



# 2016

## Employee Benefits Guide

- ❖ Health Insurance
- ❖ Dental/Vision Insurance
- ❖ Life & Disability Insurance
- ❖ Flexible Spending Accounts
- ❖ Other Supplemental Benefits
- ❖ COSB Health & Wellness Center  
(Employee Clinic)



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

1. Read this guide
2. Make your benefit decisions for 2016
3. Go to [www.benxpress.com/cosb](http://www.benxpress.com/cosb) and log in.
  - User Name = first name initial and last name (Ex: jsmith)
  - Password = Last 4 digits of social security number
4. Make your benefit selections, save your selections and print off confirmation statement.

# BENEFITS GUIDE 2016

This benefits guide is made available to all employees eligible for benefits through the City of South Bend. It provides plan information for our health, dental, vision, disability and life insurance plans, as well as flexible spending accounts, short and long-term disability, and our wellness program, which offers a financial incentive on insurance premiums for those employees voluntarily participating.

Please retain this book as you may need to refer to it occasionally. Should you have any questions, please feel free to contact the Human Resources Department at:

**Human Resources Department**  
227 W. Jefferson Blvd. 12<sup>th</sup> Floor County/City Building  
574-235-9217 [humanresources@southbendin.gov](mailto:humanresources@southbendin.gov)

## **Current Employees**

Open enrollment is November 16 - December 6, 2015. Everyone must log into [www.benxpress.com/cosb](http://www.benxpress.com/cosb) to elect new or confirm existing benefits. Your user name is the first initial of your first name and your last name. Ex: Joe Smith would be jsmith. Password is the last 4 digits of your social security number. Anyone enrolled in the 2015 Flex Spending Plans **MUST** re-enroll to remain in the plan for 2016. We also ask that you review and update your current beneficiary listed in the portal. All benefit elections will take effect January 1, 2016.

## **New Employees**

You will have 30 days from date of hire to select your coverage and enroll in benefits. Benefits will take effect on day 31 of employment. Payroll deductions cannot occur until you make your elections. As a result, you may see double deductions for a brief period to ensure your cost for insurance has been fully paid. Failure to enroll in timely manner may result in no benefits until the next open enrollment period.

## **Mid-Year Changes**

Changes to your insurance coverage outside the open enrollment period can only be processed if there is a qualifying change of status. 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. This is also referred to as a mid-year change. Mid-year changes must be processed within 30 calendar days. Certain types of changes can be completed via the online portal while others require a paper form be completed. For any mid-year changes, please contact your Payroll Clerk, Fiscal Officer or the HR Department.

## **Coverage Termination**

Health and dental/vision coverage ends on the last day of the month in which employment terminates. Life insurance will end on your last day of employment. Coverage for dependent children ends on the last day of the month in which they turn 26. You are responsible for notifying the HR Department when your dependent child is no longer eligible for coverage.

# PPO Plan FAQs

## **What is a PPO?**

PPO stands for “Preferred Provider Organization” and the health care providers that participate in the PPO have agreed to accept a discounted fee for their services.

## **How does a PPO work?**

The medical provider has agreed to submit their claims directly to your health insurance administrator, Anthem Blue Cross. Anthem Blue Cross then processes the claim and applies the agreed upon discount. The discounted fee is referred to as the “eligible charge.” The eligible charge is then processed by Anthem in accordance with your plan’s rules and the deductible, coinsurance, or copayments are applied.

In most circumstances, the medical provider is generally required to “write-off” the amount of the discount, and thus neither you, nor your insurance plan, are required to pay this portion of the original charge.

## **What is a Deductible?**

The amount you owe before your health insurance begins to pay. The deductible accumulates over a one-year period and resets to \$0 each January 1.

## **What is Coinsurance?**

A percentage (for example 20%) of the eligible charge for which you are responsible after the annual plan deductible has been met. Your insurance plan pays the balance of the charge. For example, if your coinsurance share is 20%, the insurance plan pays 80%.

## **What is a Copayment or “Copay”?**

A flat dollar amount that you pay each time you receive certain types of medical services. Copays typically apply to office visits and prescription drugs. For example, if your copay is \$30, you simply pay \$30 for each office visit and the insurance plan pays the rest of the eligible charge. Typically, when a copayment applies, the deductible and coinsurance do not apply. Emergency room visits are an exception to this rule, and a copay may apply in addition to the deductible and/or coinsurance.

