



# 2015 Employee Benefits Guide

- Health Insurance
- Dental & Vision Insurance
- Life & Disability Insurance
- Wellness Program
- Flexible Spending Accounts
- Other Supplemental Benefits







**CITY OF SOUTH BEND**  
**PETE BUTTIGIEG, MAYOR**  
OFFICE OF THE MAYOR

Dear City of South Bend Employees:

The City of South Bend is committed to providing for our employees and their families. We offer a comprehensive program of benefits, in addition to upgrading our life coverage, disability coverage, flexible healthcare, dependent care, and voluntary benefit coverage program over the past few years. We also added the option of including spouses to the wellness program to earn additional discounts on premiums.

Because our programs are flexible, it is up to you what type of coverage best suits your lifestyle and financial needs. The City of South Bend offers a wide range of benefits to full-time employees as an important part of the total compensation package.

This Open Enrollment booklet provides information on benefit coverage including:

- Health insurance
- HRA
- Dental/Vision Program
- City Wellness Program
- Life Insurance
- Disability Insurance
- Voluntary Coverage Offerings

The current health plan and the new HRA plan offered by the City exceed the minimum coverage requirements under the individual mandate of the Affordable Care Act.

To enroll for 2015 Benefits, visit [www.assethealthportal.com/csb](http://www.assethealthportal.com/csb). Employees will need to provide a username and password. **The City of South Bend's Annual Enrollment period is November 15, 2014 through November 30, 2014 for the benefit plan beginning on January 1, 2015.**

All employees will need to complete the online enrollment process, even if you do not intend to make any changes.

I also encourage all employees to attend one of the benefit meetings that the Human Resources Department will hold throughout the City in early November.

Sincerely,

Mayor Pete

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# Health Insurance Plan

## *PPO Providers*

Please go to: [www.anthem.com](http://www.anthem.com) to seek participating providers. Although most physicians in this area participate, it is recommended that you verify with your doctor that they participate in the Anthem Blue Access PPO network every time you make an appointment.

## *Anthem Web-Site*

[www.anthem.com](http://www.anthem.com) offers innovative tools to help you get the most out of your medical plan and manage your health.

- ▶ Check your claims & benefits
- ▶ Find a doctor
- ▶ Order an ID card
- ▶ Compare costs at medical facilities
- ▶ Research illnesses and treatments

## *Enrollment*

If you are a new employee who is not yet enrolled, coverage will be effective on the 31<sup>st</sup> day of active work following your date of hire. If you have previously waived health insurance and are applying during open enrollment, your coverage will be effective January 1, 2015.

The Open Enrollment period will be from November 15, 2014 – November 30, 2014. No enrollments or changes will be allowed after 5:00 P.M. on November 30, 2014 unless you have a Qualifying Event.

A Qualifying Event may be the birth or adoption of a child or the loss of other coverage due to a death, divorce, spouse's job change, etc. You must complete an enrollment form within 30 days of the Qualifying Event. Newborns, adopted children, or spouses must be added within 30 days of the birth, adoption, or marriage.

## *Coverage Termination*

Coverage ends on the last day of the month in which employment terminates. Coverage for dependent children ends on the last day of the month in which they turn 26. You are responsible for notifying Human Resources when your dependent child is no longer eligible for coverage.

**Anthem Customer Service: 800-295-4119**



# 2015 Health Plan Overview

**This is a brief overview of in-network benefits only.** Please refer to your Certificate of Coverage for out-of-network benefits.

	Plan 1 PPO Plan	Plan 2 HRA Plan
Deductible – Single	\$1,000	\$2,500
Deductible – Family	\$3,000	\$5,000 – Family Aggregate <sup>1</sup>
HRA Funds – Single	N/A	\$500
HRA Funds – Family	N/A	\$1,000
Coinsurance (Plan Pays)	80%	80%
Out of Pocket Maximum–Single (including deductible)	\$4,000	\$5,000
Out of Pocket Maximum–Family (including deductible)	\$8,000	\$10,000 Family Aggregate <sup>1</sup>
Office Visit for Primary Care Provider	\$30	Deductible & Coinsurance Apply
Office Visit for Non-Primary Care Provider	\$60	Deductible & Coinsurance Apply
Preventive Care – Routine Annual Physical, mammogram, pap test, immunizations	100% - deductible does not apply. Claims must be coded as routine and preventive by your physician.	100% - deductible does not apply. Claims must be coded as routine and preventive by your physician.
Emergency Room	\$200 Copayment + 20%	Deductible & Coinsurance Apply
Urgent Care Center	\$50 Copayment	Deductible & Coinsurance Apply
Outpatient Facility Services	Deductible + 20%	Deductible & Coinsurance Apply
Maximum Benefit	Unlimited	Unlimited
	<b>Prescription Drugs – Retail or Mail Order</b>	
Tier 1 Drugs – Many generics	20% of drug cost	Deductible & Coinsurance Apply
Tier 2 Drugs – Mostly Preferred Brand Name Drugs	30% of drug cost	Deductible & Coinsurance Apply
Tier 3 Drugs – Non-preferred brand and generic drugs	40% of drug cost	Deductible & Coinsurance Apply
Maximum Copayment	\$250/Script for Retail - \$750/Script for Mail Order	N/A
	<b>Limits Per Calendar Year</b>	
Physical / Occupational Therapy	60 Network & Non-Network combined visits	
Spinal Manipulation / Chiropractic	12 Network & Non-Network combined visits	
Speech Therapy	40 Network & Non-Network combined visits	
Home Health Care	90 visits Network & Non-Network combined limit	
Skilled Nursing Facility	90 days Network & Non-Network combined limit	
Maternity Care	Same as Any Other Expense	Same as Any Other Expense

<sup>1</sup> Family Aggregate – The annual deductible, out-of-pocket maximum and HRA funds are all an aggregate amount to be met/used by all covered family members. The individual deductible and out-of-pocket maximums do not apply within the family.

