RETIREE BENEFITS GUIDE

2021-2022

FORT WORTH®

2021-2022 City of Fort Worth

RETIREE HEALTH & BENEFITS AND WELLNESS GUIDE

Welcome to the City of Fort Worth's 2021-2022 Retiree Health & Benefits and Wellness Guide.

The City of Fort Worth continues to be dedicated to its retiree's well-being by providing competitive health benefits and a comprehensive wellness program.

In this guide, you will find It's Well Worth It to learn about the City's exclusive health centers, all the benefit options offered to retirees and the wellness program that assists retirees in maintaining a healthy lifestyle.

Please use this guide to understand the benefits offered to the City of Fort Worth retirees and their eligible dependents to assist them in making choices that make the most sense and provide the most value for you and your family.

Inside, you will find the information you need regarding eligibility, retiree programs and coverage specifics to help you and your family make smart decisions about your health care coverage. However, remember the official plan and insurance documents will govern your rights and benefits under each plan.

For more details about your benefits, including covered expenses, exclusions and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The City of Fort Worth reserves the right to make changes at any time to the benefits, costs and other provisions relative to benefits.

TABLE OF **CONTENTS**

If you have any questions, please feel free to stop by the Human Resources Department, Benefits Division at City Hall. You can also visit www.fortworthtexas.gov/departments/hr/retirees or call us at 817-392-7782.

IMPORTANT **PROVIDER CONTACTS**

Available on App

TYPE	RESOURCES	PHONE NUMBER	WEBSITE/EMAIL
Basic and Supplemental Life & AD&D	Securian Financial	1-866-365-2374	www.lifebenefits.com
Benefits Billing	Empyrean (Billing Services)	833-874-1600	www.cobraandbillingservices.com
City of Fort Worth Employee Health Centers (limited to Pre-65 retirees)	Texas Health Physicians Group®	800-574-0606	www.fortworthemployeehealthcenter.com
457 Deferred Compensation	TIAA	888-583-0291	www.tiaa.org/fortworth
Dental	Delta Dental	DPPO, 800-521-2651 DHMO, 800-422-4234	www.deltadentalins.com
Diabetes Support (limited to Pre-65 retirees)	Virta Health		www.virtahealth.com/cofw support@virtahealth.com
Discount Program/ Voluntary Benefits	BenePlace	800-683-2886	www.beneplace.com/cofw
FSA & HSA	WageWorks/ HealthEquity	877-924-3967	www.wageworks.com/employees
Human Resources	Benefits Office Wellness Office	817-392-7782 817-392-8556	www.fortworthtexas.gov/benefits benefits@fortworthtexas.gov
Musculoskeletal Care (limited to Pre-65 retirees)	Airrosti	800-404-6050	www.airrosti.com
Online Enrollment Portal	Empyrean		www.cfwbenefits.com
Pension	Fort Worth Retirement Office	817-632-8900	www.fwretirement.org
Personalized Health & Benefits Support (limited to Pre-65 retirees)	Accolade	833-909-2353	member.accolade.com
Prescriptions (limited to Pre-65 retirees)	Optum RX	800-807-5996	www.optumrx.com
Surgery Options (limited to Pre-65 retirees)	SurgeryPlus	855-200-9508	cfw.surgeryplus.com
Medical Plans (limited to Pre-65 retirees)	Meritain Health, An Aetna Company	833-909-2353	www.meritain.com
Aetna Medicare Advantage Plan (limited to Post-65 retirees)	Aetna Company	833-267-2637	www.aetnanavigator.com
Virtual Visits (limited to Pre-65 employees)	Teladoc	800-835-2362	www.teladoc.com
Vision	EyeMed	866-804-0982	www.eyemed.com
Wellness Vendor (limited to Pre-65 retirees)	Virgin Pulse	888-671-9395	www.join.virginpulse.com/cfw

CITY OF FORT WORTH

HUMAN RESOURCES CONTACT INFORMATION

Address: 200 Texas St., Fort Worth, TX 76102 | Hours of Operation: 9 a.m.-5 p.m., Monday-Friday
Human Resources General Email: HRWebmailQuestions@fortworthtexas.gov

HUMAN RESOURCES DIVISION	INFORMATION
City of Fort Worth Benefits Office	**Phone:** 817-392-7782 **Email:** benefits@fortworthtexas.gov **Fax:** 817-392-2624
Fort Worth Employees' Retirement Fund	**Website:** www.fwretirement.org **The Retirement Office is located at:** 3801 Hulen St., Ste. 101, Fort Worth, TX 76107 **Phone/Fax/Text:** 817-632-8900 **Toll-Free:** 1-800-741-9914 ask@fwretirement.org **Hours of Operation** Monday - Friday 7:30 a.m. - 4:30 p.m.
Human Resources Wellness	**Phone:** 817-392-8556

EMPLOYEE **BENEFITS**

ABOUT YOUR **ELIGIBILITY**

To be eligible for health insurance as a retiree of the City of Fort Worth, you must be receiving a pension check at the time of retirement and choose health insurance at the time of retirement.

The last opportunity to pick up health insurance as a retiree is at the time of retirement. There is a 60-day enrollment period. If you choose the City of Fort Worth health coverage, you are eligible to continue as a member to the end of life. It is also the last opportunity to add eligible dependents to the retiree health insurance. Children are eligible up to their 26th birthday. Spouses may continue coverage to the end of their life, even if the retiree passes away first.

As a retiree, if at any time you choose to drop out of the City's health coverage, it is a permanent choice. You are not eligible to rejoin at any time in the future. The same guideline applies to your dependent children and/or spouse in relation to the health coverage.

Please be sure to make your choices during the 60-day enrollment period in order to have retiree health insurance through the City of Fort Worth. Once that time frame is closed, your option for health insurance through the City of Fort Worth is no longer available.

DEFERRAL

As a retiree of the City of Fort Worth, if you are receiving a pension check from the City of Fort Worth and you are also an active employee for another company that provides health insurance, you are required to participate in your active employer's health coverage. When the job and health coverage ends, there is a 30-day window period to provide documentation to the City of Fort Worth Benefits Office in order to have health insurance with the City of Fort Worth again. This same parameter applies to your dependents.

COVERAGE EFFECTIVE DATES

Medical, Dental and Vision:
First of the month after 30 days of retirement

Note: Active employee benefits continue until the retiree benefits begin.