## **Are all charges from my doctor visit paid in full after I pay the copayment?**

Not always. If your doctor performs any tests or procedures during your office visit, he/she will probably charge additional amounts for those services. Usually, those additional charges will be covered subject to the plan deductible and coinsurance. The copayment only takes care of the office visit charge.

### **What is the Out-of-Pocket Maximum?**

This is the most you pay during the year before your insurance plan begins to pay 100%. The deductible, your coinsurance share, and office visit copays all apply to the out-of-pocket maximum.

### **Do Copays apply to the Deductible or Out-of-Pocket maximum?**

Copays do not apply to the deductible, but office visit copays do apply to the out-of-pocket maximum. .

### **What is Preventive Care?**

Preventive care is generally your annual routine physical and certain preventive tests, such as routine mammograms and pap tests. Your doctor must use a “preventive” code on the bill in order for it to be paid at the “preventive” level of benefits by your insurance administrator.

### **Why is there a higher copayment for specialists?**

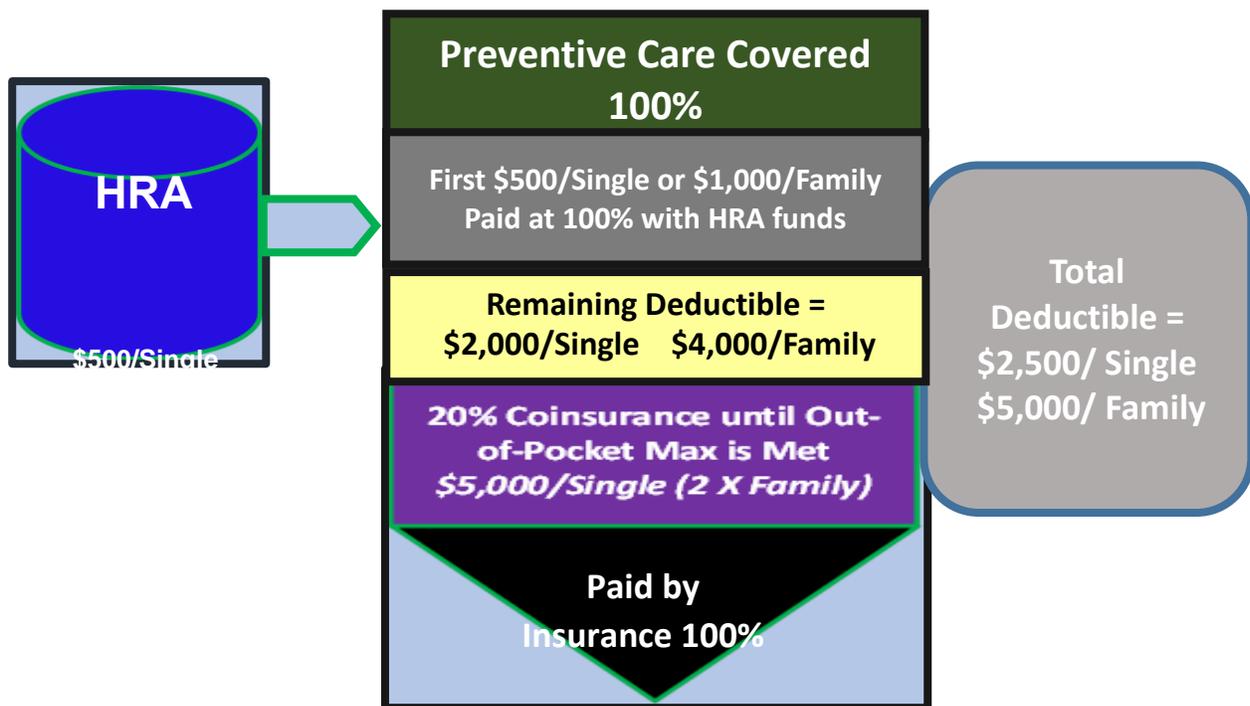
Specialists typically charge a substantially more than a primary care doctor, and the copay reflects this.

