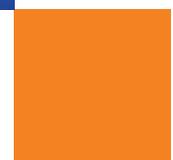


PRE-65 OPEN ENROLLMENT BENEFITS GUIDE
SEPTEMBER 30-OCTOBER 13



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IMPORTANT ENROLLMENT INFORMATION

AFFORDABLE CARE ACT INDIVIDUAL MANDATE

Health Care Reform requires individuals to obtain “minimum essential coverage.” Tax penalties will be assessed if you do not have health coverage meeting the minimum standards. In 2016, this penalty is the greater of \$695 per adult and \$347.50 per child (to a maximum of \$2,085 per family) or 2.5% of your household income. In 2017 and going forward, the tax penalty will increase by the rate of inflation or 2.5% of your household income. The City of Plano’s medical plan meets the required standard.

Individuals working, on average 30 or more hours per week over the course of 12 months, are eligible for health coverage. Employers are now required to provide each employee with documentation confirming that they have been offered affordable coverage that meets the minimum requirements. This document, called the 1095-C form, will be sent to you at the beginning of the year.

Summary of Benefits

BENEFITS PROVIDED AT NO COST TO YOU	BENEFITS YOU CONTRIBUTE TO
<p>Medical Plan</p> <ul style="list-style-type: none">▪ Tobacco cessation medications▪ 24/7 nurse hotline▪ Health screenings▪ Preventive/Wellness visits <p>Basic Life Insurance</p> <ul style="list-style-type: none">▪ \$20,000 life policy for all retirees <p>Hospital GAP</p> <ul style="list-style-type: none">▪ American Fidelity▪ Reimburses you for doctor visits<ul style="list-style-type: none">- outpatient treatment, and inpatient visits <p>Discount Copays</p> <ul style="list-style-type: none">▪ Village Health Partners Primary Care - \$5▪ CVS MinuteClinic - \$5▪ Doctor on Demand - \$5▪ Airrosti - \$15 <p>Employee Assistance Program (EAP)</p> <ul style="list-style-type: none">▪ Five free confidential counseling sessions per occurrence for you and your family members▪ Free online tools and legal documents▪ Legal discounts▪ Mental health, financial, and legal advice <p>Medical Case Management/Nurse Navigator</p> <ul style="list-style-type: none">▪ Communitas, Inc.<ul style="list-style-type: none">- Certified RN Case Managers for major disease and illness	<p>Health and Prescription Drugs</p> <ul style="list-style-type: none">▪ UnitedHealthcare Preferred Provider Organization (EPO) Plan▪ OptumRx <p>Dental</p> <ul style="list-style-type: none">▪ UnitedHealthcare Preferred Provider Organization (EPO) Plan <p>Vision</p> <ul style="list-style-type: none">▪ UnitedHealthcare

Proof of Dependent Eligibility

Retirees need to provide proof of eligibility documentation (i.e. birth certificate, marriage license, etc.) when adding new dependents to their benefits coverage (this also applies if dependents are removed from coverage and then re-enrolled at a future date). This requirement is to ensure legal compliance and is intended to aid in the City of Plano's continuing efforts to control health care costs. **The City will conduct an audit of all dependents enrolled on the plan in 2017.**

Newborns are not automatically covered by the medical plan. You must contact HR to enroll your child within 31 days of birth to elect coverage for the infant.

Dependent Eligibility

You may also cover these eligible dependents, including:

- Your legal spouse
- Your domestic partner
- Your eligible children up to age 26
“Children” are defined as your natural children, stepchildren, legally-adopted children, children for whom you are the legal guardian and domestic partner's children.
- Physically or mentally disabled children of any age who are incapable of self-support.

If you wish to add or change coverage for your domestic partner or your domestic partner's children, complete the Domestic Partner Enrollment packet located on the Benefits website: plano.gov/1077/Benefits. You will not be able to complete the information online. The enrollment packet must be returned to Human Resources **no later than 3 p.m. on October 13, 2016.**

Note that domestic partners must submit copies of driver's licenses for both partners listing a common address AND at least one document of proof from the list below:

1. Proof of the same residency for at least six (6) months naming/listing both partners. Examples include: joint deed, mortgage agreement, or rental agreement.
2. Bills with at least six (6) months of history naming both partners. If bills only include one partner, additional bills listing the second partner must be submitted. Examples include: utility bills, credit card statements, etc.

Modification of Coverage Due to a Qualified Status Change

Once you make your benefit elections, these choices will remain in effect until the next plan year; unless you have a qualified status change or your eligible dependents become eligible for coverage.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 31 days of the event by completing a Benefits Change Form and returning it to Human Resources. If you do not return your form within 31 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified status changes include, but are not limited to:

- Change in eligible dependents due to birth, adoption, placement for adoption or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in domestic partnership status
- Change in employment status, such as starting or ending employment, for you, your spouse or your children that includes a gain or loss of coverage
- End of the maximum period for COBRA coverage

The Benefits Change Form can be found at plano.gov/benefits.

Individuals who turn 65 and become Medicare eligible will need to apply for Medicare Part A. The City of Plano will be your primary insurance coverage and Medicare will be secondary.

Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse/domestic partner) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- You or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

You must enroll within 60 days of one of these qualified events. If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you may not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time). If you have a special enrollment event and want to enroll for health coverage, email HRbenefits@plano.gov.

Helpful Definitions

- **Annual Enrollment** – The period during which existing retirees are given the opportunity to enroll in or change their current benefit elections.
- **Calendar Year** – January 1 through December 31 of each year.
- **Coinsurance** – The amount of eligible charges that the plan and employee share for a covered health service.
- **Convenience Care** – Facilities that provide treatment for minor, acute conditions such as sore throat, earache, and other conditions that are not medical emergencies.
- **Copayment (Copay)** – The amount you pay to a network provider at the time service is rendered. Copayments for covered services are applied to your maximum out-of-pocket expenses.
- **Deductible** – The amount you pay each calendar year before the plan begins to pay covered health care expenses. This is applied toward the Out-of-Pocket Maximum.
- **Explanation of Benefits (EOB)** – A statement that shows the amount of the claim that is your responsibility and the amount paid by the insurance company to your provider. It also shows how much, if anything, your provider must write off due to your group medical plan participation. You are not responsible for this amount.
- **Medical Emergency** – A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.
- **Network Benefits** – The benefits applicable for the covered services of a network provider.
- **Out-of-Pocket Maximum** – The maximum amount a covered person will pay in a calendar year for covered health care expenses (excluding reductions for provider contracts). Includes: medical deductible, medical coinsurance, medical copays, Rx deductible, and Rx copays.

ENROLLMENT INSTRUCTIONS SEPTEMBER 30-OCTOBER 13

ALL RETIREES ON THE MEDICAL PLAN MUST LOG INTO PEOPLESOFT FOR 2017 OPEN ENROLLMENT.

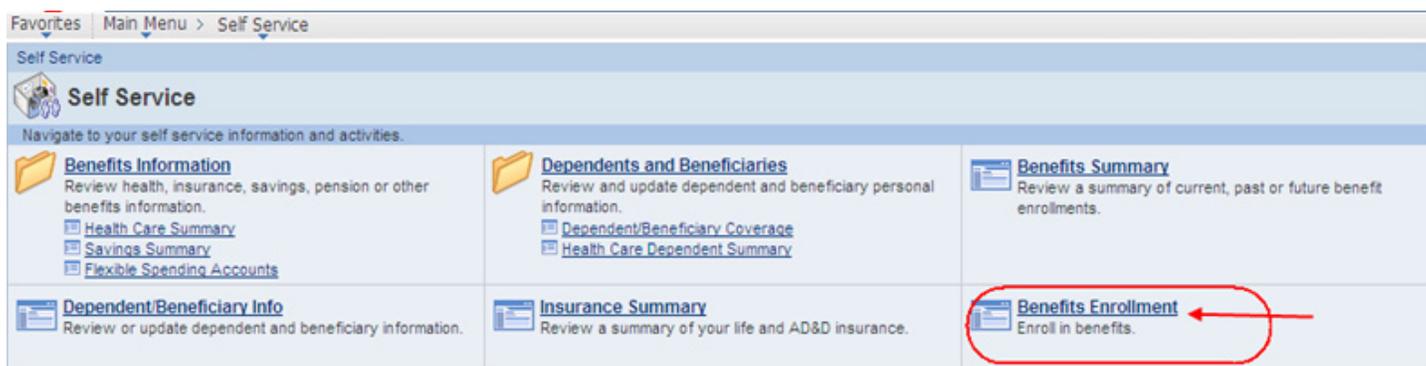
During the Open Enrollment period, all retirees must attest if they are a tobacco or non-tobacco user. If a retiree does not answer the tobacco certification, the individual's response will be defaulted to a tobacco user.