DEPENDENT **CERTIFICATION**

In order to add dependents not currently covered to retiree coverage, proof documentation needs to be provided at the time of retirement when electing retiree coverage.

DEPENDENT TYPE	ACCEPTABLE FORMS OF PROOF DOCUMENTATION
Spouse	• Marriage license • Declaration and Registration of Informal Marriage This is available through the County Clerk's Office in the county where you live.
Dependent Child(ren)	Birth certificate listing employee or spouse as parent. For stepchildren when not covering the spouse, a marriage certificate will be requested. **If applicable:** • Adoption agreement • Legal guardianship documents • Divorce-decree documents identifying the dependent child; or • Qualified Medical Support Court Order For disabled dependent child(ren) age 26 or over whose disability began prior to age 26: • A completed dependent eligibility questionnaire verifying an ongoing total disability • Written documentation from a physician verifying an ongoing disability may be required.

QUALIFYING EVENTS

The qualifying events for retirees are:

QUALIFYING EVENTS	DEADLINE TO ENROLL OR DISENROLL (W/IN)	CHANGE DATE
Deferral	30 days following the event	The first of the month of other coverage
Returning From Deferral	30 days following the event	The first of the month losing other coverage
Divorce	30 days following the event	End of the month in which the divorce occurs
Death	30 days following the event	Date of death

CHOOSING **RETIREE BENEFITS**

There are **three parts to complete for retiree outprocessing**. Contact the Retirement Office at 817-632-8900 about retirement pension benefits. Contact the Benefits Office at 817-392-7782 to learn about retiree outprocessing for health, dental, vision and other benefits. Contact your department where you work regarding their exit process. You need to give at least a two-week notice when leaving employment.

Choosing Retiree Benefits. The Empyrean portal is available to choose your retiree benefits online at www.cfwbenefits.com. The option to choose your retiree benefits through the portal is available the 3rd or 4th week of your first month of retirement. You must register and create your user ID and password the first time you access the portal. Once into the portal, click on the Retirement link and follow the prompts.

A paper application is needed if the following situations apply and must be turned in before your last day of work:

- If you or your spouse are 65 or older and are going to be participating in the Medicare Advantage Plan, or
- If you are deferring coverage for yourself or a family member, or
- If you are choosing to waive out of the City of Fort Worth retiree benefits on a permanent basis.

Invoices: If you chose health, dental or vision coverage and have a premium, invoices will be sent for the first three months of coverage. Your active employee coverage and active rates will continue for one month after your retirement date. The following month will be retiree coverage and rates. Pay these when they are received. Be sure to include the coupon you receive with the invoice when you pay your premium. Review your pension check earnings statements. If the deductions are not coming out by the third month, please call the Benefits Office at 817-392-7782.

Term Check: Your term check will be processed after your final two-week paycheck. The term check (vacation, sick leave and other payable benefit accruals) will be sent direct deposit to your bank account the week after your final pay check. Taxes are withheld at 22%.

MEDICAL PLANS MERITAIN HEALTH, AN AETNA COMPANY

PRE 65 HEALTH PLANS

CHOOSING A MEDICAL OPTION

When it comes to medical coverage, the City offers these choices:

- **Health Center Plan (HCP)**
- **Consumer Choice Plan (CCP)**

Health Center Plan (FREE Primary Care Services in Health Centers)

The Health Center Plan offers unlimited primary care services for employees in multiple health centers in the Fort Worth area.

Employees can expect to receive an appointment on the same or next business day for sick visits from the three dedicated Health Centers and five satellite sites. Specialists are available at a $75 copay for in-network providers. Any medical care received from out-of-network providers is not covered.

Primary Care visit outside of the Health Centers are available at a $60 copay for in-network providers.

Call care coordinators to schedule your appointment at **800-574-0606.**

Satellite Locations

Employees under this plan also have access to convenient satellite locations around North Texas. In most cases, they may not have same- or next-day appointments but will still be 100% covered with no copay or coinsurance required for those on the Health Center Plan.

Tiered Physicians Network

The Tiered Physicians Network is organized as follows:

- Primary Care Network (Family Medicine Practitioners, Internists, OB/GYNs, Pediatricians)
- Specialists Network (All other physicians)

Primary Care Network	Specialists Network
Under the Primary Care Network: • All Health Center services are FREE • In-Network Physicians = $60 copay	Under the Specialists Network: • In-Network Physicians = $75 copay

If you are looking for providers, follow the steps below:

1. Visit **www.meritain.com**.
2. Go to the **Tools & Resources** tab.
3. Select **Provider Network Finder**.
4. Select **Aetna** from A, B, C dropdown.
5. Enter **home location** in *Start Search Here* text box.
6. Click **Search**.
7. Select plan **Aetna Choice POS II** (Open Access).

CITY OF FORT WORTH **EMPLOYEE HEALTH CENTERS**

CITY OF FORT WORTH EMPLOYEE HEALTH CENTERS

Southwestern Health Resources, a collaboration between Texas Health Resources and UT Southwestern Medical Center, provides exceptional health care benefits for employees, retirees and their dependents. Their three health care centers and five satellite sites offer exceptional patient care with convenient access.

The top-notch physicians and medical experts available at each location are prepared for any primary care patient needs. If necessary, they can refer patients to in-network specialists for specific medical care. Plus, there are care coordinators and patient navigators to assist with accessing care.

COMMITTED TO OUTSTANDING SERVICE

Southwestern Health Resources is fully committed to delivering a high level of service for each and every member on the City's health plan. When you become a patient, you'll have access to:

- **Prompt Appointments**
  Same- or next-day appointments are available at the three main Employee Health Centers, plus referrals to see specialists when needed.

- **Short Wait Times for Office Visits**
  For most routine needs, appointments take 30 minutes or less, though labwork or advanced care could take longer. The highly trained staff works with each patient to ensure they are in-and-out as quickly as possible.

