medical	UnitedHealthcare	866-633-2446	myuhc.com
FSA	DataPath	877-685-0655	dpath.com
Dental	UnitedHealthcare	877-816-3596	myuhc.com
Vision	UnitedHealthcare	800-638-3120	myuhc.com
Basic/Voluntary Life	UnitedHealthcare	866-638-3120	myuhc.com
Worksite Benefits	Colonial Life	800-438-6423	coloniallife.com
EAP	UnitedHealthcare	888-887-4114	myuhc.com
Pet Insurance	Nationwide	877-738-7874	petinsurance.com
Human Resources	Arianne Linville	662-342-3482	alinville@hornlake.org

Benefits Overview & Enrollment

	Carrier	Who Pays the Cost of Coverage?
Medical & Prescription	Medical and prescription benefits are provided through UnitedHealthcare	Employee and City of Horn Lake share the cost of coverage
Health Care FSA	2023 IRS maximum contribution increased to $3,050	Pre-tax employee-funded accounts
Dependent Care FSA	2023 IRS maximum contribution remains at $5,000 per household	Pre-tax employee-funded accounts
Dental Benefits	Dental benefits are provided through UnitedHealthcare	Employee and City of Horn Lake share the cost of coverage
Vision Benefits	Vision benefits are provided through United Healthcare	Employee and City of Horn Lake share the cost of coverage
Basic Life and AD&D	Basic Life is provided through UnitedHealthcare	City of Horn Lake pays the full cost of coverage
Voluntary Life and AD&D	Voluntary Life is provided through UnitedHealthcare	City of Horn Lake offers additional Life insurance on a voluntary basis
Short-Term Disability	Short-Term Disability is provided through Colonial Life	City of Horn Lake offers Short-Term Disability on a voluntary basis
Worksite Benefits	Worksite benefits are provided through Colonial Life	Accident, Critical Illness + Cancer, Medical Bridge (GAP), and Whole Life are offered on a voluntary basis
Employee Assistance Program	The EAP is provided through United Healthcare	City of Horn Lake provides an EAP program at no cost to you
Pet Insurance	Pet insurance is provided through Nationwide	Pet insurance is offered on a voluntary basis

How To Enroll

Our benefits portal, Employee Navigator, enables you to make your benefit elections whenever and wherever it is most convenient. This site will guide you, step-by-step, through the enrollment process. For each benefit, you will be able to review your choices, if applicable, select your coverage level, and include any dependents you want to cover for that benefit.

Contact Arianne Linville in HR for ID and password information.

Employee Navigator Enrollment Guide

Eligibility

All regular full-time employees working at least 30 hours per week are eligible for benefits. As a new hire, you are eligible on the first day of the month following 30 days of employment.

Who Can Enroll

You may enroll the following dependents:

- Your legal spouse. **Note**: If your spouse is eligible for medical insurance through their employer, then they are not eligible to be on the City's plan. An affidavit will need to be completed stating your spouse does not have another medical option to be on the City's medical plan.
- Your natural, adopted, or stepchildren living with you, or any other children whom you have legal guardianship, up to age 26
- Unmarried children of any age if disabled and claimed as a dependent on your federal taxes

When You Can Enroll

You can enroll in benefits:

- During your initial new hire eligibility period
- During the annual Open Enrollment period for a October 1st effective date

If you fail to enroll within the timeframe given for your new hire eligibility or the annual Open Enrollment window, you will not be able to elect benefits again until the next Open Enrollment period, and you will not have coverage.

Please make your elections on time, or you may experience a delay in enrollment processing and using your benefits, such as getting a prescription refill you need soon.

Making Changes To Your Benefits

Outside of your initial new hire or the annual Open Enrollment period, changes to your benefits can only be made throughout the year within 30 days of a qualifying life event. Examples of the most common events include:

- Marriage or divorce
- Birth or adoption of an eligible child
- Death of a covered dependent
- Change in your spouse's work status that affects your benefits
- Change in your work status that affects your benefits
- Change in residence that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receipt of a Qualified Medical Child Support Order (QMCSO)

To see a complete list, or to report an event, contact Human Resources. Documentation may be required. If you fail to report a life event and supply the necessary documentation, you will be required to wait until the next annual enrollment period to make changes.