### **What happens if I use a Non-PPO medical provider?**

Doctors, hospitals, and other medical providers that are not in the PPO network are free to charge any amount they wish for their services. They have not agreed to accept a discount, or any other maximum limit, on their charges. However, your insurance plan will only reimburse a “reasonable and customary” amount for covered services. If the charge is more than the “reasonable and customary” amount, you are responsible to pay the difference. The “reasonable and customary” amount is based on the amount typically charged by other providers in that general geographic area for the same service. The insurance administrator determines the reasonable and customary amount. Additionally, your deductible and out-of-pocket maximum is typically higher if you choose to use a non-PPO provider. Charges in excess of the “reasonable and customary” allowance do not apply to the deductible or out-of-pocket maximum.



# What is an HRA?



A Health Reimbursement Account (HRA) is an employer-funded account that is designed to reimburse you for medical expenses that are applied to your annual deductibles. A 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 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 FAQs

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

Your full HRA funds are all available on January 1<sup>st</sup> 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 for 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 to 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.

# 2016 Health Plans Overview

**This is a brief overview of in-network benefits only.** Please contact Anthem 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
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
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	\$75 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

# 2016 Health Plan Costs

## The Annual Cost of Health Insurance Benefits in 2016

PPO Plan	Total Annual Cost	Amount Paid by Employee	Amount Paid by Employee (With Wellness Incentives)
Employee Only	\$ 6,338.38	\$ 1,702.32	\$ 724.80
Employee & Spouse Only	\$ 16,639.54	\$ 4,495.20	\$ 2,351.28
Employee & Child(ren) Only	\$ 12,497.91	\$ 2,455.20	\$ 1,450.32
Employee, Spouse & Child(ren)	\$ 18,299.88	\$ 4,675.44	\$ 2,596.32

HRA Plan	Total Annual Cost	Amount Paid by Employee	Amount Paid by Employee (With Wellness Incentives)
Employee Only	\$ 5,783.78	\$ 1,257.84	\$ 480.24
Employee & Spouse Only	\$ 14,975.64	\$ 3,024.00	\$ 1,468.80
Employee & Child(ren) Only	\$ 11,459.19	\$ 1,766.40	\$ 988.80
Employee, Spouse & Child(ren)	\$ 16,385.27	\$ 3,191.28	\$ 1,636.08

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

PPO Plan	Employee Cost	Employee Cost with Wellness Incentives	HRA Plan	Employee Cost	Employee Cost with Wellness Incentives
Employee Only	\$ 70.93	\$ 30.20	Employee Only	\$ 52.41	\$ 20.01
EE & Spouse Only	\$ 187.30	\$ 97.97	EE & Spouse Only	\$ 126.00	\$ 61.20
Employee & Child(ren) Only	\$ 102.30	\$ 60.43	Employee & Child(ren) Only	\$ 73.60	\$ 41.20
Employee & Family	\$ 194.81	\$ 108.18	EE & Family	\$ 132.97	\$ 68.17
EE & Spouse Surcharge*	\$ 217.30	\$ 127.97	EE & Spouse Surcharge*	\$ 156.00	\$ 91.20
Employee & Family Surcharge*	\$ 224.81	\$ 138.18	Employee & Family Surcharge*	\$ 162.97	\$ 98.17

\* 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 in this booklet. 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.

# Health Insurance Plan Information

## *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 Website*

Anthem offers innovative tools on their website [www.anthem.com](http://www.anthem.com) to help you get the most out of your medical plan and manage your heal plan. Anthem also offers a mobile app that can be downloaded on your smart phone. Both the website and mobile app allow you to:

- Order an ID card
- Find a doctor
- Compare costs at medical facilities
- Research illness and treatments
- Check you claims and benefits

**Anthem Customer Service: 800-295-4419**



# Wellness Program 2016

The 2016 Wellness Program will include following components to receive \$ incentives in 2016 and 2017:

- Attend Clinic Informational Meeting in 2015/2016 (mandatory for eligible employees and spouses)
- Annual Physical
- Health Risk Assessment/Biometric Screening
- Additional Activities

Must complete Four (4) Activities Prior To September 30, 2016 (spouse must also participate).