You will need to follow the steps outlined below to enter your elections within the PeopleSoft online system. You can access PeopleSoft via the Internet at: plano.gov/OpenEnrollment2017.

Begin entering your elections by selecting E-Benefits to open the PeopleSoft system.

- Enter your User ID and password which will be the same as last year unless you designated a unique User ID and password.
- Your User ID may be the same as your login ID into the City network, but in ALL CAPS. Usually this is your first name and the first initial of your last name (i.e., RICKF) or your login may be your 5-digit employee number. If your employee number is 1, then your login is 00001.
- Your password is the first three letters of your last name in CAPS and the last four digits of your social security number (i.e. FIG9999). If your last name is only two letters, you will need to add a zero on the end (i.e.WU0). Should you experience problems logging into the system, please contact the help desk at 972.941.5306.

Once logged in, select: Self Service > Benefits > Benefits Enrollment.



After you click Benefits Enrollment, click the button  to begin your enrollment. Each panel has instructions to walk you through enrollment.

For your convenience, your current elections have been “Pre-Entered” as your 2017 elections for all plans.

Please select “edit” to review each plan option to ensure correct dependents are enrolled and no changes are needed. Once you have made all of your elections, you must select both “SUBMIT” buttons located at the bottom of the page. This will submit your enrollment to Human Resources. **If you do not select this button, your enrollment will not be entered into the system.**

CONFIRMATION STATEMENTS

You will be notified via email when your confirmation statement is ready. Please review to ensure our records reflect your 2017 elections. Retain your Confirmation Statement for your records UNLESS corrections are needed. Corrections must be received in HR no later than 5 p.m. on Wednesday, November 9, 2016.

Retirees are required to log into PeopleSoft each year to confirm benefits and complete the tobacco certification. You will not receive updated ID cards unless changes to your coverage have been made.

CONNECT4HEALTH WELLNESS

The City of Plano is committed to cultivating a culture that promotes wellness through healthy habits and lifestyle behaviors that enhance the quality of life for our employees and their families. Wellness is a lifestyle and emphasizes the balance of the mind, body and spirit. Connect4Health focuses on a holistic approach, integrating the eight dimensions of wellness. Our goal is to provide a comprehensive well-being program that fosters a safe and healthy work environment to support a productive workforce.

For more Connect4Health Program information, please contact City of Plano Wellness Coordinator Michelle Gifford, MS, CHES at michellegi@plano.gov or 972.941.7227



8 DIMENSIONS OF WELLNESS



WELCOME TO C4H ONLINE, POWERED BY VIVERAE

EARNING POINTS

You will be able to earn points and rewards for completing program activities in the Connect4Health Wellness Program. In addition, you will be able to manage all your program activities and log points at www.C4Honline.com, which is powered by Viverae, an external wellness portal.

You have the opportunity to earn additional rewards for keeping your health a priority! “Healthy Habits” are those activities that will earn you extra points throughout the incentive year.

To save **\$600** on 2018 health insurance premiums, employees and their spouse/domestic partner covered on the health plan as of January 1, 2017 need to complete the three actions below on or before **September 30, 2017**.

Connect4Health Premium Incentive Discount

ASSESSMENTS (REQUIRED)	POINTS
Member Health Assessment (MHA)	10
Biometric Screening	45
PREVENTIVE EXAM COMPLIANCE (REQUIRED)	POINTS
Preventive Exam Compliance	45
Total points needed for Premium Discount	100

Ways to earn additional rewards!

HEALTHY HABITS	POINTS/MAX
Online Targeted Programs	30 each / 90 max
Online Courses	15 each / 90 max
Online Employer Challenges	25 each / 75 max
Online Peer Challenges	15 each / 45 max
250,000 steps (App & Device)	5 each / 45 max
Contact Compass to solve an issue	10 each / 30 max
Approved Community Races/Events	15 each / 90 max
Point Goals for Additional Rewards	150
	200
	250

NEW TO CONNECT4HEALTH!!

MEMBER HEALTH ASSESSMENT (MHA)

You will be able to complete your Member Health Assessment (MHA) via www.C4Honline.com, which is powered by Viverae.

The MHA is a 20-question survey that asks questions about specific lifestyle habits and takes less than 10 minutes to complete. This information is confidential and will be used to customize wellness programs that meet your individual needs.

The completion of the MHA is a required component of the 2018 Connect4Health Premium Incentive Discount.

HOW TO REGISTER

Step 1

- » Visit www.c4honline.com
- » Enter your last name and date of birth (DOB)
- » Click **New User Registration**
- » Enter your identifier:
 - » **Employee/retiree:**
Enter your **5-Digit Employee ID Number**
 - » **Spouse/Domestic Partner** (Health Plan covered only):
Enter **SP-Employee ID Number**
(example: SP-12345)
- » Enter the registration code: **cityofplano**

Step 2

- » Create a user name (5 – 25 characters)
- » Create a password (8 – 12 characters) using letters (upper and/or lowercase), numerals and/or special characters (such as @\$%&#)
- » Select a security question and answer, then click **Save**

INCENTIVE PROGRAM INFORMATION

- » Go to your **Dashboard**
- » View the top **green** panel titled **Incentive Programs**
- » Click on **Earn More Points** to view a detailed overview of the program

Trouble logging in? Please call and speak with a Viverae Team Member at 1-888-Viverae (1-888-848-3723)

UNDERSTANDING OUR SELF-INSURED HEALTH PLAN

The City of Plano provides a comprehensive, competitive benefits package for employees and dependents. According to the 2016 Metroplex Benefits Survey, Plano ranked favorably among other DFW municipalities in the value of our health plan. When comparing health plans, you have to consider the premium you pay for deductibles, coinsurance, and out of pocket expenses. In general, if you pay a lower premium on your paycheck, you will pay higher out-of-pocket costs for health care. Plano’s monthly premiums are similar to other cities with the same or higher deductibles. Since Plano has not increased employee premiums since 2015, estimated 2017 premiums show Plano as at or below the average in premiums:

TIER	PLANO	OTHER CITIES AVERAGE	PLANO DEVIATION TO AVERAGE
Employee Only	\$54	\$58	-7%
Employee & Spouse/ Domestic Partner	\$268	\$269	0%
Employee & Children	\$168	\$236	-29%
Employee & Family	\$422	\$391	8%

SAVING MONEY ON HEALTHCARE

The City has a self-insured health plan, which means the City is responsible for paying the medical and pharmacy claims. In 2015, Plano paid out claims and expenses of \$31.1 million for 4,904 plan members. UnitedHealthcare is only responsible for administering our health plans.

Premiums are evaluated each year to ensure we can cover our expenses. Therefore, the better job we all do in ensuring our claims stay low, the more likely we are in keeping our premiums from increasing.

You can be an empowered healthcare consumer and take advantage of the money saving tools available:

- **Compass:** Use Compass as your personal healthcare advisor to provide price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars. Also, Compass can compare medication prices and explore lower-cost options for you. Have your medical bills reviewed to make sure you are not overcharged.
- **UHC Cost Estimator:** Use the online cost estimator tool to get the approximate price for treatments and procedures based on your benefit plan, physician and care facility. It also lets you view different prices among providers and view quality of care comparisons for network physicians. Members who use it pay up to 36% less for care.
- **Physicians:** Look for the UnitedHealth Premium Tier 1 symbol to help you quickly and easily find doctors who have been recognized for providing value. UnitedHealth Premium evaluates doctors based on national standards for quality care and local benchmarks for cost efficiency.
- **In-network Labs and Imaging:** Be sure you are using in-network providers especially for your blood work, MRIs, and CAT scans. Many doctors will send you to out-of-network labs and imaging centers.
- **Discounted Copays:** Use Village Health Partners, CVS MinuteClinic, Doctor on Demand, and Airrosti for discounted copays.
- **Wellness Programs:** Participate in preventive care, healthy activities, and take advantage of the new wellness portal, Viverae, to manage your personal health outcomes.