Termination of Coverage

Benefits coverage will be terminated as follows:

- On the last day of the month following the termination or resignation date.
- On the last day of the month following their date of birth when a covered dependent reaches age 26.

Medical Benefits

City of Horn Lake employees have the choice to opt into a medical plan offered through UnitedHealthcare. This plan offers services on the Choice Plus network.

The medical plan offers preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. You can find UnitedHealthcare network providers online at myuhc.com and search the Choice Plus.

Prescription Drug Benefits

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at myuhc.com.

Important Plan Information: Please note that Baptist East in Memphis is an out-of-network hospital. Local Designated Lab Providers include LabCorp, American Estoteric, Quest Diagnostics, Poplar Healthcare, and Memphis Pathology Lab. Local Designated Imaging Providers include Methodist, LeBonheur, Baptist (Desoto), and St. Francis. Please verify with the provider that they are in the Choice Plus network as well as confirm with them that they are sending your lab work to a Designated Provider.

Preventive Care

Your plan includes preventive care services 100% covered under your medical insurance, meaning no copays or deductibles will apply when an in-network provider delivers the covered services. Preventive exams can detect if you are at risk for a chronic disease that may be preventable. Talk to your healthcare provider to determine which screenings are recommended for you and when you need them.

Quick Tip: click the link to view the benefits summary

Medical Plan	In-Network *You pay:*	Out-of-Network *You pay:*
Deductible (first dollar cost for covered in-network services)		
Individual / Family	$1,500 / $3,000	$3,000 / $6,000
Coinsurance (after you reach your deductible)		
Plan pays	70%	60%
Out-of-Pocket Maximum (includes deductibles, copays, prescription costs, and coinsurance)		
Individual / Family	$6,000 / $12,000	$12,000 / $24,000
Plan Features		
Preventive Care	Covered in full	Covered in full
Primary Care Visits	Adults: $25 copay Children under 19: $0 copay	40% after deductible
Virtual Visits	$0 copay	Not covered
Specialist Visits	$45 copay	40% after deductible
Urgent Care	$50 copay	40% after deductible
Emergency Room	30% after deductible	30% after deductible
Inpatient Hospital	30% after deductible	40% after deductible
Outpatient Surgery	30% after deductible	40% after deductible
Labs and X-rays	Designated provider: $15 copay Other providers: 50% after deductible	40% after deductible
Advanced Outpatient Imaging/ Radiology	Designated provider: 30% after deductible Other providers: 40% after deductible	40% after deductible
Prescription Benefits		
Retail *30-day supply* » Generic/Formulary/Non-Formulary	$15 / $35 / $75 copay	$15 / $35 / $75 copay
Mail Order *90-day supply* » Generic/Formulary/Non-Formulary	$45 / $105 / $225 copay	Not covered
Employee Contributions (per paycheck cost for coverage)		
Employee Only	$0.00	
Employee + Spouse	$147.31	
Employee + Child(ren)	$103.60	
Employee + Family	$259.18	

Refer to the plan documents for the full plan description and out-of-network coverage details. This chart is intended only to highlight the benefits available and should not be relied upon to fully determine your coverage.

Medical Plan Tools & Resources

These benefits are provided to employees and family members enrolled in the UHC medical plan.

MyUHC Website & App

Register on myuhc.com and download the MyUHC app to start getting more from your benefits. This online portal provides you and your family with the tools and resources to help you manage your healthcare as well as a healthier lifestyle.

Virtual Visits

See and talk to a doctor from mobile device or computer without an appointment, 24/7. Telemedicine doctors can diagnose and treat many non-emergency medical conditions and provide services such as writing a prescription if needed. Common conditions treated with virtual care include allergies, cough, fever, headaches, sinus problems, skin rashes, pink eye, bladder infections, and more. To get started, visit myuhc.com or download the MyUHC app.