Examples include:

- Attend Clinic Open House
  - Attend a Lunch & Learn (Attending 2 Lunch & Learns will count as 2 activities)
  - Lose 5 pounds (Each loss of 5 lbs will count as an activity)
  - Participate in a Health Challenge (walking challenge, nutrition challenge, community run/walk, etc)
  - Demonstrate proof of exercise program participation (3x weekly for 4 weeks = 1 activity)
  - Complete tobacco cessation and remain tobacco free (will count as completing all 4 activities)
  - Other activities can be approved through the HR Department
- 
- ▶ 2016 is a transition year – watch for further information on tracking your activities
  - ▶ Additional information will be forthcoming via email and department postings
  - ▶ Current web portal offered through Asset health will be discontinued in January

If you are participating in an activity that is not listed, please contact the HR Department at 574-235-9217 or [humanresources@southbendin.gov](mailto:humanresources@southbendin.gov) to see if activity qualifies. Caitlyn Chase or Tierra Davis will respond.

Please note: Employee incentives for participating in the program are available to all eligible employees. If you think you will be unable to meet a standard for the \$ incentives under this program, you might qualify for an opportunity to earn the same \$ incentive by a different means. Please contact 574-235-9217 or [humanresources@southbendin.gov](mailto:humanresources@southbendin.gov) and we will work with you to find an alternative program that is right for you.

# Dental & Vision Plan Information

## ***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

## ***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 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 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.

<b><i>Dental Plan Options</i></b>	<b>DHMO Plan 1</b>	<b>PPO Plan 2</b>		<b>PPO Plan 3</b>	
	<b>In-Network Only</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>	None	\$50		\$50	
<b>Annual Maximum Benefit</b>	None	Year 1 - \$750 Year 3 - \$1250	Year 2 - \$1000 Year 4 - \$1250	\$1,000	
<b>Preventive Services</b>	Fixed Copay – See PCS	100%		100%	
<b>Basic Services</b>	Fixed Copay – See PCS	80%	50%	50%	
<b>Major Services</b>	Fixed Copay – See PCS	50%	25%	25%	
<b>Orthodontia (Children To Age 19 only)</b>	Not Covered	50%		50%	
<b>Orthodontia Lifetime Maximum</b>	Not Covered	\$1,500	\$1,000	\$1,000	
<b>Network of Providers</b>	Very Limited	Limited		Limited	
<b>Dependent Child Age Limit</b>	To Age 26	To Age 26		To Age 26	
<b>Out of Network Benefits</b>	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.	

# Dental & Vision Plan Information/Costs

The same vision plan is paired with each dental plan option. The Dental & Vision plan options are designed to provide you with tradition coverage and 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).**

## 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>	<b>In-Network Only</b>	<b>Out-of-Network</b>
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

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

	<b>DHMO</b>	<b>PPO 2</b>	<b>PPO 3</b>
	<b>2016</b>	<b>2016</b>	<b>2016</b>
<b>Employee Only</b>	<b>\$5.49</b>	<b>\$9.73</b>	<b>\$13.20</b>
<b>Employee + 1 Dependent (Spouse or Child)</b>	<b>\$12.54</b>	<b>\$23.26</b>	<b>\$30.22</b>
<b>Employee + 2 or More Dependents (Spouse and Child or 2 or more Children)</b>	<b>\$24.34</b>	<b>\$37.63</b>	<b>\$48.24</b>

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

# 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 \$2,550 per year, through regular, pre-tax, payroll deductions.

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

You may elect any annual amount between \$200 and \$2,550 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 2016! You must re-enroll during open enrollment in order to participate in 2016.

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!**

## Mid-Year Changes

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. This is also referred to as a mid-year change. For mid-year changes, you must complete our general enrollment form within 30 days of the qualifying event and submit it to the HR Department. Forms can be obtained from the HR Department or by visiting the website at [www.southbendin.gov](http://www.southbendin.gov).

# Health & Wellness Center

Welcome to the City of South Bend's Health and Wellness Center, offered through Activate Healthcare. As an employee currently enrolled in our health insurance program, you and all covered dependents over the age of three are eligible to take advantage of the full range of services the Clinic has to offer, such as:

- ✦ An array of high-quality primary care services for you and your family
- ✦ A professional medical team focused on your health and wellness needs
- ✦ Complimentary one-on-one health coaching and follow up based on your health goals
- ✦ A supportive, healthy environment for you and your family
- ✦ Free, unlimited access to your primary health care team
- ✦ Incentive dollars, in the form of reduced insurance premiums for completing physicals and meeting health goals
- ✦ Complete no-cost annual physicals
- ✦ Convenient clinic location and hours
- ✦ Unlimited urgent care visits (same day appointments)
- ✦ Access to common medications at no charge
- ✦ Informed medical referrals to help you save health care costs
- ✦ A relaxed and personalized atmosphere without all the rush



# 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 provides this coverage at no cost to you.

- ▶ 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.