WHERE SHOULD I GO FOR CARE?

Avoid Shocking ER Bills

It can be overwhelming knowing where to go for medical care. The best way to be prepared is to establish a relationship with a Primary Care Physician, but unexpected accidents and illnesses can happen any time of the day. There are many healthcare options available, so it is important for you to prepare in advance to avoid unnecessary expenses.

Did you know that an emergency room visit can cost your deductible plus copay, totaling at least \$1,450? Urgent care centers can treat most non-threatening healthcare issues at a fraction of the cost. When searching for urgent care facilities in your area, be careful not to choose a free-standing emergency room, as these also are billed at Emergency Room rates. If you truly have an emergency, you may have to be transported from the free-standing ER to a hospital and will pay additional fees.

You can also utilize Village Health Partners, CVS MinuteClinic, or Doctor on Demand for after-hours care. You can find the best option for your needs by logging on to myuhc.com or looking on the Health4me app.

\$200 COPAY
PLUS DEDUCTIBLE

EMERGENCY ROOM

Complex Chest Pain, Trauma, Heavy Bleeding

\$50 COPAY

URGENT CARE CLINIC

Sprains, Strains, Sutures, Minor Broken Bones, Minor Burns

\$25 COPAY

PRIMARY CARE

Primary Services, Immunizations, Chronic Conditions

\$5 COPAY

VILLAGE HEALTH PARTNERS VILLAGE HEALTH PEDIATRICS CVS MINUTE CLINIC DOCTOR ON DEMAND

Bladder/Urinary tract infection, Bronchitis, Cold/flu, Fever, Migraines, Pink eye, Rash, Sinus, Earache, Sore throat, Stomach ache

2017 MONTHLY RATES AND MEDICAL PLAN

	Medical Plan – with Connect4Health Incentive	Medical Plan – without Connect4Health Incentive	Dental	Vision
Retiree Only	\$538.00	\$588.00	\$35.16	\$8.72
Retiree & Domestic Partner	\$1,392.00	\$1,442.00	\$69.60	\$13.94
Retiree & Children	\$994.00	\$1,044.00	\$87.32	\$14.26
Retiree & Family	\$2,006.00	\$2,056.00	\$132.80	\$22.94
Spouse/Domestic Partner Only	\$854.00	\$904.00	\$35.16	\$8.72

The Medical Plan is administered by UnitedHealthcare. The City's medical plan provides coverage for expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization.

DESCRIPTION	PPO PLAN IN-NETWORK BENEFITS ONLY
Annual Deductible	\$1,250 Individual \$2,500 Family
Out-of-Pocket Maximum	\$6,600 Individual \$13,200 Family
Coinsurance Level	Plan Pays 80% / You Pay 20%
Lifetime Maximum	Unlimited
Preventive Care	Plan Pays 100%
Physician Services	Primary Care - \$25 copay Specialist - \$40 copay Village Health Partners - \$5 copay CVS MinuteClinic - \$5 copay Doctor on Demand - \$5 copay
Inpatient Hospital	80% after satisfying the deductible
Outpatient	80% after satisfying the deductible
Inpatient and Outpatient Professional Services	80% after satisfying the deductible
Emergency Room Note: Services for emergencies are covered as in-network	You must first satisfy the deductible, then \$200 copay per event (copay waived if admitted)
Urgent Care Services	\$50 copay
Chiropractic Care (24 visits per calendar year)	\$25 copay
Airrosti (injuries/pain)	\$15 copay
Home Health Care (60 days per calendar year)	80% after satisfying the deductible
Skilled Nursing (60 days per calendar year)	80% after satisfying the deductible
Hospice (limited to 360 days per lifetime)	80% after satisfying the deductible
Mental Health and Substance Abuse	
- Inpatient	80% after satisfying the deductible
- Outpatient	\$25 copay per individual visit \$20 copay per group visit

PRESCRIPTION DRUG COVERAGE

If you enroll in the City’s medical plan, you will automatically receive prescription drug coverage through OptumRx.

RETAIL PRESCRIPTION PROGRAM

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy.

RETAIL (UP TO 30-DAY SUPPLY)	RETAIL
Annual Deductible	\$100 per individual/family *The deductible must be satisfied every calendar year before the coinsurance and copays below apply.
Tier 1	15% coinsurance – Minimum of \$6 and up to a maximum of \$15
Tier 2	25% coinsurance – Minimum of \$30 and up to a maximum of \$45
Tier 3	40% coinsurance – Minimum of \$45 and up to a maximum of \$60

90-DAY SUPPLY (MAINTENANCE MEDICATIONS)

You can fill your maintenance medications at any retail pharmacy and will receive a 3-month supply of medication for the cost of a 2-month supply. You can also use the mail order program, which offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out and return a mail order form with a 90-day prescription from your doctor and your payment.

UP TO A 90-DAY SUPPLY	PHARMACY
Annual Deductible	\$100 per individual/family *The deductible must be satisfied every calendar year before the coinsurance and copays below apply.
Tier 1	15% coinsurance – Minimum of \$12 and up to a maximum of \$30
Tier 2	25% coinsurance – Minimum of \$60 and up to a maximum of \$90
Tier 3	40% coinsurance – Minimum of \$90 and up to a maximum of \$120

Visit myuhc.com for a list of participating providers.

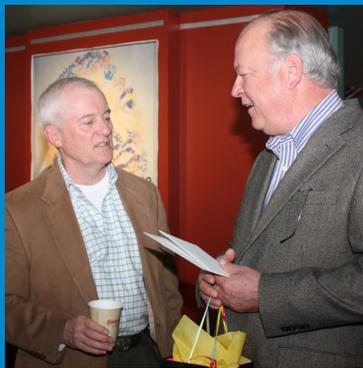
Generic medications will be dispensed when available. If you choose to take a brand-name medication when less expensive generic is available, you may be required to pay the Tier 2 or Tier 3 cost of the drug, plus the difference between the brand and generic alternative up to a maximum total copay of \$360 for a 90-day supply.

SPECIALTY MEDICATION COMPLIANCE SUPPORT

Specialty medications can help meet the challenge of living with and managing serious health conditions. But because treatments, side effects and regimens can be complex, the OptumRx® Specialty Pharmacy does more than fill your prescriptions. They also provide you — and your prescriber — with a support team throughout the course of your specialty medication therapy.

Patient Care Coordinators (PCCs) are your primary contacts at OptumRx Specialty Pharmacy. They help you schedule deliveries and manage your inventory of medication and supplies. Their registered pharmacists are available 24/7 as members of your treatment team, reviewing lab results, monitoring medication adherence and checking for side effects or drug interactions. They can answer any of your treatment questions. If necessary, they will also recommend treatment adjustments to your prescriber.

You may be eligible for extra one-on-one support from a pharmacist or nurse. He or she can give you detailed information about your treatment and can coordinate with your doctor on topics such as easing side effects, tracking your progress and adjusting your dose or regimen, as needed. Call OptumRx at 855.505.8107 for additional information and to register.



DENTAL PLAN

The City's Dental Plan provides you and your family with coverage for typical dental expenses such as: cleanings, x-rays, fillings, and orthodontia for children. Your dental plan is administered through UnitedHealthcare.

The Dental plan allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of the UnitedHealthcare network dentists, you'll pay less for your care.

If you choose an out-of-network dentist, your share of costs will generally be higher as they may be subject to reasonable and customary reimbursements. You may also need to file your own claims.

Once you retire from the City of Plano you may continue dental benefits, though your contributions may increase. Please contact Human Resources for additional information.