# 2015 Health Plan Costs

## The Annual Cost of Health Insurance Benefits in 2015

HRA Plan	Total Annual Cost	Amount Paid by City of South Bend	Amount Paid by Employee (Wellness** Participant)	Amount Paid by Employee (Non Wellness Participant)
Employee Only	\$5,456.40	\$5,011.68	\$444.72	\$1,164.72
Employee & Spouse Only	\$14,127.96	\$12,768.00	\$1,359.96	\$2,799.96
Employee & Child(ren) Only	\$10,810.56	\$9,895.08	\$915.48	\$1,635.48
Employee, Spouse & Child(ren)	\$15,457.80	\$13,943.04	\$1,514.76	\$2,954.76

PPO Plan	Total Annual Cost	Amount Paid by City of South Bend	Amount Paid by Employee (Wellness** Participant)	Amount Paid by Employee (Non Wellness Participant)
Employee Only	\$5,979.60	\$5,317.80	\$661.80	\$1,554.60
Employee & Spouse Only	\$15,697.68	\$13,550.40	\$2,147.28	\$4,105.20
Employee & Child(ren) Only	\$11,790.48	\$10,459.92	\$1,330.56	\$2,252.40
Employee, Spouse & Child(ren)	\$17,264.04	\$14,893.08	\$2,370.96	\$4,269.72

## Your Bi-Monthly Payroll Deduction – Based on 24 Pay Periods Per Year

PPO Plan	Wellness** Participant		HRA Plan	Non Wellness Participant	
	Wellness** Participant	Non Wellness Participant		Wellness** Participant	Non Wellness Participant
Employee Only	\$27.58	\$64.78	Employee Only	\$18.53	\$ 48.53
EE & Spouse Only	\$89.47	\$171.05	EE & Spouse Only	\$56.67	\$116.67
Employee & Child(ren) Only	\$55.44	\$93.85	Employee & Child(ren) Only	\$38.15	\$ 68.15
Employee & Family	\$98.79	\$177.91	EE & Family	\$63.12	\$123.12
EE & Spouse Surcharge*	\$114.47	\$196.05	EE & Spouse Surcharge*	\$81.67	\$141.67
Employee & Family Surcharge*	\$123.79	\$202.91	Employee & Family Surcharge*	\$88.12	\$148.12

\* Surcharge amount applies when the spouse has other coverage available (or is enrolled) through his/her employer but still elects coverage on the City of South Bend Health Plan. A letter or other documentation acceptable to the Human Resources Department from his or her employer is required.

\*\* Wellness rates will apply only when both the employee and the enrolled spouse complete the wellness requirements described on pages 8-9. If the employee completes the requirements but the spouse does not, or vice versa, then the wellness rate shall not apply.

### How Does the Affordable Care Act Impact You?

The Individual Mandate of the Affordable Care Act requires that everyone have health insurance that meets certain minimum coverage requirements in 2015 or pay a penalty when filing your 2015 tax return. Both health insurance plans offered by the City of South Bend meet and exceed the minimum coverage requirement under the individual Mandate of the Affordable Care Act.

# Wellness Program

The City of South Bend remains committed to providing opportunities that support your efforts to maintain a healthy life. The City will continue to provide a discounted health insurance premium for those employees choosing to participate in the City of South Bend Wellness Program. See page 7 for premium discount information.

In 2015, our Award-Winning Wellness Program will continue to track credits earned for participation in the annual health screening, learning opportunities, and various activities. Visit our Healthy City website, [www.healthycitysouthbend.com](http://www.healthycitysouthbend.com) to earn and track credits. You will be required to earn 8 points per quarter and your Spouse will be required to earn 2 points per quarter to maintain the wellness rate discount.

Watch for additional information on the Healthy City website in January about screening opportunities for spouses. Information will be provided on how, when and where spouses may obtain their health screening.

**New Enrollees:** If you cover your spouse, and want to obtain the premium discount, he or she is required to earn 2 wellness credits per quarter and must complete the health screening and online Health Risk Assessment.

**IMPORTANT: Wellness points can not be rolled over from one quarter to the next.**

During the second calendar quarter only, you (the employee) may receive up to 4 credits if your biometric scores during your wellness screening in January fall within the target measurements below. Your Healthy City Wellness Account will automatically be credited with 1, 2, 3, or 4 credits based on the number of targets you meet. Credits for biometric results will only be given during the second quarter of 2015.

If you are unable to earn any or all the credits based on your biometric score, you may earn additional credits to meet the 8-credit requirement through traditional methods.