Virtual Visits Flyer

Designated Diagnostic Provider Benefit

Designated Diagnostic Providers are qualified outpatient hospitals and freestanding facilities that meet requirements for providing quality and efficient services. When you choose a DDP for outpatient lab or imaging services, you will receive the highest level of benefit from your plan. Participating labs and imaging providers are designated with a green checkmark in the provider search on myuhc.com.

Care Cash®

Care Cash is a preloaded debit card that helps guide you to eligible network care (and helps pay for it). Care Cash comes loaded with $200 for individual or $500 for family plans. Use it for primary care, urgent care, or virtual care visits.

Care Cash Flyer

Care Cash Video

Benefit Ally™

With Benefit Ally you won't need to file a claim or submit a receipt for your supplemental plan if you experience a covered health emergency. You'll automatically receive a check in the mail that you can use for anything from medical expenses to groceries, whatever you may need.

Benefit Ally Flyer

UHC Wellness Rewards

Earn up to $300 with UHC Rewards. By completing a variety of actions, including many things you may already be doing, you can earn rewards through activities like tracking your steps and sleep habits.

Wellness Rewards Flyer

Wellness Rewards Video

Where To Go for Care

	Cost	Appointment Needed?	Wait Time	Severity	Conditions Treated
Nurseline	No cost	No	🕐	➕	Minor health concerns such as cold and flu symptoms, allergies, sinus and ear infections, family health questions, rashes or skin conditions, minor burns, and vaccinations
Virtual Visit	$	No	🕐	➕	
Convenience Care Clinic	$$	No	🕐🕐	➕	
Primary Care Physician	$$	Yes	🕐🕐	➕	Routine or preventive care, track medications and get refills, or get a referral to see a specialist
Urgent Care	$$$	No	🕐🕐🕐	➕➕➕	Nausea and diarrhea, headaches, minor cuts and broken bones, back and joint pain
Emergency Room	$$$$	No	🕐🕐🕐🕐	➕➕➕➕	Trouble breathing, heart attack and stroke, sudden illness and serious accidents, and severe bleeding

If you need PRESCRIPTION MEDICATIONS

Choose generic medications whenever possible to keep your medication costs lower.

TAKE THIS NOT THAT

If you need to SEE A DOCTOR

Remember, the bigger the building, the bigger the bill. Where you go makes a big difference.

GO HERE NOT THERE

If you need AFTER HOURS CARE

For after hours care or non-life-threatening emergencies, vist a convenience care clinic or an urgent care center.

GO HERE NOT THERE

If you need OUTPATIENT IMAGING

Visit an outpatient imaging center versus the hospital to save money when you need a CT or MRI.

GO HERE NOT THERE

Flexible Spending Accounts

City of Horn Lake offers Flexible Spending Accounts (FSAs) through DataPath. FSAs help you pay for eligible medical, dental, vision, and dependent care out-of-pocket costs by allowing you to set aside pre-tax contributions. Health Care FSA funds are available to use as of January 1st, even money you have not contributed yet. Dependent Care funds are only available as you contribute.

How It Works

You determine the amount you wish to have deducted from each paycheck, and the funds are automatically deposited to your account(s). You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care expenses. You can not mix funds from one account to another. You must re-enroll each year to continue funding the account(s), and you can incur expenses only during the plan year you are enrolled. Unused health care amounts over $610, and all unused dependent care funds will be forfeited, so estimate wisely. The plan year for this benefit is January 1 - December 31 and Open Enrollment is held in November of each year for a January 1 effective date.

Contribution Limits

The Internal Revenue Service (IRS) sets the annual contribution levels for FSAs. You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

For 2023, the FSA contribution limits are as follows:

- Health Care FSA: $3,050
- Dependent Care FSA: $5,000 per household ($2,500 if married, filing separately)

Eligible Expenses

Use your Health Care FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, supplies, appliances, and some OTC items. Visit irs.gov/forms-pubs/about-publication-502 to see a complete list of IRS-qualified healthcare expenses.

Visit fsastore.com to see a list of eligible items and to purchase OTC products with your FSA card.