PLAN FEATURE	IN AND OUT OF NETWORK
Annual Deductible	\$50 per person /\$150 per family
Annual Benefit Maximum	\$2,500 per covered person
Preventive Services <ul style="list-style-type: none"> ▪ Periodic oral exams (2 per calendar year) ▪ Bitewing x-rays (2 series per calendar year) ▪ Full mouth x-rays (1 every 36 months) ▪ Cleaning (2 per calendar year) ▪ Tooth sealants (children up to age 14) ▪ Space maintainers (children up to age 14) 	100% - no deductible
Basic Services <ul style="list-style-type: none"> ▪ Emergency oral exams ▪ Restorative fillings ▪ Oral surgery ▪ Endodontics and Periodontics ▪ Repairment or recementing of crowns, bridges, etc. (1 every 36 months) 	80% after satisfying the deductible
Major Services <ul style="list-style-type: none"> ▪ Inlays, onlays, fillings, dentures, implants ▪ First installation of partial or full removable dentures 	50% after satisfying the deductible
Orthodontia <ul style="list-style-type: none"> ▪ Only covered for Children up to age 19 	\$2,500 per covered person, per lifetime

* The in-network percentage of benefits is based on the discounted fee negotiated with the provider. The out-of-network percentage of benefits is paid at the 90th percentile of the usual and customary rates prevailing in the geographic area where the expenses are incurred.

VISION PLAN

The City's Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials such as glasses and contact lenses. The Vision Plan is administered by UnitedHealthcare.

VISION COVERAGE

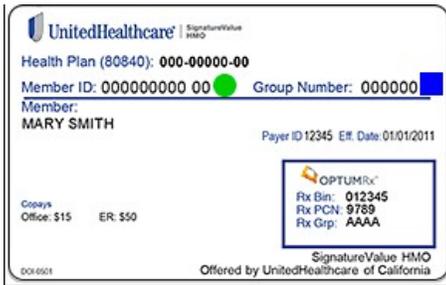
The UnitedHealthcare network includes a variety of providers. You may also choose from a wide selection of independent optometrists, ophthalmologists, and opticians.

Once you retire from the City of Plano, you may continue vision benefits, though your contributions may increase. Please contact Human Resources for additional information.

BENEFITS	IN NETWORK PROVIDER	OUT OF NETWORK PROVIDER
Comprehensive Vision Exam (Once Every 12 Months)	\$10 copay	Up to \$40
Materials	\$10 copay	See reimbursement amounts below
Lenses (For Eyeglasses/Once Every 12 Months) <ul style="list-style-type: none"> ▪ Standard single vision ▪ Standard lined bifocal ▪ Standard lined trifocal ▪ Standard lenticular 	Standard lenses are polycarbonate with scratch-resistant coating and are covered in full Lens Options – Options such as progressive lenses, polycarbonate lenses, tints, UV, and anti-reflective coating may be available at a discount	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Frames (Once Every 24 Months)	Frame retail allowance is \$130	Up to \$45
Contact Lenses (In Lieu of Eyeglasses/Once Every 12 Months)	<ul style="list-style-type: none"> ▪ After a Copayment of \$10 for up to 6 boxes from the Covered Contact Lens Selection. ▪ To a maximum of a \$150 allowance if not from the Covered Contact Lens Selection ▪ Medically necessary contact lenses are covered in full 	Elective – Up to \$150 Medically Necessary – up to \$210
Laser Corrections	Discounts available	Not covered

ID CARDS

You will not receive new ID cards unless you make changes this plan year.



ID cards will be mailed directly to your home with the expectation that you will receive them during the last week of December. The medical and prescription plans are on the same card with a list of dependents. The dental card will only list the subscriber. You can also obtain ID cards online at **myuhc.com** or through the **Health4me app**.

The vision card will not be mailed to your home address. You may print it from **myuhc.com**. Click the icons using the following path:



Please update your mailing address in PeopleSoft as needed and check your mail carefully during this time to make sure you receive them. The cards usually will be mailed to you in a plain envelope that may be confused with junk mail.

WEBSITES / SMARTPHONE APPLICATIONS

UnitedHealthcare's website, **myuhc.com** is your one stop shop for all of your medical, pharmacy, dental, and vision questions. You can get things done quickly and easily...online. You have access to the following information:

Claims and Physician Look-Up

- Check claims status, history, review eligibility/benefits
- Find a primary care physician
- Print a temporary health plan ID card or request a replacement
- Review Flexible Spending Account and Prescription information
- Use Pharmacy Online – price a drug and more

To register for myuhc.com:

1. Go to **myuhc.com**
2. Click the "Register Now" button.
3. Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth.
4. Create a Username and Password.
5. Enter your email address and optional phone numbers, and choose security questions.
6. Review and agree to the website policies.



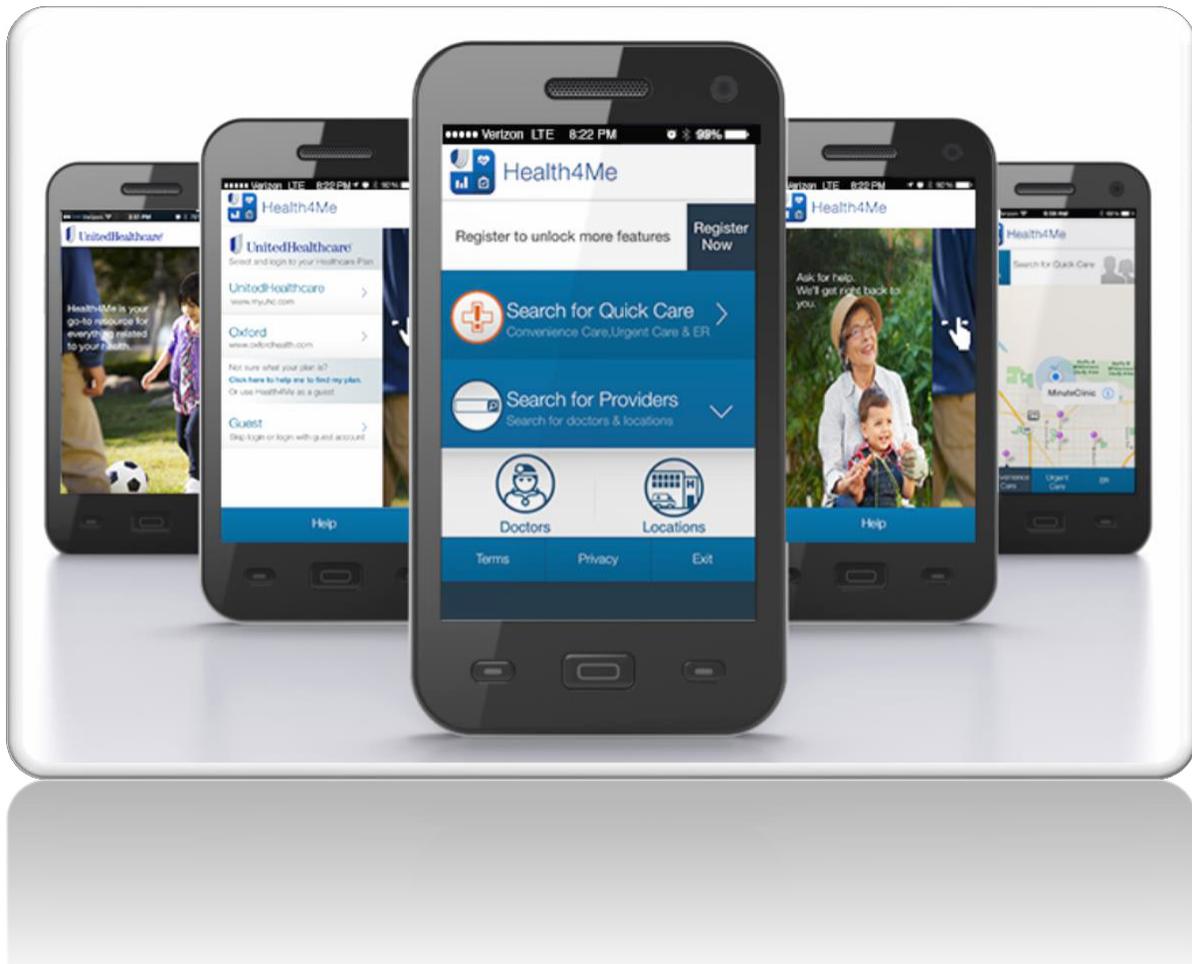
UNITEDHEALTHCARE HEALTH4ME® MOBILE APPLICATION

UnitedHealthcare's Health4Me provides instant access to critical health information for you and your family – anytime/anywhere. Whether you want to find physicians near you, check the status of a claim or speak directly with a nurse, Health4Me is your go-to resource for everything related to your health.