*We are excited to announce that the Wellness Program at the City of South Bend received special recognition at the 2014 Indiana Health and Wellness Summit held in Indianapolis in early October. We were awarded 3 Star Status in the AchieveWell program. Our wellness plan attained high scores in areas of:*

- *Planning*
- *Implementation by a Wellness Team*
- *Laying groundwork for future stages of the program*
- *Analysis of needs for employees*
- *Setting and understanding goals*
- *Plan coordination*
- *Promotion and Communication*
- *Supportive Environment*
- *Incentives*

*Congratulations to all of you for participating, and for helping our program be successful!*



Additional Way to Earn Credits in the 2 <sup>nd</sup> Quarter Only		
<b>BMI measurement of less than 30</b>	<b>All Employees</b>	<b>1</b>
<b>Blood Glucose measurement of less than 126</b>	<b>All Employees</b>	<b>1</b>
<b>Blood Pressure of less than 140/90</b>	<b>All Employees</b>	<b>1</b>
<b>Total Cholesterol to HDL ratio of less than 5.2</b>	<b>All Employees</b>	<b>1</b>



# Wellness Program

Wellness Activity	Applicable To:	Credits Earned (employee only)
Annual Wellness Screen	Police, Teamster & Non-bargaining Employees & Spouses	2
Annual City Physical Examination	Firefighters	2
Health Risk Assessment Questionnaire	All Employees & Spouses	1

## Other opportunities to earn credits:

- Lunch & Learns
- Exercise Program – Fitness Centers or in-home
- Health Coaching
- Weight Management (for each 10 pounds lost, you earn 4 points)
- Smoking Cessation (for successful completion of smoking cessation you earn 8 points)
- Walking Challenges
- Many Other Programs

Please refer to [www.assethealthportal.com/csb](http://www.assethealthportal.com/csb) for details of each program and the points you can earn. For log in information contact Asset Health at 855-444-1255.

## Spouse Participation

Spouses represent a larger than average portion of paid claims under our health plan and we encourage them to take advantage of the many opportunities in our Wellness Program to improve their health and live a longer and improved quality of life.

The program consists of two requirements that must both be completed by you and your spouse to earn the employee discount on your premium (see page 7 for wellness discounts):

1. The City of South Bend will offer free on-site wellness screenings in January 2015. Employees and Spouses must participate in the wellness screening (or physical exam for Firefighters) and complete the online Health Risk Assessment Questionnaire in order to participate in the Wellness Program in 2015.
2. The Wellness Program will continue to require that employees earn 8 credits per quarter (every 3 months) to earn the discount on your health insurance premium for the following calendar quarter. Spouses must earn 2 points per quarter.

**New for 2015: Both the employee and the enrolled spouse must complete the biometric screening and Health Risk Assessment during the first quarter of 2015 to earn the wellness discount. Employees and spouses will no longer be able to split their qualifications for this with one earning the discount and one not. It's all or nothing. Points will be added up and rate changes will go into effect in July and January.**



# Dental & Vision Plan Descriptions

The same Vision plan is paired with each Dental plan option. The Dental & Vision plan options are designed to provide you with traditional coverage and the freedom to choose any dentist, while also offering choices for those who desire a lower-cost option.

Dental and Vision coverage are offered together as a package. For a list of providers go to the online directory at [www.cigna.com](http://www.cigna.com)

## ***Dental Option 1 – CIGNA DHMO Plan 1***

This plan allows you to receive care from a participating DHMO Network Dentist. Most preventive services are covered with no additional cost to you. All other services are covered subject to a fixed “Patient Charge” amount for which you are responsible. The Patient Charge varies based on the specific service. A schedule listing of covered procedures and the corresponding Patient Charge amount is available when you enroll.

**Very Important:** The DHMO Plan is only appropriate for those who wish to use one of the participating Cigna DHMO dentists. There are about six DHMO dentists in St. Joseph County. No benefits are paid if you do not use a DHMO dentist.

## ***Dental Option 2 – CIGNA PPO Plan 2***

This plan utilizes the CIGNA Dental PPO, which is broader and contains more dentists than the DHMO network mentioned above. About 30% of the dentists in St. Joseph County participate in the CIGNA Dental PPO Network. This plan pays at a lower level of benefits if you choose a non-network PPO dentist

If you use a non-network dentist, benefits are not only paid at a lower reimbursement level, but CIGNA also uses a “maximum allowable charge” that is based on the amount that the network dentists have agreed to. This means that, in addition to your deductible and coinsurance, you may also be responsible for charges from your dentist that exceed the maximum allowable charge.

## ***Dental Option 3 – CIGNA PPO Plan 3***

Unlike PPO Plan 2, the benefit reimbursement levels are the same regardless of whether you use a PPO dentist, or not. Additionally, the maximum allowable charge for non-network dentists is based on a traditional “Reasonable & Customary” allowance. If you use a non-network dentist it is less likely (but not impossible) that their charge will exceed the Reasonable & Customary allowance compared to the “maximum allowable charge” allowed by Plan 2.

PPO Plan 3 is best for those who choose to use a non-PPO dentist, and wish to avoid being billed for charges that exceed CIGNA’s maximum allowable charge. Of course, you are always responsible for charges applied to the deductible and your coinsurance out-of-pocket.