- **Online Access to Resources**
  After your first office visit, you can access a private member portal through

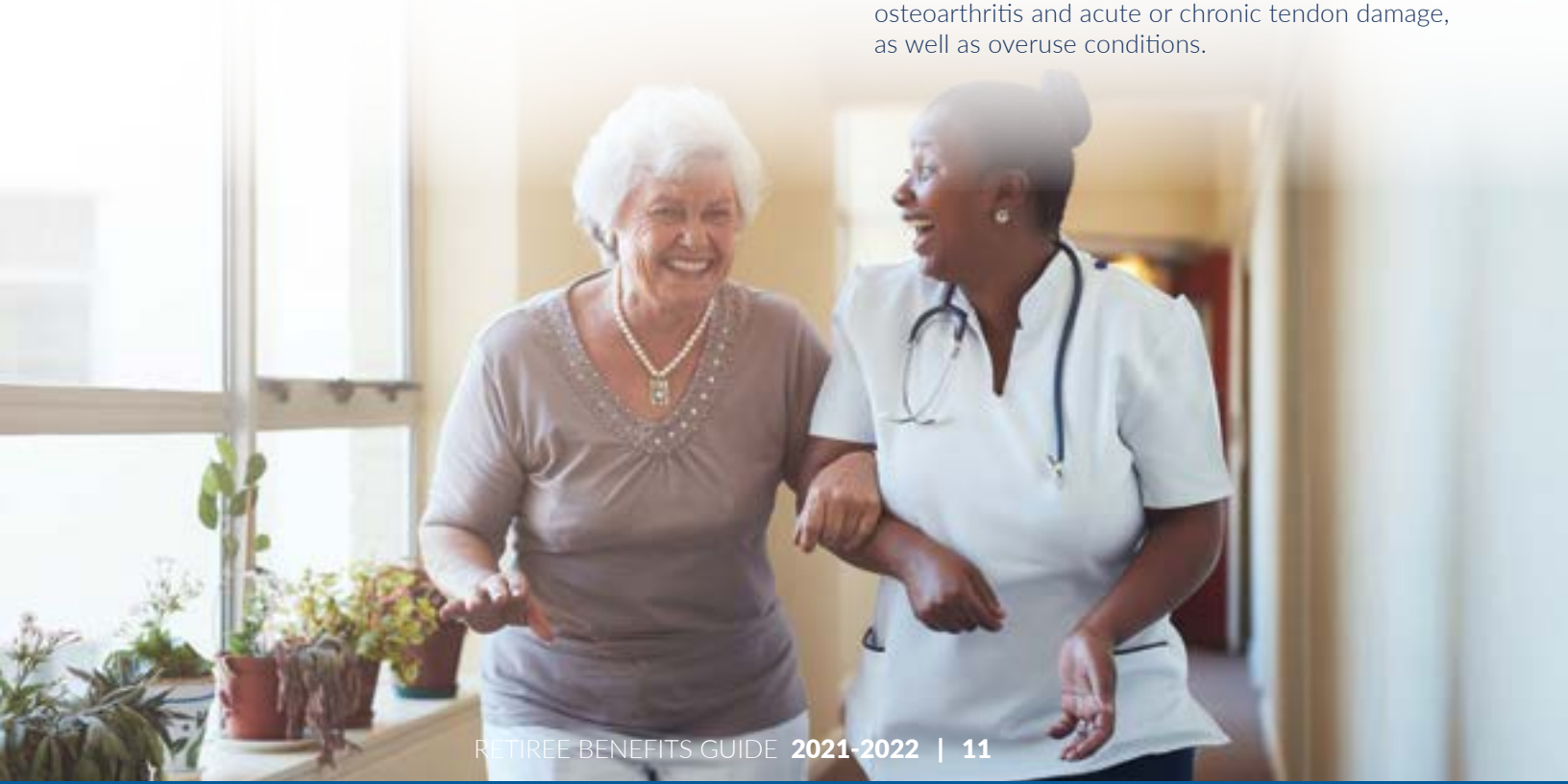
  FortWorthEmployeeHealthCenter.com
  This can be used to communicate with physicians, request prescription refills, see results for medical tests, review medical history and more.

ADDITIONAL BENEFITS

- **Diabetes Educator**
  The City is pleased to offer a Diabetes Educator available for sessions with those of you diagnosed with diabetes. The diabetes educator can help you manage your diabetes to be as healthy as possible by focusing on seven self-care behaviors:

  - Healthy eating
  - Being active
  - Monitoring
  - Taking medication
  - Problem solving
  - Healthy coping
  - Reducing risks

- **Othobiologics/Stem Cell Therapy**
  The City is one of few employers who cover Orthobiologics/Stem Cell Therapy under their health insurance plans. Orthobiologics / Stem Cell Therapy uses your own platelet-rich plasma or your own mesenchymal stem cells as nonsurgical treatment of joint pain and injuries such as osteoarthritis and acute or chronic tendon damage, as well as overuse conditions.



THREE MAIN LOCATIONS AND FIVE SATELLITE OFFICES THROUGHOUT THE COMMUNITY

Immediate appointments are available for most needs. For sick or urgent care, patients are seen on the same day or the next day in many situations. Primary care physicians (PCPs), physician assistants and/or medical assistants who are part of the Texas Health Physicians Group and the Southwestern Health Resources Network see patients at the following locations:

CITY OF FORT WORTH HEALTH PLAN CENTERS

City of Fort Worth
Employee Health Center - Lake Worth
4701 Boat Club Rd., Ste. 325
Fort Worth, TX 76135

City of Fort Worth
Employee Health Center - Moncrief
UT Southwestern - Moncrief Medical Center at Fort Worth
600 South Main St.
Ste. 3600
Fort Worth, TX 76104

City of Fort Worth
Employee Health Center - Huguley
12001 South Fwy.
Bldg. #5, Ste. 208
Burleson, TX 76028

CHECK YOUR HEALTH PLAN

For Health Center Plan members, there are no copays or deductibles to see providers at the Employee Health Plan Centers. Out-of-pocket expenses are higher for Consumer Plan members. Please refer to the City of Fort Worth's health benefits information about copays, deductibles and other costs for both health plans.

However, these are key costs to keep in mind:

- **Health Center Plan**
  $0 copay per visit for primary care services at centers and satellites
- **Consumer Choice Plan**
  $60 contracted rate per visit for primary care services at centers and satellites

CONTACT US

A team of care coordinators are ready to help you. Whether you need to schedule an appointment, need information or simply want to know more about the Health Centers or Satellite Offices, call us at:

Phone Number: 800-574-0606
Calls answered Monday through Friday
from 8 a.m. to 5:30 p.m.

The City of Fort Worth Health Center website also makes finding forms and information convenient when you need them. Simply go to **FortWorthEmployeeHealthCenter.com** to learn more.