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and a spouse or an adult-dependent incapable of self-care. Eligible expenses include daycare, preschool, summer day camp, elder care, and in-home aids. Visit irs.gov/publications/p503 to see a complete list of IRS-qualified dependent care expenses.

Continued on next page

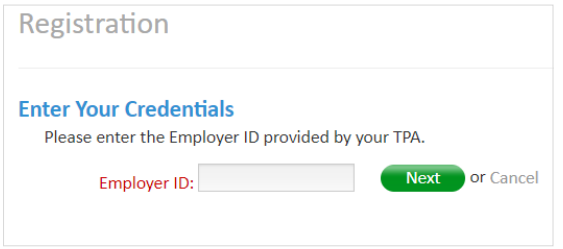
Carryover Provision

At the end of the current plan year, up to $610 of unused funds in your Healthcare FSA may be rolled over into the subsequent plan year if you enroll in the FSA for the following year. The rollover provisions do not apply to unused funds in your dependent FSA.

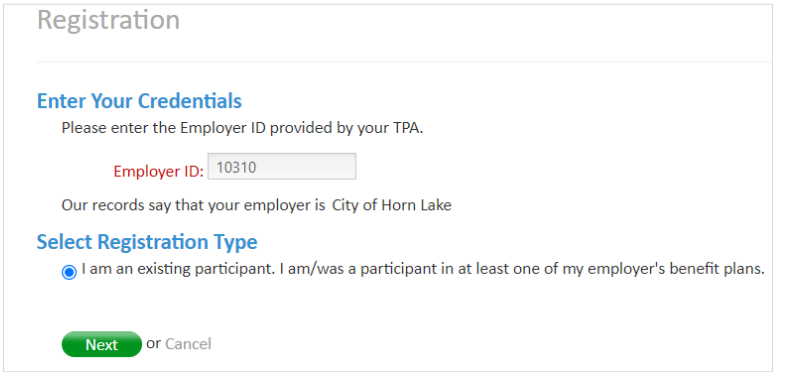
How To Register

To view account balances and manage your account, follow the steps below:

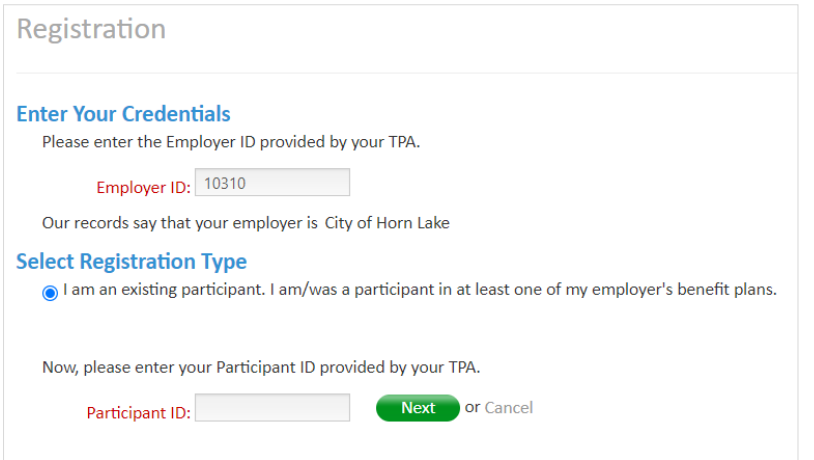
- Go to datapathadmin.summitfor.me and click *Register* to navigate to the screen below.



- Enter the Employer ID: 10310 and click *Next.*



- Registration type is pre-selected. Click *Next*, enter the Participant ID assigned to you, and click *Next*.



Continue creating your user account by filling in the information required on the screen. Be sure to save your login information for future use.

FSA Enrollment Booklet

Dental Benefits

City of Horn Lake offers dental coverage through UnitedHealthcare on the PPO network. These plans allow you to use in-network or out-of-network benefits. However, you will be responsible for paying the difference between the allowed amount and what the dentist may charge, also known as "balance billing," when you visit an out-of-network provider.