# Dental & Vision Benefits Overview

<i>Dental Plan Options</i>	DHMO Plan 1	PPO Plan 2		PPO Plan 3	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	None	\$50		\$50	
Annual Maximum Benefit	None	Year 1 - \$750 Year 2 - \$1000 Year 3 - \$1250 Year 4 - \$1250		\$1,000	
Preventive Services	Fixed Copay – See PCS	100%		100%	
Basic Services	Fixed Copay – See PCS	80%	50%	50%	
Major Services	Fixed Copay – See PCS	50%	25%	25%	
Orthodontia (Children To Age 19 only)	Not Covered	50%		50%	
Orthodontia Lifetime Maximum	Not Covered	\$1,500	\$1,000	\$1,000	
Network of Providers	Very Limited	Limited		Limited	
Dependent Child Age Limit	To Age 26	To Age 26 / 19 Orthodontia		To Age 26 / 19 Orthodontia	
Out of Network Benefits	None	100% / 50% / 25% based on “PPO Contracted” Allowable Amount  Non-Network dentists will likely bill you for charges that exceed the PPO contracted reimbursement rate		Same as In-Network  Non-network dentists are reimbursed based on the “Reasonable and Customary” allowable amount which is closer to the dentist’s actual billed charge.	

## *Vision*

The vision plan is offered through CIGNA. This plan offers one eye examination per year, new lenses or contact lenses each year, and frames every two years. There is a 20% savings program on non-covered items.

The vision plan also uses a “maximum allowable charge” that is based on the amount that network vision providers have agreed to. This means that, in addition to your deductible and coinsurance, you may also be responsible for charges from your providers that exceed the maximum allowable charge.

<i>Vision Plan</i>	In-Network Only	Out-of-Network
Examination Copay	\$10	N/A
Materials Copay	\$15	N/A
Exam	Covered in Full	\$45 allowance
Single Vision Lenses	Covered in Full	\$32 allowance
Bifocal Lenses	Covered in Full	\$55 allowance
Trifocal Lenses	Covered in Full	\$65 allowance
Lenticular Lenses	Covered in Full	\$85 allowance
Contact Lenses (retail allowance)		
Elective	\$140 allowance	\$115 allowance
Therapeutic	Covered in Full	\$210 allowance
Frame (retail allowance)	\$150 allowance	\$83 allowance

**If you have questions regarding your Cigna benefits, please call 800-CIGNA24 (800-244-6224)**

# Dental & Vision Plan Costs

*Your Bi-Monthly Payroll Deduction for Dental & Vision – Based on 24 Pay Periods Per Year*

	DHMO	PPO 2	PPO 3
	2015	2015	2015
Employee Only	\$5.23	\$9.27	\$12.57
Employee + 1 Dependent (Spouse or Child)	\$11.94	\$22.15	\$28.78
Employee + 2 or More Dependents (Spouse and Child or 2 or more Children)	\$23.18	\$35.84	\$45.94



# Life & Disability Insurance

## ***Basic Term Life and Accidental Death & Dismemberment Insurance (No Cash Value)***

The City of South Bend provides each eligible full-time active employee with term life and accidental death and dismemberment insurance at no cost to you. The amount of your life insurance benefit is equal to the amount of your annual base salary rounded up to the next highest \$1,000. For example, if your annual base salary is \$39,879, then your basic life insurance benefit is \$40,000. If you die as the result of an accidental injury, the plan pays double this amount.

## ***Optional Term Life Insurance (No Cash Value)***

You also have the opportunity to apply for optional Term Life Insurance at affordable group rates. You may select the amount you need up to \$200,000. You may also apply for coverage on your spouse and dependent children.

If you are not currently enrolled in this benefit, but wish to apply, you will be required to complete an Evidence of Insurability form and coverage is not guaranteed.

If you are currently enrolled in the Optional Life Insurance program, you may increase the amount of life insurance on yourself by \$25,000 with no medical questions, up to the maximum amount of \$200,000 (provided you are actively at work). Any increase in excess of \$25,000 will require Evidence of Insurability, and the additional amount over \$25,000 is not guaranteed.

You may also apply for additional coverage on your spouse and children, but you will need to complete an Evidence of Insurability form for any amount of additional coverage, and coverage is not guaranteed.

## ***Short Term Disability Insurance***

### ***For Teamsters & Non-Bargaining Employees***

The Short-Term Disability Plan, provided at no cost to you, is intended to help replace a portion of your lost income in the event you are unable to work due to a non-work related illness or injury.

- ▶ Benefits Begin – After you have been unable to work for 21 days. (You must use any sick, vacation and other paid time off during the first 21 days.)
- ▶ Weekly Benefit - \$250 per week for Teamster & Non – Bargaining employees, reduced by any pay you receive during the benefit period, including sick or vacation pay.
- ▶ Maximum Benefit Period – 20 weeks

Claims for Short-Term Disability benefits should be submitted through the Human Resources Department. Claims are reviewed by Symetra Insurance Company.

## ***Long Term Disability Insurance***

### ***For Teamsters & Non-Bargaining Employees***

Long Term Disability insurance pays you a portion of your earnings if you cannot work because of a long-term disabling illness or injury. The City of South Bend currently provides – at no cost to you – Long-Term Disability Insurance.

- ▶ Benefits Begin – After you have been disabled for 180-days
- ▶ Monthly Benefit – 60% of your regular monthly earnings to a maximum benefit of \$5,000 per month. Benefits are reduced by other income, including Social Security benefits.
- ▶ Maximum Benefit Period – To age 65, provided you remain disabled as defined in the policy.