SATELLITE LOCATIONS

Family Medical Center Southwest
7001 Granbury Rd., Fort Worth, TX 76133

Hoffman Family Practice
2730 SW Wilshire Blvd., Burleson, TX 76028

Texas Health Family Care
3024 State Highway 121, Bedford, TX 76021

Cornerstone Family and Sports Medicine
100 Bouland Rd., Ste. 170, Keller, TX 76248

Texas Health Family Care - Weatherford/Willow Park
101 Crown Point Blvd., Ste. 200
Willow Park, TX 76087

FLEXIBLE **SPENDING ACCOUNTS**

PRE65 HEALTH PLANS

If you are participating in a Flexible Spending Account as an active employee, this benefit will end on your last day of work. You have until March 31 of the following year to request reimbursement for receipts that are for dates of service before your last day of work.

Flexible Spending Accounts are not a benefit for retirees.

CONSUMER **CHOICE PLAN** (HDHP)

PRE 65 HEALTH PLANS

The Consumer Choice Plan is a high-deductible health plan (HDHP) in which you pay all medical and prescription drug costs up to the deductible before the insurance begins to pay.

The Consumer Choice Plan offers in-network benefits only. When you need care, go to a Meritain Health, An Aetna Company in-network doctor or facility. Preventive services including annual checkups, children's immunizations and an annual well-woman exam are covered at 100% with no coinsurance, and the deductible is waived.

If you request or your provider does additional testing to diagnose a condition during your annual checkup, you will be charged the cost of the additional testing.

Enrollment in the Consumer Choice Plan for Employee Only option has no cost. See page 15 to learn more.

Quick Facts

All preventive care including routine mammograms and colonoscopies are free to members on the Consumer Choice Plan.

Consumer Choice Plan members will be able to use the Employee Health Centers at a discounted rate.

Mental health services are treated like medical services in the billing process in the Consumer Choice Plan.

HEALTH **SAVINGS ACCOUNT**

Limited to PRE 65 Retirees

WageWorks/HealthEquity
If you are enrolled in the Consumer Choice Plan, you will use the Health Savings Account (HSA) to pay for health care expenses. The City contributes to your HSA and you can make individual contributions as well. As a retiree, your contributions to the HSA is after taxes.

The benefits of an HSA include:

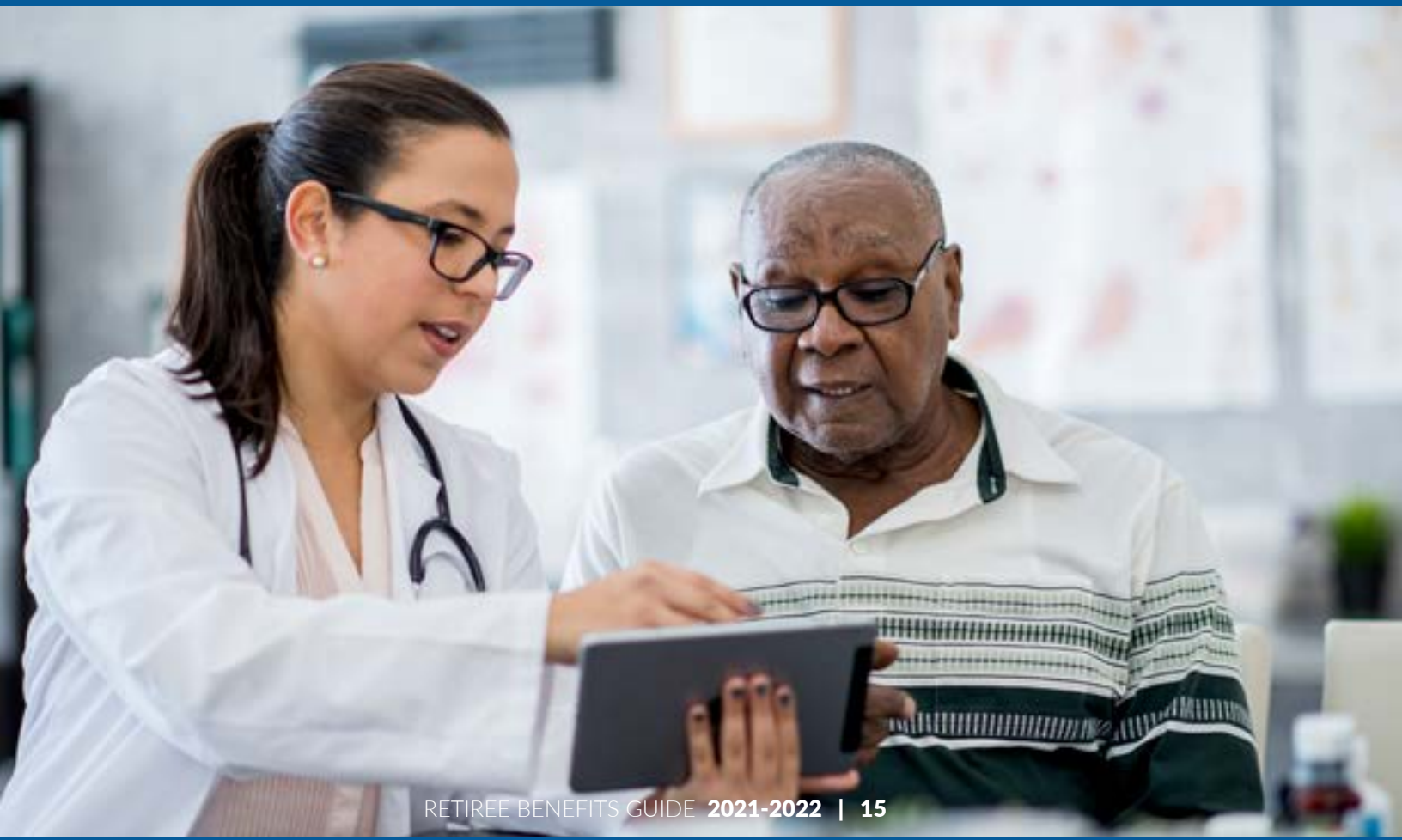
- The City will contribute the lump sum amount of $540 for individual coverage and $1,000 for family coverage upfront, prorated for those retiring after January 1 and if they are new to the Consumer Choice Plan.
- As a retiree, you can contribute an additional $3,060 for individual coverage and $6,200 for family coverage on a post-tax basis through individual payments you make directly to your account through HealthEquity.
- If you are over age 55, you can contribute an additional $1,000.
- Your unused balance rolls over from year-to-year — it is never lost.