- **Fast.** Use the Easy Connect service to tell us how we can help you. Simple navigation allows you to quickly tell us you'd like us to give you a call. A representative will get back to you with answers about claims, benefits and more without having to wait on hold.
- **Everywhere.** Use the location search feature to find a physician or facility near you. Whether you need a specialist or general practice, one of the largest selections of network doctors is at your command.
- **Easy.** Add your most commonly used contacts to the "Favorites" tab. Searching for your child's pediatrician or your nearest Urgent Care clinic is simply a touch away. You can even add notes.
- **Personal.** From emailing your member health plan ID card information to checking on medical spending accounts and refilling your prescriptions, Health4Me is the resource that works for you. And with optimum level security, you can rest assured that your information is absolutely confidential.

Healthcare Costs and Coaching Programs

- Hospital comparison program
- MyHealthcare Cost Estimator
- Live Nurse Chat - 800.237.4936
- Personal health record
- Health coaching programs





When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to. Doctor on Demand provides you access to quality doctors from your mobile device app or computer.

A virtual visit lets you see and talk to a doctor from the comfort of your home or office without an appointment. Most visits take 10-15 minutes. And, doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

Virtual visits are part of your health benefits which are administered by UnitedHealthcare. All virtual visits will appear in claim summaries the same as any other medical claim. You can be treated for a \$5 copay (on the medical plan) or \$40 (not on the medical plan). The program also offers virtual visits with pediatricians, lactation consultants, and psychologists. These visits are not covered under our medical plan but are available to you for \$40-\$90 depending on the service.

To Access Doctor on Demand

- Log in to doctorondemand.com or download the app on your mobile device.
- During your registration process, you will provide medical plan information.
- Payments are required at the time of service and can be paid via credit card, debit card or Flexible Spending Account card.

WHEN TO USE A VIRTUAL VISIT

Talk to a doctor about non-emergency conditions, including:

- Allergies
- Bladder infection
- Bronchitis
- Cough/cold
- Diarrhea
- Fever
- Pink eye
- Rash
- Seasonal flu
- Sinus problems
- Sore throat
- Stomach ache

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

VILLAGE HEALTH PARTNERS & VILLAGE PEDIATRICS

City of Plano employees can access Village Health Partners and Village Pediatrics for a \$5 primary care office visit copay!

Unsurpassed Value in Health Care

Founded in 2007, Village Health Partners is a nationally recognized primary care medical practice serving more than 75,000 North Texas patients through multiple locations.

Village Health Partners focuses on the quality, access and convenience of care for its patients. The practice is dedicated to helping the communities it serves thrive, by offering access to unsurpassed value in health care delivery. Village Health Partners uses health information technology such as Electronic Medical Records (EMR), secure email access with doctors and a convenient online portal for patients to request same day appointments and prescription refills.

Hours

Legacy Medical Village

Monday – Thursday: 7 AM – 7 PM

Friday: 7 AM – 5 PM

Saturday: 8:30 AM – 1 PM

Sunday: 1 PM – 4 PM

Independence Medical Village

Monday – Thursday: 7 AM – 7 PM

Friday: 7 AM – 5 PM

McKinney Medical Village

Monday – Friday: 8 AM – 5 PM



Accolades for our Doctors

At both a local and national level, the Plano doctors and staff of Village Health Partners have been recognized as:

- Practice of the Year by Physicians Practice Journal · D Magazine “Best Doctors”
- Texas Monthly “Super Doctors”
- One of the First Family Practices in Texas to Receive the Diabetes Recognition Program from the National Center for Quality Assurance
- The physician’s office that best utilizes technology and EMR in the country with The Davies Award by the Healthcare Information and Management Systems Society (HIMSS)

Village Health Partners serves North Texas specializing in women’s and men’s health, pediatrics, diabetes, cholesterol, hypertension, and disease prevention.

For more information, call 972.426.2800
villagehealthpartners.com



When Outcomes Matter

Resolve most spine, joint, and soft-tissue injuries — often within 3 visits

Quality Care, Rapid Recovery.

Airrosti's outcome focused care leads to rapid recoveries & lasting results— while helping patients avoid MRIs, pharmaceuticals, surgeries, and other costly procedures. Airrosti providers are experts at eliminating chronic pain & resolving most spine, joint, & soft-tissue conditions.

A Low-Cost Solution for Soft Tissue Injuries

Airrosti visits are available for only a **\$15 copay** for City of Plano employees, spouses, and dependents on the UHC health plan.

After **2** visits, **NO MORE PAIN!**
 - Tammy S.
 City of Plano employee

I recommend **AIRROSTI** to everyone I know
 - Elise W. City of Plano employee

The Airrosti treatment helped & I haven't had a migraine since
 - Charline G.
 City of Plano employee

Common Injuries and Conditions

Back Pain, Neck Pain, Headaches, Triceps Tendonitis, Disc Injury, SI Joint Sprain, Hip Pain, Hamstring Pull/Strain, Sciatic-like Pain, Calf Pull/Strain, Achilles, Tendonitis, Sever's Disease, Heel Pain/Spurs, Rotator Cuff Pain, Bicep Tendonitis, Elbow Pain, Hip Flexor Strain, Groin Pull, Carpal Tunnel, Quad Pull, Knee Pain, Patellar Tendonitis, Shin Splints, Ankle Sprain, Plantar Fasciitis, and Others



(800) 404-6050 | Airrosti.com

Call to Learn more and Schedule Your Risk-Free Assessment Today.

COMPASS

No matter how complex or simple, we all have health care needs. From finding a doctor to solving a billing problem, getting straight answers can seem impossible at times. But you're in luck, you have a Compass.

The City of Plano has implemented Compass, at no cost to you, to serve as your personal health care advisor.

Here is what City of Plano Employees are saying about Compass:

"I'm very impressed with the service that you and Compass provide. A friend of mine still works for our employer and loved your services for recommending a doctor for her surgery. I'm going to recommend your service to everyone I am still in touch with. With anything new, there's always hesitation. You have proved that it's a good thing."

"We were very happy with the service that Compass provided, and we intend to utilize it often in the future."

"Just wanted to send a thank you for your assistance with my latest medical needs. The information you provided on imaging companies and the related price comparison was so helpful. I realized I've been using the most expensive agency in the area all these years!! I went to another imaging center and service was excellent and fast. The report, according to my doctor.....was the best MRI report he had ever read! Thank you for your patience with me in finding the best solution for our needs."

"So far I've had a wonderful experience with the providers that you have put me in connection with. And it has been a tremendous help for my family having Compass here to help find good care facilities for my grandmother. Thanks for all your help!"

"This assistance you provide was extremely helpful, informative, detailed and provided in a very timely manner."

Contact your Compass Health Pro today to help point you in the right direction

- Cost estimation for medical services and prescriptions
- Unbiased doctor recommendations
- Hospital cost and quality information
- Bill review and reconciliation
- Complete guidance for your health care to help you understand your benefits
- Insider information on saving money



Your Compass Health Pro Jordan White

855.777.0533

jordan.white@compassphs.com

HOSPITAL GAP PLAN

If you are enrolling in Hospital GAP for the first time or making a change, you are required to complete an enrollment form on the Benefits website: plano.gov/Benefits. The completed form must be returned to Human Resources.

The City of Plano offers a supplemental limited benefit medical expense insurance policy – or GAP plan offered through American Fidelity up to age 65.

THREE PRIMARY BENEFITS*

- **Inpatient** – payable for covered out-of-pocket expenses up to the maximum benefit selected per confinement
- **Out-Patient** – payable for the difference between actual outpatient expenses incurred and the amount paid by the primary medical plan for out-of-pocket covered charges up to the maximum outpatient benefit of \$200 for outpatient treatment
- **Physician Outpatient Treatment** – pays \$25 per visit for up to five visits per family per calendar year for outpatient treatment due to sickness, injury or accident

*Contact your American Fidelity Representative for additional information on this plan including exclusions, limitations, definitions and effective date of coverage.