Claims for Long-Term Disability benefits should be submitted through the Human Resources Department.

# Flexible Spending Accounts

## ***Healthcare Flexible Spending Account***

This account reimburses you for qualified health, dental, and vision care expenses not covered by insurance. You may set aside up to \$2,400 per year, through regular, pre-tax, payroll deductions.

**Note: New employees may enroll during their initial enrollment period.**

You may elect any amount between \$200 and \$2,400 to be withheld from your paycheck over 24 pay periods to participate in the Flexible Spending Account.

Your current Flex plan election will **not** carry over into 2015! You must re-enroll during open enrollment in order to participate in 2015.

Flexible Spending money can be used for eligible out-of-pocket medical, dental, and vision expenses.

Examples of eligible expenses for which your Flex Account money can be used:

- ▶ Expenses applied to your Medical and Dental plan deductibles
- ▶ Office Visit and Prescription Drug Copayments
- ▶ Over-the-counter medications with a written prescription from your doctor

***You must re-enroll each year during Open Enrollment to participate in Flex.***

## ***Dependent Care Reimbursement Account***

This account reimburses you for day care expenses for eligible children and adults. Through regular payroll deductions, you may set aside part of your income to pay for these expenses on a pre-tax basis. To qualify, your dependents must be:

- ▶ A child under the age of 13
- ▶ A child, spouse, or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include adult and child day care centers, preschool and before/after school care.

The annual maximum contribution is \$5,000 (\$2,500 if married and filing separately).

## ***How do I benefit by participating in Flex?***

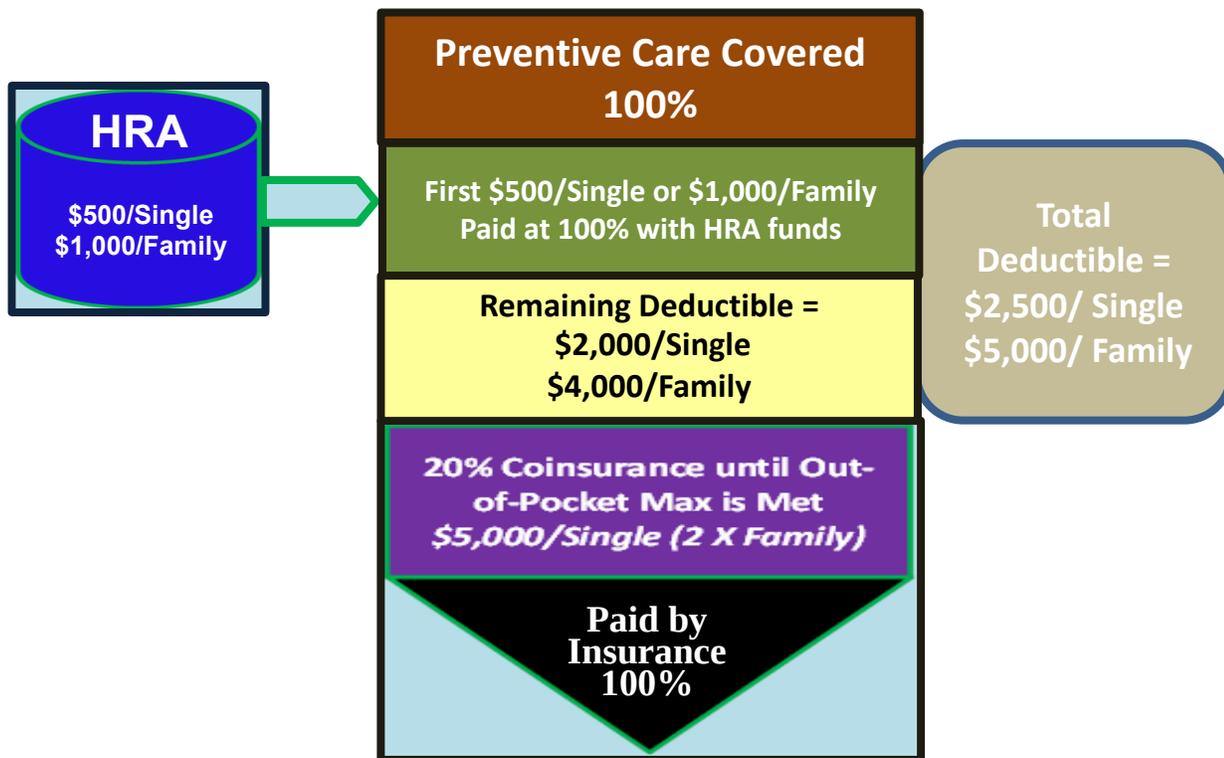
Your biggest advantage is the tax savings. Every dollar you set aside in your account reduces your income taxes, and you can be reimbursed for qualified expenses that you are already paying for!

What if I don't use all the money I set aside in my account?

Carefully review your estimated expenses before making the decision to participate in a Flexible Spending Account. **ANY CONTRIBUTIONS THAT ARE NOT USED DURING THE PLAN YEAR WILL BE LOST, AND WILL NOT BE PAID IN CASH. USE IT OR LOSE IT!**



# What is an HRA?



A Health Reimbursement Account (HRA) is coupled with a high deductible health insurance plan, allowing the premiums you pay to be lower compared to a traditional plan with a lower deductible.