For the Summary Plan Description and the Summary of Benefits and Coverage, including detailed coverage information, limits and exclusions, visit the City's benefit website at **www.fortworthtexas.gov/benefits.**

You can also reach out to Accolade, the City's Personalized Health and Benefits Support service, at 833-909-2353 for price comparisons and help in finding the right doctor based on your needs.

If you are waiving medical coverage, remember this is a permanent choice for retirees of the City of Fort Worth.

Retirees covered by TRICARE, Medicare Part A/B or their spouses' insurance that is a qualified high-deductible health plan are not eligible to participate in the Consumer Choice Plan.



ASSISTANCE IS SIMPLIFIED **WITH ACCOLADE,** YOUR PERSONALIZED **HEALTH AND BENEFITS SUPPORT TEAM**

To help you get the most out of your health benefits, Accolade provides answers and information for your benefits-related questions. Accolade can also help you:

- Find an in-network provider
- Manage chronic health conditions
- Consult with nurses*

Assistance Is Always Nearby

Getting started with Accolade is as easy as 1, 2, 3 once you're enrolled.

STEP 1

Visit member.accolade.com or download the Accolade mobile app from the App Store or Google Play.

STEP 2

Follow the prompts to register your member account.

STEP 3

Log in or open the app to start sending secure messages.

When you have questions, The City has a dedicated line. Simply call 833-909-2353.

*Accolade does not practice medicine or provide patient care. They are an independent resource to support and assist you as you use the health care system and receive medical care from your own doctors, nurses and health care professionals. If you have a medical emergency, please contact 911 immediately.

PERSONALIZED HEALTH & BENEFITS SUPPORT

PRE 65 Retirees

Accolade is Here to be Your Health Care Partner.

Employees should feel free to contact Accolade anytime they want help with things like understanding health care billing or finding quality in-network providers.

Sometimes, it can be impossible to make sense of medical-treatment options and costs. One provider might charge $1,500 for an MRI, while another might charge $500 — and that's why we offer Accolade.

With so many challenges and inconsistencies existing throughout the North Texas health care systems, you can rely on your Accolade Health Assistant to make you an empowered health care consumer who takes control of your health care options and costs.

This is a complimentary service provided (free of charge) to employees on the City's health plan. They are just a phone call or click away and can help with:

Health Management

Your Accolade Health Assistant can help you answer questions about reacting to symptoms or a health condition, treatment options or hospital-stay support. They can provide chronic condition management, maternity support, lifestyle improvement, care coordination and more through a partnership with their Accolade Registered Nurses.

Understanding Your Benefits

Your Accolade Health Assistant will confirm your benefits coverage and coordinate complex issues between your insurance and doctor — and explain everything in plain and simple terms. You can even rely on your Accolade Health Assistant to help you stay up-to-date on preventive tests, scheduling appointments and coordinating the transfer of medical records.

Finding a Great Doctor

Whether you're searching for a new primary care physician or seeking out a specialist, let your Accolade Health Assistant do the legwork. Your Accolade Health Assistant will not only find one that meets your personal preferences but also will ensure you're maximizing health care benefits by receiving highly rated care with low out-of-pocket costs.

Saving Money on Medical Costs and Prescriptions

Tell your Accolade Health Assistant exactly what your health care need is, and they will compare the prices of in-network providers and help you find high-quality care at the right price. What's more, your Accolade Health Assistant is equipped to locate the lowest-cost prescription drug options for you.

Getting Help with Medical Bills

Your Accolade Health Assistant is your health care advocate who will review your bills, confirm coverage and ensure you're not being overcharged. In fact, your Health Assistant will work on your behalf to make sure everything is resolved between your insurance and health care provider.

Accolade

2021-2022 NON-MEDICARE **RETIREE** RATES PER MONTH

PRE 65 Retirees

Hired prior to 10/5/1988 OR after 10/5/88 with 25+ years of service

Health Center Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$1,139.89	$100.00	$150.00	$200.00
Retiree + Spouse	$2,744.92	$738.17	$788.17	$838.17
Retiree + Child(ren)	$1,996.42	$444.41	$494.41	$544.41
Retiree + Family	$3,546.68	$1,056.52	$1,106.52	$1,156.52

Consumer Choice Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$930.31	$0.00	$50.00	$100.00
Retiree + Spouse	$2,293.31	$541.17	$591.17	$641.17
Retiree + Child(ren)	$1,657.25	$288.63	$338.63	$388.63
Retiree + Family	$2,974.81	$811.76	$861.76	$911.76

2021-2022 NON-MEDICARE **RETIREE** RATES PER MONTH

PRE 65 Retirees

Hired after 10/5/1988 and years of service between 15 and 24 years

Health Center Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$1,139.89	$401.06	$451.06	$501.06
Retiree + Spouse	$2,744.92	$905.40	$955.40	$1,005.40
Retiree + Child(ren)	$1,996.42	$739.73	$789.73	$839.73
Retiree + Family	$3,546.68	$1,290.14	$1,340.14	$1,390.14

Consumer Choice Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$930.31	$298.40	$348.40	$398.40
Retiree + Spouse	$2,293.31	$723.46	$773.46	$823.46
Retiree + Child(ren)	$1,657.25	$621.38	$671.38	$721.38
Retiree + Family	$2,974.81	$1,008.36	$1,058.36	$1,108.36

2021-2022 NON-MEDICARE **RETIREE** RATES PER MONTH

PRE 65 Retirees

Hired after 10/5/1988 and years of service between 5 and 14 years

Health Center Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$1,139.89	$741.80	$791.80	$841.80
Retiree + Spouse	$2,744.92	$1,079.79	$1,129.79	$1,179.79
Retiree + Child(ren)	$1,996.42	$1,017.20	$1,067.20	$1,117.20
Retiree + Family	$3,546.68	$1,407.48	$1,457.48	$1,507.48

Consumer Choice Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$930.31	$558.03	$608.03	$658.03
Retiree + Spouse	$2,293.31	$860.37	$910.37	$960.37
Retiree + Child(ren)	$1,657.25	$812.06	$862.06	$912.06
Retiree + Family	$2,974.81	$1,097.77	$1,147.77	$1,197.77

2021-2022 NON-MEDICARE **RETIREE** RATES PER MONTH

PRE 65 Retirees

Hired after 1/1/2009

Health Center Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$1,139.89	$1,139.89	$1,189.89	$1,239.89
Retiree + Spouse	$2,744.92	$2,744.92	$2,794.92	$2,844.92
Retiree + Child(ren)	$1,996.42	$1,996.42	$2,046.42	$2,096.42
Retiree + Family	$3,546.68	$3,546.68	$3,596.68	$3,646.68