HOSPITAL GAP PLAN MONTHLY RATES			
UNDER 55	\$500	\$1,000	\$1,500
Retiree Only	\$14	\$17	\$20
Retiree & Spouse/Domestic Partner	\$26	\$31	\$37
Retiree & Children	\$25	\$28	\$32
Family	\$37	\$42	\$49
UNDER 55 to 59	\$500	\$1,000	\$1,500
Retiree Only	\$20	\$24	\$30
Retiree & Spouse/Domestic Partner	\$37	\$43	\$54
Retiree & Children	\$31	\$35	\$42
Family	\$48	\$54	\$66
AGE 60 AND OVER	\$500	\$1,000	\$1,500
Retiree Only	\$31	\$36	\$46
Retiree & Spouse/Domestic Partner	\$56	\$65	\$83
Retiree & Children	\$42	\$47	\$58
Family	\$67	\$76	\$95

Find these forms at plano.gov/benefits

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Plano realizes the pressures of today's world can affect the lives of retirees including depression, anxiety and stress. You or your family members can one day find yourself facing parenting and family issues; the death of a loved one; substance use or abuse; workplace problems or conflicts; or financial or legal situations. The City offers benefits to help you and your dependents with the issues arising as a result of these pressures.

You and your dependents can receive up to five confidential counseling from professional counselors through the EAP and mental health resources. These benefits will be administered by Optum and are paid by the City.

The website allows you to access your benefit to: find a clinician; request a phone consultation with a specialist about your concern; and request an online consultation with a specialist for a brief assessment of your situation. Online chats have to be scheduled and are conducted via a secure method. If face-to-face resources are appropriate for your situation, an EAP representative can refer you to local, in-person support. Counselors also can refer you to a wide range of national and community resources. EAP nurses and counselors offer services based on up-to-date medical and professional guidelines.

Confidential Counseling Available 24/7
Helpline: 1.866.248.4094
liveandworkwell.com (access code:cityofplano)

FINANCIAL CONSULTATION

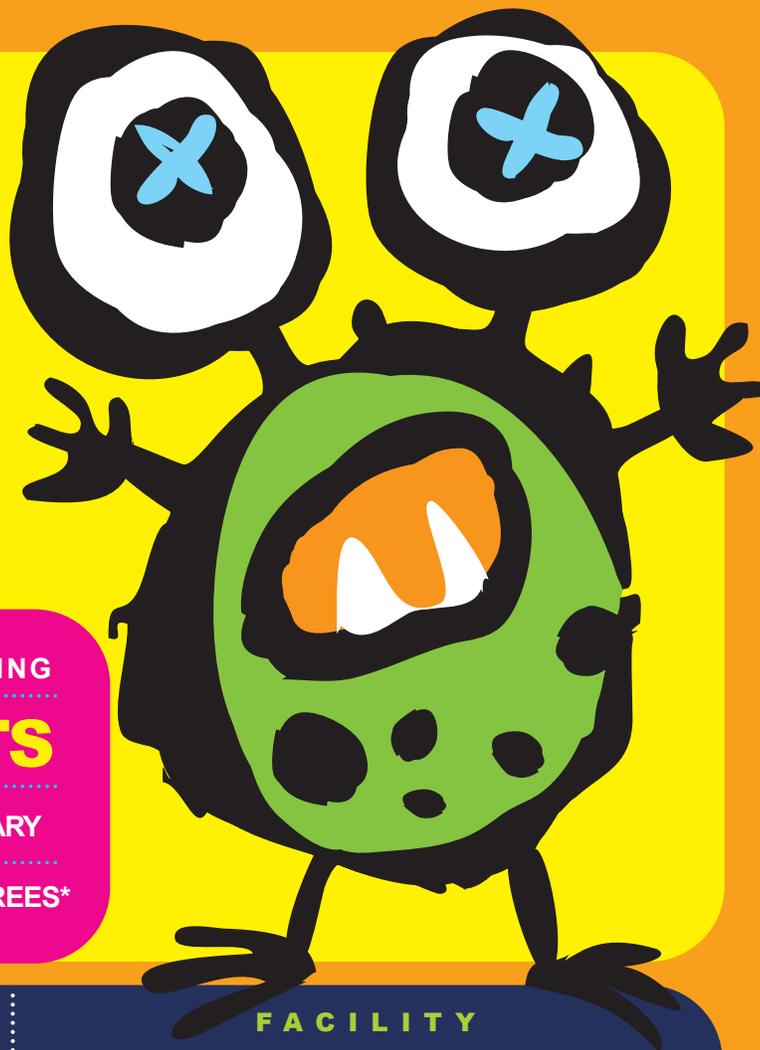
The financial consultation service offers employees proactive information and guidance for financial issues as well as strategic action plans when dealing with more reactive financial problems. The financial consultant will review your past history, examine the current situation and work with you to develop a financial plan or a resolution strategy. The website provides you access to many resources, some of which are free.

LEGAL CONSULTATION

You can receive one free 30-minute phone or face-to-face consultation with a network attorney or mediator per each new issue and free basic will preparation. You can also receive a 25% discount from usual rates for additional work with a network attorney.



Beat the Bug!



CONNECT4HEALTH IS SPONSORING

FREE FLU SHOTS

TO FULL-TIME, PART-TIME and TEMPORARY

CITY OF PLANO EMPLOYEES and RETIREES*

DATE	TIME	FACILITY
Tuesday, October 4	6:00 - 10:00 AM	Parkway Operations Building, Training Room 4120 W. Plano Parkway
Wednesday, October 5	6:00 - 10:00 AM	Parkway Operations Building, Training Room 4120 W. Plano Parkway
Tuesday, October 11	7:00 - 11:00 AM	Municipal Center, Building Inspections Training Room 1520 K Avenue
Wednesday, October 12	5:30 - 9:30 AM	Police Headquarters Building, Toler Room 909 E. 14th Street
Wednesday, October 19	2:00 - 5:00 PM	Davis Library/Joint Use Facility, Program Room 7501-B Independence Parkway
Monday, October 24	1:00 - 5:00 PM	Municipal Center, Building Inspections Training Room 1520 K Avenue
Wednesday, October 26	2:00 - 6:00 PM	Police Headquarters Building, Toler Room 909 E. 14th Street

Connect4Health and Texas Health Resources are partnering to bring all City of Plano employees an opportunity to get their Flu Shots...FREE!

* Shots can only be administered to individuals over the age of 18.

* High dose for 65 and over is not available.

For questions, please email Michelle Gifford at michellegi@plano.gov or call 972-941-7227.



Human Resources Department, City of Plano 972-941-7115

IMPORTANT CONTACTS

Resource	Phone / Website / Email
Compass	800.513.1667 ext. 475 jordan.white@compassphs.com compassphs.com
Medical Plan - UnitedHealthcare	1.866.873.3903 myuhc.com group # 704335
Mail Order Prescription Drug Program - OptumRx	1.866.873.3903 myuhc.com
Dental - UnitedHealthcare	1.877.816.3596 myuhc.com group # 410525
Village Health Partners	972.426.2800 villagehealthpartners.com
Airrosti	1.800.404.6050 airrosti.com
Vision - UnitedHealthcare	1.800.638.3120 myuhc.com
Employee Assistance Program	1.866.374.6054 liveandworkwell.com
Life and AD&D - CIGNA	1.800.362.4462 myuhc.com
Long Term Disability (LTD) - The Standard	1.800.368-1135 standard.com
Texas Municipal Retirement System (TMRS)	1.800.924.8667 tmrs.com
ICMA-RC 457 Mike Mendenhall, Retirement Plan Specialist Tiffani Keeling, Retirement Plan Specialist	1.800.669.7400 icmarc.org 1.800.290.7160 mmendenhall@icmarc.org 1.866.339.8791 tkeeling@icmarc.org
Hospital Gap - American Fidelity	1.800.662.1113 americanfidelity.com
City of Plano Benefits Site	972.941.7115 plano.gov/Benefits
Heather Conrad, HR Analyst, Sr., Active employees	972.941.7259 heatherc@plano.gov
Fannie Layer, HR Analyst, Sr., Retirees	972.941.5019 fanniel@plano.gov
Michelle Gifford, Wellness Coordinator, Sr.	972.941.7227 michellegi@plano.gov