The City of South Bend funds your HRA on January 1 with:

- ▶ **\$500 per year if you are enrolled with single coverage or,**
- ▶ **\$1,000 per year if you cover one or more dependents**

As claims are applied to the annual deductible, any available funds in your HRA are automatically used to pay providers.

Once your HRA funds are used up for the year, you are responsible for the remainder of the deductible.

Any unused funds in your HRA will carry forward to the next year and be added to next year's HRA funds, allowing you to build your HRA balance larger to help offset the deductible even more in future years.

## How Is the High Deductible Health Insurance Plan Different?

All eligible expenses are covered subject to the annual deductible and coinsurance. The plan has an out-of-pocket maximum to protect you against large expenses. The deductible and your 20% coinsurance share accumulate toward the out-of-pocket maximum. Once the out-of-pocket maximum has been met, eligible expenses are generally covered at 100% for the remainder of the year.

Eligible prescription drugs, office visits, lab tests, urgent care and emergency room visits, etc. are subject to the annual deductible and coinsurance, up to the out-of-pocket maximum.

If you cover one or more dependents, then the family deductible and out-of-pocket maximum will apply to you. The deductible and out-of-pocket maximum are aggregate amounts and can be met by any combination of one or more family members. Your HRA funds are also used on any family member. The single deductible and out-of-pocket amounts do not apply within the family.

# HRA Plan FAQ

## ***What is an HRA?***

HRA stands for Health Reimbursement Arrangement. An HRA is an employer-funded account that is designed to reimburse you for medical expenses that are applied to your annual deductible.

- ▶ If you have single coverage, the amount added to your HRA for 2015 will be \$500.
- ▶ If you have any level of dependent coverage (spouse only, child only or spouse & children), the amount added to your HRA for 2015 will be \$1,000.

## ***How does an HRA work?***

Your full HRA funds are all available on January 1st and will automatically be used to pay for the first \$500 or \$1,000 of medical and prescription drug expenses that are applied to your annual deductible, or until your HRA funds are exhausted.

Anthem will administer your HRA account and will automatically pay your health care providers from your HRA account. You do not need to file any separate claim forms.

Office visits and prescription drugs are generally covered just like any other medical expense, subject to the annual deductible and coinsurance. Your deductible is the amount you are required to pay each calendar year, before the insurance plan begins paying. Your HRA helps offset your deductible, thereby reducing your overall responsibility. Any qualified health care expenses you incur will count toward satisfying your deductible. At the same time, available HRA funds will be used to pay for those expenses.

*For example, your first claim for the year is a visit to your doctor for a throat culture. The doctor's office submits the claim to Anthem for \$125. After the PPO discount is applied, the bill is reduced to \$100. \$100 will be used from your HRA account to pay the doctor. This will leave you with an HRA balance of \$400 (\$500 - \$100 = \$400). \$100 was also applied toward your annual \$2,500 deductible, which means that your remaining deductible to satisfy for the year is \$2,400. Your out-of-pocket for this claim was \$0.*

## ***What happens if I don't spend all of my HRA money?***

At the end of the year, unused HRA funds are not lost, but are rolled over to the next year. Your HRA account grows each year that funds roll over, thereby helping to offset a larger portion of your deductible in future years. You may accumulate funds in your HRA account up to the amount of the insurance plan's annual deductible.

## ***Can I spend my HRA funds on dental or vision expenses?***

No, your HRA funds can only be used to pay for expenses that are covered by your medical insurance plan and applied to the annual deductible.

## ***What happens to my remaining HRA money if I leave the City of South Bend?***

Your unused HRA funds are forfeited when you leave employment, or drop the City of South Bend HRA Health Insurance Plan.



# Voluntary Coverage Through Unum

## Accident Insurance

Unum's supplemental accident insurance provides benefits for covered injuries<sup>1</sup> and specified accident-related expenses for an individual or family. Since health insurance only goes so far, this individual policy is designed to help cover the out-of-pocket expenses that can result from a sudden accident.

Available during open enrollment (11/15-11/30) to employees ages 17 – 80 who are actively at work.

Base plan covers a wide variety of injuries and accident related expenses such as hospitalization, physical therapy, hospital intensive care, transportation, lodging and more.

- ▶ Benefits are paid for accidents that occur on & off the job.
- ▶ Family coverage options are available.
- ▶ Coverage for the base plan benefit is guaranteed renewable for life as long as premiums are paid.
- ▶ Additional coverage options though the sickness hospital confinement rider; accident only disability income rider; accident/sickness disability income rider.
- ▶ Premiums are paid through convenient payroll deduction.
- ▶ No health questions or physical exams are required to apply for the base plan.
- ▶ The policy is individually owned so you can take you coverage with you if you leave your employer.

<sup>1</sup>Covered accident means an accident that occurs after the policy effective date; occurs while the policy is in force; is of a coverage type listed on the policy schedule; and is not excluded by name or specific description in this policy. Injury or injuries means accidental bodily injury that is the direct result of a covered accident. Injuries must be independent of sickness, disease, bodily infirmity and other causes. Carpal tunnel syndrome is considered to be a sickness.

<sup>2</sup>Being "actively at work" means that on the day you apply for coverage, you are working at one of your company's business locations, or you are working at a location where you are required to represent your company. If you are applying for coverage on a day that is not one of your scheduled workdays, then you will be considered actively at work if you meet this definition as of your last scheduled workday. You are not considered actively at work if your normal duties are limited or altered due to your health, or if you are on a leave of absence.