Consumer Choice Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Retiree ONLY	$930.31	$930.31	$980.31	$1,030.31
Retiree + Spouse	$2,293.31	$2,293.31	$2,343.31	$2,393.31
Retiree + Child(ren)	$1,657.25	$1,657.25	$1,707.25	$1,757.25
Retiree + Family	$2,974.81	$2,974.81	$3,024.81	$3,074.81

Surviving Spouse

Health Center Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Spouse	$1,605.03	$638.17	$688.17	$738.17
Child(ren) Only	$856.53	$344.41	$394.41	$444.41
Spouse + Children	$2,406.79	$956.52	$1,006.52	$1,056.52

Consumer Choice Plan

2021-2022 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit and physical	Completed MHA and tobacco affidavit OR physical	Did not complete MHA, tobacco affidvait and/or physical
Spouse	$1,363.00	$541.17	$591.17	$641.17
Child(ren) Only	$744.94	$288.63	$338.63	$388.63
Spouse + Children	$2,107.94	$811.76	$861.76	$911.76

2021 Summary of Medical Plan Benefits

PRE 65 Retirees

Plan Features	Health Center Plan	Consumer Choice Plan
Annual Deductible Individual	$1,500	$2,800
Family	$3,000	$5,400
Total Out-of-Pocket Max Individual	including deductibles, copays, coinsurance, prescription deductibles, prescription copays	
	$6,000	$6,550
Family	$12,000	$13,000
Primary Care Physician Office Visits (At Health Center)	$0 copay	$60 per visit
OB/GYNs/PEDs	$60 copay	20% after deductible
Specialist	$75 copay	20% after deductible
PCP	$60 copay	20% after deductible
Emergency Room Visits – for true emergencies only	$300 copay (waived if admitted)	20% after deductible

PCP Health Center Plan = $60 copay
Consumer Choice Plan = 20% after deductible

Urgent Care:
Health Center Plan = $75
Consumer Choice Plan = 20% after deductible

Nonemergency use of emergency rooms will be:
Health Center Plan = $300, then 50% after deductible
Consumer Choice Plan = 50% after deductible

Virtual Visits are free on the Health Center Plan and low cost on the Consumer Choice Plan

Summary of Plan Benefits

The City of Fort Worth Health Center and Consumer Choice plans provide services in the offices of Primary Care Physicians (PCPs) and Specialists.

For purposes of the City's Health Plan, a PCP will be any physician in the City's Health Centers or anyone who has contracted with Meritain Health, An Aetna Company as a Primary Care Physician. This will include providers who have contracted as a Family Practitioner, General Practitioner, Internal Medicine, Pediatric or OB/GYN provider and are listed in the Meritain Aetna's Choice Point of Service II Open Access Network as a PCP, Pediatrician or an OB/GYN provider. All other providers will be considered Specialists.

A member is not required to elect a specific PCP, and a referral from the PCP is not required to see a Specialist. Above are some general services and your payment amounts or percentages after deductible.

URGENT CARE VS. EMERGENCY ROOM USE

PRE 65 Retirees

Health plan analysis revealed that one in seven visits made to the ER by employees and non-Medicare retirees on the City's current plan were **for nonemergency issues.**

In an effort to discourage nonemergency ER visits, copays for nonemergency issues on the Health Center Plan are:

- $300 copay for emergency room visits (but will be waived, if admitted to the hospital)
- $300 copay + 50% coinsurance after deductible, if the visit is a nonemergency issue
- For Consumer Choice Plan, nonemergency visits to the ER have a 50% coinsurance after the deductible

Common conditions that do not need to be treated in the ER:

- Pink eye
- Earaches/ear infections
- Sore or strep throat
- Urinary tract infections
- Allergies, colds and flu
- Sprains and strains
- Upset stomach
- Nasal congestion
- Minor fevers

In-Person Urgent Care Options

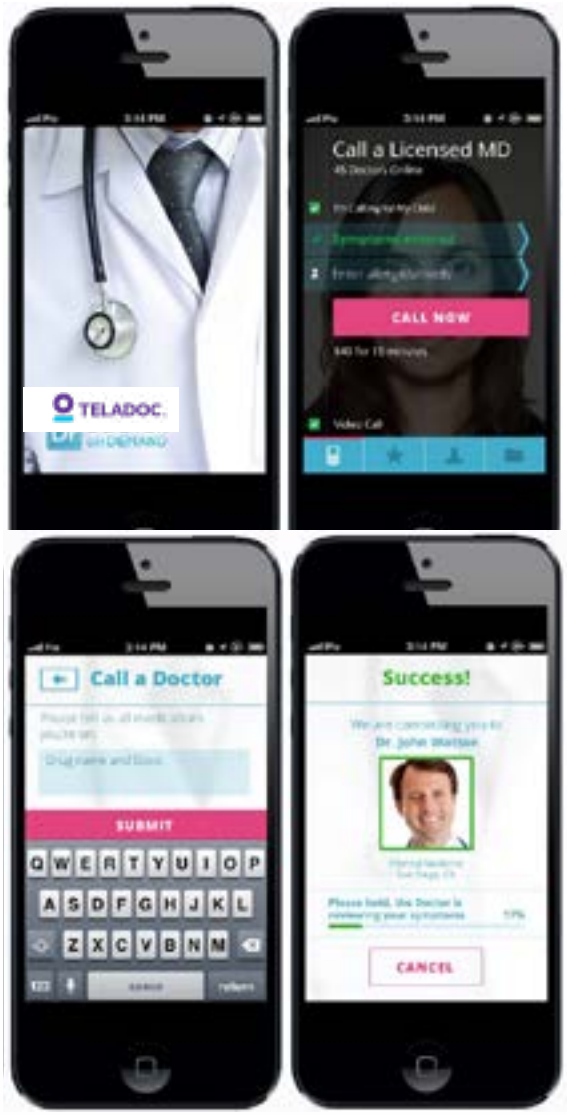
Convenient access for minor, nonemergency health issues can be found at:

- Urgent Care Clinics - CareNow®
- Convenience Care Clinics - MinuteClinic®

Online Or Mobile Urgent Care Options

Alternatives to emergency rooms for nonemergency issues are:

- Telemedicine (Virtual Visits) – available 24/7
  - FREE (Health Center Plan)
  - Approximately $49 (Consumer Choice Plan)
- Nurse Line – open 24/7



TELADOC®

RETAIL PRESCRIPTION PROGRAM

OptumRX

The Retail Prescription Program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy.