# Voluntary Coverage Through Unum

## Accident Insurance

Unum's supplemental accident injuries provides benefits for covered injuries 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 out-of-pocket expenses that can result from a sudden accident

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 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 through 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.

## 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.

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.
- ▶ No physical exams are required.
- ▶ Family coverage options available for spouse and children.
- ▶ 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.

## 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.

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.

# Voluntary Coverage Through Unum

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

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.

**For questions regarding UNUM plan details or to enroll, please contact the  
HR Department at 574-235-9217**

# PERF, COBRA, Retirement, Termination

## Public Employee's Retirement Fund (PERF)

The City of South Bend participates in the State of Indiana's retirement program known as the Public Employee's Retirement Fund "PERF" which covers most municipal employees.

PERF is available to all full time employees except those who are part of an emergency service.

All full time employees are required to participate upon employment. The employee's share is three per cent (3%) of his or her gross pay. This amount is deducted each payroll period. If you would like to make additional contributions please contact Human Resources.

If you have any name/address changes, or questions please contact PERF Customer Service directly at 888-526-1687.

## COBRA

Approximately two weeks after you leave the City, you will receive a letter from our COBRA 3<sup>rd</sup> Party Administrator regarding your COBRA options and rates.

Please feel free to contact the Human Resources Department in advance for COBRA rates.

## Retirement

Please let Human Resources know at least 2 weeks prior to your retirement. Insurance coverage ends the last day of the month in which you retire.

For any questions regarding your retirement fund, contact PERF Customer Service directly at 888-526-1687.

## Nationwide 457 Deferred Comp Program

Offers our employees the option of a 457 Deferred Compensation Program. Employees may elect to contribute pre-tax dollars towards their retirement. A deferred comp program can help you bridge the gap between what you have and what you need in retirement. Contact Nationwide directly or visit the HR Department for program information, enrollment or deduction change forms.

## Coverage Termination for Self or Dependents

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.

# Benefit Enrollment 2016

**Open Enrollment is from November 16 - December 6, 2015**

Everyone must log onto [www.benxpress.com/cosb](http://www.benxpress.com/cosb) to verify your current benefit options, make changes, or waive coverage for 2016.

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

- ❖ Health Insurance
- ❖ Dental/Vision Insurance
- ❖ Life & Disability Insurance
- ❖ Flexible Spending Accounts
- ❖ Other Supplemental Benefits
- ❖ Update Beneficiary Designations

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

1. Read this guide
2. Make your benefit decisions for 2016
3. Go to [www.benxpress.com/cosb](http://www.benxpress.com/cosb) and log in.
4. Follow the instructions, make your benefit selections, save those selections and print off confirmation statement.

**\*\*No enrollments or changes will be allowed after 11:59 PM on December 6, 2015 unless you have a qualifying event.**

# Benefit Contact Information

## **Health Insurance/Anthem Blue Cross**

[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-CIGNA (800.244.6224)

## **Voluntary Coverage/Unum**

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

Customer Service: 800.635.5597

## **Life & Disability Insurance/ Symetra**

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

Customer Service: 800.796.3872

## **FSA Health & Dependent Care Account**

North American Administrators

800.411.3650 ext. 191

## **Ben Xpress**

[www.benxpress.com/cosb](http://www.benxpress.com/cosb)

Customer Service: 855.444.1255

## **Human Resources Department**

[www.southbendin.gov](http://www.southbendin.gov)

[humanresources@southbendin.gov](mailto:humanresources@southbendin.gov)

574.235.9217

Fax: 235.9928

## **PERF**

Customer Service: 888.526.1687

## **Employee Assistance/New Avenues**

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

800.731.6501

## **Nationwide**

317-446-9128 (Josh Ward)

Internal Support: 888-401-5272

[nrsforu@nationwide.com](mailto:nrsforu@nationwide.com)

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 aid 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 differences between this and the insurance policy, the terms of the insurance policy would apply.

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