THIS IS A LIMITED POLICY.

The base plan is an accident-only policy.

Outlines of Coverage are required in CA, GA, ME, MT, NV, NH, OR, TX, WI and WV. Specific state forms are required in MN, OR, SC, and WI. State specific Schedule of Benefits applies in CO, FL, NH and WA.

This information is not intended to be a complete description of the insurance coverage available and some coverage options may not be available in all states. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form: L-21762 (FUL-21762 for NY) and contact your Unum representative.

Unum Group's insuring subsidiaries comply with all state civil union and same-sex domestic partner laws when applicable.

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Chattanooga, TN 37402  
unum.com

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CU-3254 (09/07)

## Interest-Sensitive Whole Life Insurance

Unum interest-sensitive whole life insurance is designed to provide death benefits to your beneficiaries if you pass away, but it also can build cash value that you can utilize while you are still alive. At an affordable premium, you can have the added financial protection you and your family may need during times of uncertainty.

- ▶ Unum interest-sensitive whole life insurance plan is voluntary, which means you can choose whether or not to purchase coverage, and buy only the amount that is right for your needs.
- ▶ In addition to providing death benefits, the policy can build cash value, which can be utilized during your working years.
- ▶ The policy's accumulated cash value may also be used to buy a smaller, "paid up" policy on which no further premiums are due.
- ▶ Available during open enrollment (11/15-11/30) employees ages 15 – 50 who are actively at work.
- ▶ No physical exams are required.
- ▶ Family coverage options available for spouse and children.
- ▶ Additional coverage options available (choose what is applicable to your case): long term care rider\*, waiver of premium rider, accidental death benefit rider.
- ▶ Premiums are paid through convenient payroll deduction.
- ▶ Individually owned coverage which means you can take your policy with you if you retire or leave the company.

\*Long term care rider is not available in CA, FL, HI, NH, NY, NC, OR, UT, VT and WA.

### THIS IS A LIMITED POLICY.

This information is not intended to be a complete description of the insurance coverage available and some coverage options may not be available in all states. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form: L-21585 and contact your Unum representative.

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# Voluntary Coverage Through Unum

## Cancer Insurance

Unum's Cancer Assistance insurance can help you cover the costs associated with cancer-related expenses, which may not be covered under your existing health plan.

Available during open enrollment period (11/15–11/30) for all active employees ages 15-69.

The benefits of this policy include:

- ▶ Pays benefits in addition to other health insurance plans.
- ▶ Covers a wide range of costs related to care, treatments and other expenses for diagnosed cancer.
- ▶ Coverage options are also available for your spouse and children.
- ▶ Waiver of Premium is automatically included in the policy.
- ▶ Offers an optional Specified Disease Rider, which adds coverage for other serious health conditions.
- ▶ A First Occurrence Benefit Rider is also available, which pays an additional lump sum benefit for first time internal diagnosis.
- ▶ Premiums are easily paid through the convenience of payroll deduction.
- ▶ Coverage is individually owned which means you can continue your coverage if you leave the company.

### THIS IS A LIMITED POLICY.

This information is not intended to be a complete description of the insurance coverage available and some coverage options may not be available in all states. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form: L-21585 and contact your Unum representative.

Unum Group's insuring subsidiaries comply with all state civil union and same-sex domestic partner laws when applicable.

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## Frequently Asked Questions

Is this the same coverage available to an individual not employed at my company?

- ▶ No. Unum's Cancer insurance is only available through the employer.

Am I required to apply for this coverage?

- ▶ No. Your cancer coverage is voluntary, and you decide if the coverage is right for you and your family's needs.

I can apply for coverage if I'm actively at work. What does that mean?

- ▶ As an eligible employee, you can apply for cancer insurance if you are "actively at work". This means that on the day you apply for coverage, you are working at one of your company's business locations, or at a location where you are required to represent your company. You are not considered actively at work if your duties are limited or altered due to your health, or if you are on a leave of absence.

Does this policy automatically replace any of my existing group insurance coverage?

- ▶ No. Your Cancer insurance is individually-owned supplemental coverage designed to complement and enhance your group coverage.

How do I pay the premiums?

- ▶ Your premiums are automatically paid through convenient payroll deduction directly through your employer.

When will my coverage begin?

- ▶ Your coverage becomes effective no earlier than the date the application is signed and no later than the date payroll deductions begin.

What happens to my policy if I leave the company?

- ▶ Your cancer coverage is an individual owned, which means you own your policy and can take it with you if you leave your company. Unum will bill you directly at home on a monthly, quarterly, semi-annual or annual basis at the same premium rate.

# Voluntary Coverage Through Unum

## **Voluntary Individual Short Term Disability Income Protection Insurance**

**Available during Open Enrollment (11/15–11/30)** for actively at work employees ages 17-69. If you were out of work due to sickness or accident, would you be able to cover the costs of daily living – not to mention the expenses associated with a disability? Unum's voluntary individual STD insurance can help replace a portion of your salary in the event of a covered sickness or accident.