Prescriptions you fill at nonparticipating pharmacies are generally not covered. If you enroll in the City's medical plan, you will automatically receive prescription drug coverage.

For those on the Health Center Plan, certain medications are covered at 100% when prescribed by a physician at one of the three primary health centers or satellite offices.

MAINTENANCE MEDICATION

Select90 Program

If you are a member who takes maintenance medication for chronic conditions, you will need to use the Select90 program to fill your prescriptions. You can go to Walgreens or use OptumRX mail order for medication to treat conditions such as arthritis, asthma, diabetes, high cholesterol, high blood pressure and other chronic conditions.

For those on the Consumer Choice Plan, there is a list of preventive-maintenance generic and brand-name medications. For both tiers, the deductible is waived and generic medications are covered at 100% and the preferred medications are covered, with you paying 20% coinsurance.

Medications that are available over the counter (OTC) are not covered by OptumRX and generic medications are mandatory. You will need a physician's letter if you need to receive a brand name.

PRESCRIPTION **DRUGS – OPTUM**RX

PRE 65 Retirees

Summary

PLAN FEATURES	HEALTH CENTER PLAN	CONSUMER CHOICE PLAN
Annual Rx deductible	$100	$2,800 individual/$5,400 family (includes medical and pharmacy costs combined)
	In-Network	In-Network
Retail — up to 30-day supply - Generic - Preferred (formulary) - Nonpreferred (nonformulary) - Specialty	20% after deductible, $10 min/$30 max 20% after deductible, $30 min/$50 max 20% after deductible, $50 min/$75 max 20% after deductible to a max of $200	20% after deductible* 20% after deductible** 20% after deductible 20% after deductible
Select90 Maintenance Medications — OptumRX Mail Order - Generic - Preferred (formulary) - Nonpreferred (nonformulary)	20% after deductible, $25 min/$50 max 20% after deductible, $75 min/$125 max 20% after deductible, $125 min/$175 max	20% after deductible* 20% after deductible** 20% after deductible

NOTE:
* Certain generic preventive-maintenance medications are covered at 100%, deductible waived
** Certain preferred preventive-maintenance medications are covered at 20%, deductible waived

DIABETES MANAGEMENT **PLAN**

Limited to PRE 65 Retirees

Health Center Plan

- Medications, noninsulin injectables, insulin, syringes, pen needles, strips and lancets covered through OptumRX at 100% – no copay
- Durable medical equipment (insulin pump, monitor and supplies) through Meritain Health, An Aetna Company covered at 100%
- Certified Diabetes Educator consults covered at 100% – no copay through the diabetes educator at the City's health centers

Consumer Choice Plan

- Some medications and insulin covered at 100%, no deductible
- Syringes, pen needles, strips and lancets covered through OptumRX at 95%, after deductible
- Durable medical equipment (insulin pump) through Meritain Health, An Aetna Company covered at 95%, deductible waived
- Certified Diabetes Educator consultations – $60 with the City's diabetes educator through the health centers

virta

Virta is a research-backed treatment that reverses type 2 diabetes. It uses a medically supervised nutritional intervention that is very different from other treatments. In Virta's clinical trial, patients lost weight, eliminated their diabetes medications and reduced their A1c and blood sugar. Learn more at www.virtahealth.com/cofw.

SURGERY

Limited to PRE 65 Retirees

SurgeryPlus

The City of Fort Worth is pleased to offer SurgeryPlus. SurgeryPlus helps you plan and pay for nonemergency surgeries. When you use SurgeryPlus, you could save significantly on surgical procedures. This exceptional benefit is automatically available to participants enrolled in the City of Fort Worth's medical plans.

How it Works:

- When your doctor recommends surgery, call SurgeryPlus at 855-200-9508.
- A personal Care Coordinator will help you find a high-quality, board-certified surgeon. The Care Coordinator will then assist you throughout the entire process, from scheduling the initial consultation all the way to post-procedure follow-up.
- SurgeryPlus negotiates all the costs before you have surgery and handles the payment process for you.
- For members on the Health Center Plan, the City of Fort Worth will pick up the entire cost of a surgery through SurgeryPlus. For members on the Consumer Choice Plan, the City will pick up the entire cost after you meet your deductible.
- All physical therapy following a SurgeryPlus surgery will be covered 100% as part of the bundled cost after the deductible is met.

COVERED SURGERIES:

A complete list of surgeries available can be found by visiting cfw.surgeryplus.com or by calling a **Care Coordinator at 855-200-9508**. Some covered surgeries include:

- Orthopedic (i.e., knee, hip, shoulder)
- Obesity
- Hysterectomy
- Hernia repair
- Rotator cuff repair
- Knee arthroscopy
- ACL, MCL or PCL repair and many more!

MUSCULOSKELETAL REHABILITATION

Limited to PRE 65 Retirees

Airrosti

Airrosti provides a unique approach to reduce the prevalence and incidence of musculoskeletal conditions. Most often, clients obtain relief in about three visits. Employees on the Health Center Plan pay a $15 copay.

Conditions treated include:

- Acute injuries/musculoskeletal conditions
- Chronic joint and soft tissue injuries
- Patients seeking an alternative to surgery
- Patients not receiving lasting relief from steroid injections and other pain management interventions
- Unresolved rehab patients
- Postsurgical patients with persistent symptoms

Common injuries treated include:

- Back pain
- Neck pain
- Headaches
- Tricep injuries
- Tendonitis
- Disc injuries
- Hip pain
- Sciatic-like pain
- Achilles tendonitis
- Carpal tunnel syndrome
- Knee pain
- Shin splints
- Plantar fasciitis

IMPORTANT PLEASE READ

Retirees, Retirees' Spouses and Surviving Spouses - Turning 65 in the remainder of 2021 or 2022 (and have not received a letter from HR Benefits)?

- **If you turn 65 and are eligible for Medicare (have earned 40 credits),** please call Social Security at 800-772-1213 three months prior to your birthday month to enroll in Part A and B. When you receive your Medicare Card, call 817-392-8644 to enroll into the City's Medicare Retiree Health Plan.
- **If you turn 65 and are not eligible for Medicare (have not earned 40 credits),** but your spouse is eligible for Medicare and is age 62 or older, please call Social Security three months before your birthday month at 800-772-1213 or visit www.socialsecurity.gov to determine what Medicare options are available to you; you should be able to enroll under your spouse's eligibility. (If not, please follow the instructions under the third bullet point below).
- **If you turn 65 and will never be eligible for Medicare (and have not already been contacted by HR Benefits),** call 817-392-8644 to schedule an one-on-one session to discuss your options.