To find in-network providers, go to myuhc.com and search the PPO network. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

Visit Your Dentist Regularly

Regular dental visits are more than maintaining a great smile because poor dental hygiene is not limited to bad breath, gum disease, and tooth decay. Serious medical conditions such as cancer, heart disease, and diabetes have been linked to poor oral health. Take advantage of your preventive dental benefits at no cost to you, including routine exams and cleanings.

Dental Plan	In-Network *You pay:*	Out-of-Network *You pay:*
Annual Maximums		
Calendar Year Deductible	$50 individual/$150 family max	$50 individual/$150 family max
Annual Plan Maximum	$1,000 per member	$1,000 per member
Orthodontia Lifetime Maximum	$1,000 per member	$1,000 per member
Plan Features		
Preventive Services Exams, cleanings, x-rays	Covered in full	Covered in full
Basic Services Simple extractions, fillings	80% after deductible	80% after deductible
Major Services Oral surgery, root canal, crowns	50% after deductible	50% after deductible
Orthodontics Children to age 19 only	50%, no deductible	50%, no deductible
Employee Contributions		
Employee Only	$2.07	
Employee + Spouse	$9.63	
Employee + Child(ren)	$14.81	
Employee + Family	$22.43	

Vision Benefits

City of Horn Lake offers vision coverage through UnitedHealthcare. The vision plan allows you to use in-network or out-of-network providers. However, when using out-of-network providers, you will pay expenses at the time of service and file a claim for reimbursement.

To find in-network providers visit myuhc.com and enter your search criteria. The chart below provides a brief overview of the plan. Refer to the full plan description for detailed coverage information.

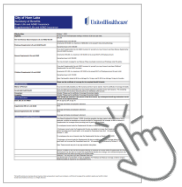
Vision Plan	In-Network *You pay:*	Out-of-Network *You are reimbursed:*
Copays		
Eye Exam *every 12 months*	$10 copay	Up to $40
Materials Copay	$25 copay	N/A
Plan Features		
Lenses *every 12 months* Single Vision Bifocal Trifocal Lenticular	 $25 copay $25 copay $25 copay $25 copay	 Up to $40 Up to $60 Up to $80 Up to $80
Frames *every 24 months*	$130 allowance plus 30% off balance	Up to $45
Contacts *every 12 months** Elective Medically Necessary	 $130 allowance Covered in full after copay	 Up to $105 Up to $210
Employee Contributions		
Employee Only	$0.64	
Employee + Spouse	$3.44	
Employee + Child(ren)	$4.36	
Employee + Family	$7.34	

**Contact lens benefit is in lieu of eyeglass frames and lens benefit.*

Life and AD&D Insurance

Basic Life and Accidental Death & Dismemberment

City of Horn Lake provides each employee with Basic Life and Accidental Death & Dismemberment (AD&D) insurance through UnitedHealthcare and pays the full cost of coverage. Eligible employees receive $50,000 in coverage. Ensuring your beneficiary information is correct at enrollment and throughout the year is essential. Log in to Employee Navigator to update your information anytime.



Life Benefits Summary

Voluntary Life and AD&D

City of Horn Lake employees can supplement their company-paid Basic Life insurance by purchasing additional coverage through UnitedHealthcare. In addition, you may purchase coverage for a spouse and child(ren) after electing coverage for yourself.

The Guarantee Issue (GI) amount is the highest amount of coverage that you or your dependents may elect without completing an Evidence of Insurability (EOI) form. If you initially waived coverage and wish to enroll during Open Enrollment, or want to enroll for more than the GI amount, the coverage amount over the GI level will not go into effect until your EOI has been reviewed and approved and payroll deductions have begun. For full details, including benefits reduction, conversion privilege and portability option, refer to the Certificate of Coverage.

EOI Instructions

You may purchase the following amounts for yourself and your dependents. Refer to employeenavigator.com to calculate your coverage cost.