- ▶ Your Choice of Coverage Amounts – You can select a benefit amount ranging from \$400 to \$5,000 per month in \$100 increments, not to exceed 60% of basic monthly earnings.
- ▶ Your Choice of Elimination Periods – 14 days or 30 days. This will enable you to tailor the plan to your own needs and current accrued benefit time.
- ▶ Benefit Period – Maximum of 6 months.
- ▶ Pregnancy – Nine months after coverage becomes effective, pregnancy is considered as any other covered sickness. Disability due to medical complications as a result of pregnancy and/or giving birth may be subject to the pre-existing condition limitation.
- ▶ Pre-existing provision – Benefits for a disability due to a pre-existing condition will not be paid if that disability begins within 12 months of your coverage effective date. A pre-existing condition is defined in your policy as a condition for which symptoms existed that would cause you to seek treatment from a physician or for which you were treated, received medical advice from a physician or took medicine, within 12 months before your coverage effective date.

### **Exclusions**

We will not pay benefits for losses that are caused by or occur as the result of:

- ▶ War or act of war, whether declared or undeclared
- ▶ Riding in or driving any motor-driven vehicle in a race, stunt show or speed test
- ▶ Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- ▶ Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting or any similar activities.
- ▶ Participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution.

- ▶ Committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
- ▶ Addiction to alcohol or drugs, except for drugs taken as prescribed by your Physician;
- ▶ Having a Pre-Existing Condition as described and limited in this policy ;
- ▶ Practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- ▶ Having a psychiatric or psychological condition including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under this policy;
- ▶ Having a work related injury, unless an On-Job Total Disability benefit is shown on the Policy schedule;
- ▶ Giving birth within the first nine months after the Coverage Effective Date as the result of a normal pregnancy, including Cesarean. Complications of a pregnancy will be covered to the same extent as any other Covered Sickness.

### **Terminations**

- ▶ The policy will terminate on the earliest on the following:
- ▶ Written request by the insured to terminate the policy;
- ▶ Failure to pay the premiums for the policy, subject to the grace period allowed;
- ▶ The policy anniversary on or following the insured's 72<sup>nd</sup> birthday; or
- ▶ Death of the insured.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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# Enrollment Is As Easy As 1-2-3-4-5

# 1

Read  
this  
guide

# 2

Make  
your  
Benefit  
Decisions  
for 2015

# 3

Gather social  
security  
numbers &  
birthdates for  
you and your  
dependents

# 4

Go to  
[www.assethealthportal.com/csb](http://www.assethealthportal.com/csb)  
and log in

# 5

Make  
your  
Benefit  
Selections

**Everyone must log into the online system to verify your current benefit options or to make changes for 2015.**

## Open Enrollment Is From November 15 – November 30

### Decisions you will need to make:

Choose the benefits, plans and coverage levels that you need:

- ▶ Health Insurance
- ▶ Dental & Vision Insurance
- ▶ Life & Disability Insurance
- ▶ Wellness Program
- ▶ Flexible Spending Accounts
- ▶ Other Supplemental Benefits



# Enrollment Steps

<b>Go to</b>	<a href="http://www.assethealthportal.com/csb">www.assethealthportal.com/csb</a>
<b>Log in</b>	Username: First Initial + Last Name (John Doe = jdoe) Password: Current Healthy City/Asset Health password/New users use date of Birth (mmddyyyy)
<b>BenXpress</b>	Click on the BenXpress link in the upper left hand corner of the screen.
<b>Verify</b>	Review and verify your personal information. Contact HR if any of the information is incorrect.
<b>Add Dependents</b>	Click on “Add New Dependents” and enter them. NOTE: You must add a spouse and/or dependents on this screen even if you are not covering them under your benefits.
<b>Enroll</b>	Review the information. Click ‘Next’ arrow to review your benefits. Select who you wish to cover under your medical plan in Section 1. Select the coverage tier that matches dependents to be covered in Section 2. Click on ‘Next’ arrow and repeat steps for each benefit offering.
<b>Review</b>	Your 2015 benefit selections.
<b>Confirmation</b>	Print your confirmation statement and any other outstanding documents listed on this page.



# Benefit Contact Information

## HEALTH / Anthem BlueCross

[www.anthem.com](http://www.anthem.com)

Customer Service 800.295.4119

Precertification 877.814.4803

## DENTAL & VISION / Cigna

[www.cigna.com](http://www.cigna.com)

Customer Service 800-CIGNA24 (800-244-6224)

## UNUM

Whole Life/Short Term Disability/Cancer/Accident

[www.unumprovident.com](http://www.unumprovident.com)

Customer Service 800.635.5597

## TERM LIFE, SHORT-TERM DISABILITY & LONG-TERM DISABILITY / Symetra

[www.symetra.com](http://www.symetra.com)

Customer Service 800.796.3872

## F S A / Health Care

Account / NAA 800.411.3650, ext. 191

## F S A / Dependent Care

Account / NAA 800.411.3650, ext. 191

## New Avenues - EMPLOYEE ASSISTANCE

[www.newavenuesonline.com](http://www.newavenuesonline.com)

Customer Service 800.731.6501

Asset Health Online Portal 855.444.1255

[www.assethealthportal.com/csb](http://www.assethealthportal.com/csb)



This booklet is intended to provide an overview only and does not include all benefits and limitations of each plan. It is an overview only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage.

In the event of any difference between this and the insurance policy, the terms of the insurance policy would apply.

The employer reserves the right to change these benefits at any time.





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