HEALTH COVERAGE NOTICES

For Your Files

This brochure contains legal notices for participants in group health plans sponsored by the City of Plano. The notices included in this brochure are:

- Health Insurance Marketplace Coverage Options and Your Health Coverage that describes the Health Insurance Marketplace and eligibility and tax credit information.
- Notice of Privacy Practices that explains how the City group health plans protect your personal medical information.
- Medicare Part D Prescription Drug Notice that provides information about how your current prescription drug coverage under the health care plans is affected—and your options for coverage—when you become eligible for Medicare.
- COBRA Rights Notice that explains when you and your family may be able to temporarily continue coverage under UnitedHealthcare if coverage would otherwise end for you.
- HIPAA Exemption Election that explains the mental health parity exemptions for the City of Plano.
- Notice of Reasonable Alternatives to Wellness Program Participation that explains options for those who have a medical condition that makes wellness program participation difficult.
- 60-Day Special Enrollment Period that describes a special 60-day timeframe to elect or discontinue coverage.
- Newborn and Mothers Health Protection Notice that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- Women’s Health and Cancer Rights Act that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- Notice of Grandfathered Plan that explains the City of Plano is a grandfathered medical plan.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

General Information

Since key parts of the health care law took effect in 2014, there is another 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 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 tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

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.

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 HRBenefits@plano.gov or 972.941.7115.

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.

NOTICE OF PRIVACY PRACTICES

City of Plano

Notice of Individual Privacy Rights

**(Under Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
Standards for Privacy of Individually Identifiable Health Information)**

The City of Plano protects the confidentiality of your personal health information as required by law. If you have questions about this notice, please contact our Privacy Officer Andrea Cockrell at HRBenefits@plano.gov or 972.941.7115.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Our Duties

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice but reserve the right to change the terms of the notice and to make the new notice provisions effective for all protected health information we maintain. If we change the terms of the notice, we will provide you with a copy of the revised notice by letter and posting. The effective date of this notice is September 23, 2013. This notice will remain in effect until replaced or amended.

Detailed large claim health information received from health care vendors will only be viewed by individuals in the following positions: Benefits Administrator, Human Resources Director, Benefits Agents and Advisors, Risk Manager, and the Assistant City Attorney assigned to Human Resources. These employees have a legitimate business need to view this information in order to consider alternate health insurance funding options for the city.

Your Protected Information

In order to conduct operations, our designated agents or we, collect, create and/or use different types of information. This may include information about you such as your name, address, age, health status, medical or psychological conditions, and information about dependents. Some of this information may qualify as protected health information. Our use or disclosure of protected health information may be restricted or limited by law. Protected health information means individually identifiable health information that is transmitted by electronic media, maintained in electronic or computer format, or transmitted or maintained in any other form or medium. Protected health information does not include certain educational or employment records.

Permitted Uses and Disclosures of Your Protected Information

For Payment – Our designated agents or we may use and disclose information about you in managing your health care. This may include such functions as premium payment activities, reimbursing health care providers for services, determining eligibility or coverage of an individual, performing coordination of benefits, adjudicating claims, health care data processing including claims management, collection activities, obtaining payments under a reinsurance contract, medical necessity reviews, and/or utilization review activities.

For Health Care Operations – Our designated agents or we may use and disclose information about you for health care operations. This may include information about you needed to review the quality of care and services you receive, to provide case management or care coordination services, provide treatment alternatives or other health-related benefits and services, and/or to perform audits, ratings, and forecasts (as limited by HIPAA standards).

For Treatment – Our designated agents or we may use and disclose information about you for treatment purposes. This may include information about you needed for the provision, coordination, or management of health care and related services.

As Permitted or Required by Law – Information about you may be used or disclosed to regulatory agencies, for administrative or judicial proceedings, for health oversight activities, to law enforcement officials when required to comply with a court order or subpoena, and/or as authorized by and to the extent necessary to comply with workers' compensation laws.

Public Health Activities – Information about you may be used or disclosed to a public health authority for the purposes of preventing or controlling disease, injury or disability, reporting child abuse or neglect, and/or to assist the Food and Drug Administration in tracking products and defects/problems as well as enabling product recalls and conducting post marketing activities. Information about you may also be used or disclosed if we reasonably believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Abuse, Neglect or Domestic Violence – To the extent required or authorized by law, or with your consent, protected information about you may be disclosed to an appropriate government authority if we reasonably believe you are the victim of abuse, neglect, or domestic violence.

In the Event of Death – In the event of your death, our designated agents or we may disclose your protected information to coroners, medical examiners and/or funeral directors as necessary to carry out their duties.

Organ Transplant – Our agents or we may use or disclose your protected information to organ procurement organizations or related entities for the purpose of facilitating organ, eye or tissue donation and transplantation.

Research Purposes – Our agents or we may use or disclose your protected information for research provided we first obtain an authorization or waiver from you and representations from the researcher limiting the uses and protecting the privacy of your information.

Correctional Institutions – Our agents or we may use or disclose your protected information to a correctional/custodial institution or appropriate law enforcement official if you are an inmate and the disclosure is necessary for your health care and the health and safety of you, other inmates, officers or institution employees.

Business Associates – Where it is necessary to help carry out our health care function, we may disclose your information to a business associate and/or allow the business associate to create or receive protected health information on our behalf. In most situations, we must first obtain satisfactory written assurances that the business associate will appropriately safeguard the information. No such assurances are required, however, where disclosure is made to your health care provider for treatment purposes.

Minimum Disclosure Required – When using, disclosing or requesting your information, we are normally required to make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. This limitation does not apply in situations involving disclosures to you or made pursuant to your authorization, to a health care provider for treatment, to the Secretary of Health and Human Services for HIPAA compliance and enforcement purposes, or as otherwise required by law.

To Employer – Our designated agents or we may disclose your information to your employer to conduct an evaluation relating to medical surveillance of the workplace, to evaluate whether you have a work-related illness, to record such illness or injury as required by law. Prior to disclosing this information to your employer, we must give you written notice at the time the health care is provided or, if the health care is provided at the work site, prominently post the notice at that location.

Informational Contact – We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Disclosure to Plan Sponsor – We may disclose protected information to the Plan Sponsor only in the form of de-identified summary information and to record enrollments and dis-enrollments.

Prohibited Use of Protected Health Information

Our designated agents or we are prohibited from using any portion of your protected health information considered genetic information for underwriting purposes.

Disclosures requiring Written Authorization

Psychotherapy Notes – Although we do not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separate field notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

Marketing – Our designated agents or we, generally, will require an authorization form for uses and disclosure of your protected health information for marketing purposes or the sale of your protected health information.

Other uses and disclosures – Except as otherwise indicated in this Notice, uses and disclosures of your protected health information will be made only with your written permission, unless otherwise permitted or required by law.

Revocation - You may revoke, in writing, any such authorization unless we have taken action in reliance on your authorization or it was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

Availability of Notice on Our Website

This notice is prominently posted on our website and is available electronically through our website.

Your Rights

Under the regulations effective April 14, 2003, you will have the right to:

- Send us a written request to see or get a copy of the protected health information that we have about you.
- Request an amendment to your personal information that you believe is incomplete or inaccurate. The request must be in writing and provide a reason to support the proposed amendment.
- Request in writing additional restrictions on uses or disclosures of your protected health information to carry out treatment, payment, or health care operations. However, we are not required to agree to these requests.
- Receive an accounting of our disclosures of your protected health information in writing, except when those disclosures are made for treatment, payment or health care operations, or when the law otherwise restricts the accounting.
- Receive a paper copy of this notice upon request.
- You cannot be forced to waive your rights established by the privacy regulations.
- Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address. (Applies to Health Care Provider)
- Request that we communicate with you about medical matters using reasonable alternative means or at an alternative address, if communication to your home could endanger you. (Applies to Health Plan)

Complaints

If you believe your HIPAA privacy rights have been violated, you have the right to file a complaint with either the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave., S.W., Washington, D.C. 20201, or visiting [hhs.gov/ocr/privacy/hipaa/complaints](https://www.hhs.gov/ocr/privacy/hipaa/complaints). Complaints may also be sent to City of Plano, Andrea Cockrell, 1520 K Avenue, Plano, Texas 75074 or email to HRBenefits@plano.gov, HIPAA Privacy Officer. The complaint must be in writing, either on paper or electronically, name the person that is the subject of the complaint and describe the acts or omissions believed to be in violation of your rights. A complaint must be filed within 180 days of when the complainant knew or should have known that the act or omission complained of occurred. You will not be retaliated against for filing a complaint.