Employee	Spouse	Child(ren)
Increments of $10,000 up to $500,000 not to exceed 5x salary. **Guarantee Issue**: $130,000	Increments of $5,000 up to $250,000 not to exceed 50% of employee amount.	Birth to 14 days: $500 14 days to 26 years: $10,000 **Guarantee Issue**: All amounts

Employee Assistance Program

All eligible employees are automatically provided access to the Employee Assistance Program (EAP) offered through UnitedHealthcare at no cost. The program is a confidential resource available 24/7/365 to help you deal with a variety of life stages and concerns, including:

- Depression, stress, and anxiety
- Relationship difficulties
- Financial and legal advice
- Family issues and parenting
- Substance abuse and recovery
- Work-related issues
- Loss and grief

EAP Flyer

One call puts you in touch with a clinician, counselor, mediator, lawyer, or financial advisor when you need assistance. Call 888-887-4114 or visit myuhc.com to learn more about the benefits offered to you.

Voluntary Worksite Benefits

City of Horn Lake offers employees the option to purchase supplemental worksite benefits voluntarily provided through Colonial Life. In addition, you have the option to cover your spouse and child(ren) after electing coverage for yourself. The premiums for elected benefits are deducted from your paycheck. Your cost for coverage can be calculated when you enroll.

Critical Illness with Cancer Insurance

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 $20,000. If you elect coverage for yourself, you can elect coverage for your family members. Your spouse and children are eligible for 50% of the employee benefit.

Critical Illness insurance is based on your age and will be calculated when you make your benefit elections. Please refer to the critical illness certificate for information about pre-existing condition limitations, covered services, and explanations of other limitations or exclusions. Rates are based on your age and tobacco status. Your Colonial Benefit Counselor can help with enrolling in a plan based on your individual needs.

Accident Insurance

This is a voluntary accident insurance policy for on and off the job coverage. Benefits are paid directly to you to be spent any way you choose when a covered injury happens. Where most medical insurance plans only pay a portion of the bills, Accident Insurance is here to help. This policy can help pick up where other insurance leaves off and provide cash to cover the expenses. If you elect coverage for yourself, you can elect coverage for your eligible family members. The Colonial Benefits Counselor can assist you with enrolling for a plan that fits your individual needs.

Short-Term Disability

Disability insurance provides income protection in case you are sick or injured and cannot work. Short-Term Disability (STD) income benefits are available to you to provide income benefits if you become disabled from a non-work-related injury or sickness. You pay full cost of this coverage. If you wish to add STD after your original hire date you may need to submit an Evidence of Insurability form and receive approval from the insurance carrier. STD insurance provides coverage of 60% of gross wages up to a maximum amount per week for a qualified disability. The cost for disability coverage is based on your salary and/or age and will be calculated when you make your benefit elections in Employee Navigator. Some exclusions and pre-existing condition limitations may apply. When meeting with a Colonial Benefit Counselor, you will view the options available for you to select..

Continued on next page

For additional information or questions, contact your Colonial enroller or customer service at 800-325-4368.

Whole Life Insurance

All eligible employees have the option to purchase Whole Life coverage through Colonial Life. Rates are based on your age at the time of enrollment and the amount of coverage you choose. The Colonial Benefits Counselor can assist you to find coverage that meets your individual needs.

GAP (Medical Bridge) Insurance

A hospital admission can result in significant financial hardship. You may have a large deductible to meet, and after satisfying your deductible, you may have to pay a percentage of the hospital related charges for the facility, surgeons, anesthesiologists, radiologists, and more. The GAP policy through Colonial is designed to help offset those expenses providing benefits that medical plans may not cover. This plan can lower your calendar year individual calendar year deductible from $1500 to $500 and lower your out pocket expense from $6000 to $2000. There are benefits included for outpatient and inpatient physician and facility costs as well as emergency room, labs & diagnostic tests and more. Please note this benefit does not cover copays for office visits and pharmacy. Claims can be filed by your medical provider. The Colonial Benefits Counselor can assist you with enrolling in this plan and provide additional information on this benefit.

Voluntary Emergent Plus Membership Plan

With the Emergent Plus Membership Plan offered through Medical Transport Solutions (MASA) there is no “out-of-network.” They work as a payer, not a provider. You simply call 911 when there is an emergency, and you’ll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. They will advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then they cover the remaining balance including your deductibles and copays.