Further Information

If you need further information, please contact our HIPAA Contact Office, Employee Health Services, 200 Independence Avenue, S.W., Washington, D.C. 20201, or calling 1.877.696.6775. You may also contact the City of Plano, Andrea Cockrell, 1520 K Avenue, Plano, TX 75074, 972.941.7115.

MEDICARE PART D PRESCRIPTION DRUG NOTICE

Important Notice from the City of Plano about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Plano and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

- 1.** Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2.** City has determined that the prescription drug coverage offered by City plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

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

For more information about Medicare Prescription drug coverage:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of “Medicare & You” handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

October 2016

City of Plano
Human Resources Department
1520 K Avenue, Suite 130
Plano, TX 75074
972.941.7115

COBRA RIGHTS NOTICE

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’re getting this notice because you recently gained coverage under a group health plan (the 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.

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 must 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 Plano, 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 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 31 days after the qualifying event occurs. You must provide this notice to: Human Resources.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

October 2016

City of Plano
Human Resources Department
1520 K Avenue, Suite 130, Plano, TX 75074
972.941.7115

HIPAA EXEMPTION ELECTION DOCUMENT

Name of Plan: City of Plano Welfare Benefit Plan

Plan Sponsor: City of Plano Risk Pool

EIN: 75-6000640 **Plan Number:** 704335

Plan Year/Period of Plan Coverage: January 1, 2017 through December 31, 2017

Plan Administrator: City Manager of City of Plano

City of Plano Welfare Benefit Plan is not provided through insurance. City of Plano Risk Pool elects under authority of section 2721(b)(2) of the Public Health Service (PHS) Act, and 45 CFR 146.180 of Federal regulations, to exempt City of Plano Welfare Benefit Plan from the following requirements of title XXVII of the PHS Act:

- Parity in the application of certain limits to mental health benefits.

This election has been made in conformity with all rules of the plan sponsor, including any public hearing, if required. I certify that the undersigned is authorized to submit this election on behalf of City of Plano Risk Pool. If Centers for Medicare and Medicaid Services (CMS) has any questions regarding the election, please contact Andrea Cockrell at 972.941.7115.

OTHER NOTICES

Notice of Reasonable Alternatives to Wellness Program Participation

Connect4Health is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs, which seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary member health risk assessment or "MHA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease), through our wellness portal provider, Viverae. You will also be asked to complete a preventive exam, and a biometric screening, which will include a blood test for blood glucose, total cholesterol, LDL, HDL and Triglycerides. You are not required to complete the MHA, have a preventive exam or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program will receive an incentive of a medical premium discount. Although you are not required to complete the MHA, complete a preventive exam or participate in the biometric screening, only employees who do so will receive the medical premium discount. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Viverae, our Wellness Platform provider and US Wellness, our Biometric Screening provider, in order to provide you with services under the wellness program.

Additional incentives may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Michelle Gifford at michellegi@plano.gov or 972.941.7227.

The information from your MHA, preventive exams and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Disease Management Programs, Preventive Screenings or online activity participation through our wellness portal provider, Viverae. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the City of Plano's wellness program, Connect4Health, and the City of Plano may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will not be shared publicly, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Aggregate means that any protected health information (PHI) contained in reports does not identify the individual whose data is being reported. In other words, the PHI in aggregate form is not tied to a specific person. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) Viverae, our Wellness Platform provider and US Wellness, our Biometric Screening provider, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 972.941.7115.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Newborn and Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women’s Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact HRBenefits@plano.gov or 972.941.7115.

Notice of Grandfathered Plan

This City of Plano Risk Pool Health Plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Andrea Cockrell at 972.941.7115 or HRBenefits@plano.gov. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1.866.444.3272, or dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at healthreform.gov.

ATTN: RETIRED PUBLIC SAFETY POLICE AND FIRE

You will need to complete a new TMRS Application for Insurance Premium Deductions (HLPS) form if you have made changes to your health plan or you answered “yes” to being a tobacco user last enrollment and you have not completed the four (4) tobacco cessation classes.

There will be a monthly surcharge added to your insurance premium in the amount of \$25.00. A new TMRS form MUST be completed. Please return form to Fannie Layer in Human Resources.

Please see attached form.

Application for Insurance Premium Deductions For Retired Public Safety Officers

(to be completed by retiree and city official of last employing city)



RETIREE INFORMATION • Please type or use only black ink and do not highlight. Any corrections must be initialed.

Retiree's Name (first, middle, last)		Social Security Number
Mailing Address		Daytime Phone Number
City	State	Zip
Last Employing City		TMRS Identification Number (not required)

PAYMENT INFORMATION

City of Plano		Account/Policy Number
Pay to the order of: P.O. Box 860279		972-941-5213
Remittance Address		Insurance Contact Phone Number
Plano	TX	75086
City	State	Zip
\$		
Monthly deduction elected (in dollars)	Date Effective (MM/YYYY)	Name of Insurance Company (if different from Payee above)

Please note that you may deduct any amount that does not exceed your net monthly annuity. However, the amount that may be excluded from your taxable income in one year cannot exceed \$3,000. You may wish to consult with your tax advisor or the Internal Revenue Service to determine your eligibility for this benefit.

RETIREE CERTIFICATION

I certify that I was an eligible Public Safety Officer (see definition in instructions provided with this form) when I terminated employment from my last employing city. I elect to have the amount indicated above deducted from my monthly TMRS benefit to pay for my qualified insurance premium, to remit the deduction as directed above, and certify that I have not elected to pay for my qualified insurance premium from any other retirement plan. I certify that TMRS is not responsible for lapsed insurance coverage or any other coverage or benefit issues that arise because of payment of premiums through this deduction arrangement. I waive any claims of any kind against TMRS arising from this payment arrangement, including additional tax liability, and hereby indemnify and release TMRS from any liability arising from the administration of the payment of my qualified insurance premium. I authorize TMRS to discuss this insurance with my insurance carrier or former employer.

Retiree's Signature	Date Signed (MM/DD/YYYY)
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TMRS will issue one monthly payment for the qualified insurance premium on the last business day of each month until TMRS is notified otherwise. The changes in the monthly benefit payment will take effect the month after TMRS receives this form.

CITY CERTIFICATION • (to be completed by last employing city)

I hereby certify that the above named retiree was an eligible Public Safety Officer (see definition in instructions provided with this form) at the time of separation and was employed by the city in one of the following capacities:

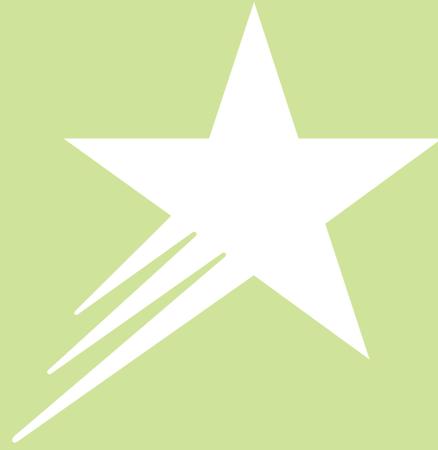
Police Officer, Firefighter, Emergency Medical Services Employee, Corrections Officer, Probation Officer, Parole Officer, Judicial Officer

Other: _____

Signature of City Official	Date Signed (MM/DD/YYYY)
Fannie Layer, Human Resources Analyst, Sr.	Plano
Printed Name and Title	City Name

Please read the instructions provided with this form.





This guide highlights the main features of many of the benefit plans sponsored by the City of Plano. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents or City policies will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. The City reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.