Emergent Plus Flyer

Emergency Ground Ambulance Coverage

This coverage covers out of pocket expenses associated with emergency group transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Air Ambulance Coverage

MASA also covers out of pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you and your dependent family member.

Repatriation to Hospital Near Home Transport/Facility Transfer

MASA provides services and covers out-of-pocket expense for the coordination of the Insured and the Dependents’ non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Insured’s home if the treating physician and MASA’s medical director says it is medically appropriate and possible to transfer the Insured to a hospital nearer to home for continued care and recuperation.

Hospital to Hospital Ambulance Coverage

MASA will cover out-of-pocket expenses incurred by the Insured associated with a medically necessary hospital-to-hospital transfer by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft when ordered by the treating physician at the medical facility where the Insured is presently admitted to the nearest and most appropriate medical facility capable of providing the necessary, specialized level of care required and that is not available at the sending facility.

Cost will be $14 per month, or $6.46 per pay period, for employees and there is no additional cost to cover legal spouses and dependent children.

Pet Insurance

Pet Insurance is offered through Nationwide for cats or dogs. Coverage is available through payroll deduction for your pet with My Pet Protection with a 70% or 50% reimbursement option and is based on the age and breed of your pet. To obtain information and the cost of this coverage as well as to enroll in the plan, go to petinsurance.com/employee-benefits/company-search/, put in the City of Horn Lake for company name, and answer the questions.

For current enrollees, the cost will change at your pet's renewal date and the new cost will be determined based on the breed and age of your pet. Nationwide will also notify you 60 days before your policy renews if your rates are changing. Although coverage that includes a wellness benefit is no longer available, employees who have pet insurance currently with the wellness benefit will be able to continue coverage with this option.

Why is My Pet Protection still a differentiator or a better product in the marketplace?

This is the only pet insurance plan designed specifically for voluntary benefits packages and:

- Guarantees issuance or new policy enrollment (but with exclusions for pre-existing conditions)
- Offers more choice and flexibility, with 50% and 70% reimbursement levels
- Allows members to use any vet, including specialists and emergency providers
- Includes 24/7 access to **vet***helpline* ($110 value)
- Provides an easy payroll deduction payment option

How does My Pet Protection compare to others over the lifetime of a pet?

Nationwide offers the highest lifetime value. Competitors charge 50% more in premiums over the life of a pet while Nationwide is the only provider that actually decreases premiums during your pet's adult years, when risk is low, and keeps premiums affordable in later years of a pet's life.

Terms to Know

Deductible: The amount an employee pays out of pocket before the insurance company pays a percentage of the provider charges.

Coinsurance: The amount of payment split between the employee and the insurance company. Example: The insurance company pays 80%, and the employee pays 20% of the charges after you meet the deductible.

Out-of-Pocket Maximum: The maximum amount an employee is responsible for paying out of pocket in any calendar year before the insurance company pays the entire eligible amount for the remaining calendar year.

Network Providers: Doctors, hospitals, and other healthcare providers with an agreement/contract with insurance companies agreeing to charge a discounted amount for services rendered.

Pre-Authorization: Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Explanation of Benefits (EOB): The EOB is mailed to the employee after the insurance company receives and processes a claim. The EOB describes how the claim was processed and outlines what portion of the charges have been applied to the deductible, what amount the employee is responsible for, and explains if there was a denial or error in processing the claim.

Appeal: If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guarantee Issue: The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI): The form containing medical questions you must answer if you decide to elect voluntary life insurance after you have previously declined coverage and wish to increase your current coverage later. The form may also be required if you add disability coverage after previously declined.

Important Notices

A printed copy of the full versions of the below notices along with the plan summaries can be obtained from Human Resources or at the following link bit.ly/importantnotices.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer- sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

YOUR RIGHTS AGAINST SURPRISE MEDICAL BILLS

Summary: When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

McGriff

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was taken to report your benefits, discrepancies or errors accurately are always possible. In case of a discrepancy between the Benefits Summary 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 this Summary, contact Human Resources.