Disability Retirees

- If you retired due to a disability and receive Medicare, you should enroll in Parts A and B and contact HR Benefits at 817-392-7782 to enroll in the City's Medicare Retiree Health Plan.

Failure to enroll in Part B when you reach age 65 will result in your being charged a 10% penalty (by Social Security) for every 12-month period you did not enroll, and your enrollment would be delayed until July 1st of the year you enrolled during January through March. This can also result in increased payments for medical services while you await your effective enrollment in Part B in July.

For full medical benefits through the City's Medicare plan, you must enroll in Medicare Part B. If you are currently enrolled in Medicare Part A, you are eligible for Part B as well.

Please mail a copy of your Medicare card to:
City of Fort Worth
Attn: Human Resources Benefits
200 Texas St.
Fort Worth, TX 76102
Or fax a copy to 817-392-2624

MEDICARE ADVANTAGE PLAN

Limited to POST 65 Retirees

The health coverage that City of Fort Worth offers retirees and their spouses that are 65 and older is the Medicare Advantage Plan (MAPD) through Aetna. Medicare Part A and Part B are requirements for the MAPD plan as this plan wraps around your Medicare Parts A and B and administers the Medicare plan. This plan also adds prescription coverage through Medicare Part D.

Medicare has a rule that you can only have one Medicare Part D plan at a time, so be aware that if you choose a Part D plan outside of the City of Fort Worth, Medicare will bump you off the City's plan.

NO COVERAGE

if you choose to drop your medical coverage you cannot re-enroll in medical through the City again.

Medical Benefits at a Glance (Your cost)

Medicare Advantage with Prescription Drug Plan (MAPD)	Medicare 100 ESA PPO In-Network and Out-of-Network
Annual Deductible Individual/Family	None
Annual Out-of-Pocket Maximum (Excluding Deductible) Individual **Your coinsurance**	 $1,000 5%
Physician Services Office Visits PCP Office Visits Specialist Independent Diagnostic Lab & X-Ray Services	 5% coinsurance 5% coinsurance 5% coinsurance
Preventive Office Visits Annual Visits: OB-GYN, mammogram, PSA	 $0
Colonoscopy – Initial Screening 1 screening every 12 months for individual age 50 & over	 $0
Hospital Services Inpatient Hospitalization Outpatient Facility	 $250 copay 5% coinsurance
Emergency Services Emergency Room Urgent Care	 $50 copay $35 copay
Mental Health Inpatient Hospitalization Outpatient Facility (per visit)	 $250 copay 5% coinsurance
Durable Medical Equipment (DME)	5% coinsurance
Prescriptions Annual Deductible Individual/Family Generic/Preferred/ Nonpreferred Retail (30-day supply) Mail Order (90-day supply) Specialty Pharmacy	 $100 per person $10/$30/$50 $25/$75/$125 20% to max $200

Limited to POST 65 Retirees

As an MAPD member, you also have the benefit of participating in Silver Sneakers. To find partner health plans and fitness location, request your SilverSneakers ID card, enroll in FLEX classes, order a Steps kit or get more details, visit silversneakers.com or call SilverSneakers Customer Service at 1-888-423-4632 (TTY:711) Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.

MAPD Rates

Hired prior to 10/5/1988 OR after 10/5/88 with 25+ years of service	Total Cost	Medicare Advantage ESA PPO
Retiree Only	$273.67	$0.00
Retiree + Spouse	$547.34	$189.21
Retiree + Child	$547.34	$189.21
Retiree + Family (3 members on Medicare)	$821.01	$378.42

Hired after 10/5/1988 and years of service between 15 and 24 years	Total Cost	Medicare Advantage ESA PPO
Retiree Only	$273.67	$89.20
Retiree + Spouse	$547.34	$251.38
Retiree + Child	$547.34	$251.38
Retiree + Family (3 members on Medicare)	$821.01	$413.56

Hired after 10/5/1988 and years of service between 5 and 14 years	Total Cost	Medicare Advantage ESA PPO
Retiree Only	$273.67	$181.10
Retiree + Spouse	$547.34	$316.25
Retiree + Child	$547.34	$316.25
Retiree + Family (3 members on Medicare)	$821.01	$451.40

Hired after 1/1/09	Total Cost	Medicare Advantage ESA PPO
Retiree Only	$273.67	$273.67
Retiree + Spouse	$547.34	$547.34
Retiree + Child	$547.34	$547.34
Retiree + Family (3 members)	$821.01	$821.01

Surviving Spouse	Total Cost	Medicare Advantage ESA PPO
Spouse Only	$273.67	$189.21
Child	$273.67	$189.21
Spouse and Child (or 2 children)	$547.34	$378.42

DENTAL PLANS

Delta Dental

The City continues to offer three dental coverage options:

- A dental DPPO high option,
- A dental DPPO low option and
- A dental DHMO

The dental HMO plan has a limited network and is limited to those residing in certain zip codes.

On the DHMO plan, you choose a primary care dentist who will direct your care, and all services will be paid on a copay basis.

The DPPO plans allow you to see any dentist in- or out-of-network, but there is a limit to how much the dental insurance will pay which includes services such as cleanings and X-rays.

You can receive four cleanings per calendar year on both the high and low DPPO options.

Implants are covered on DPPO options to the plan limit.

2021-2022 Monthly Dental Rates

(For City of Fort Worth Retirees)

Retiree Dental Rates	DeltaCare® (DHMO)	Delta Dental (DPPO)	
Dental Options	DHMO (TX15A)	DPPO **Low**	DPPO **High**
Retiree Only	$13.54	$24.59	$36.52
Retiree + Spouse	$23.31	$46.72	$74.86
Retiree + Child(ren)	$27.10	$54.10	$96.78
Retiree + Family	$41.33	$76.25	$122.33

Delta Dental www.deltadentalins.com
DPPO 800-521-2651
DHMO 800-422-4234

	DELTA CARE PREPAID (DHMO)	DENTAL PPO (DPPO)	
	DHMO	DDPO – **Low Option**	DDPO – **High Option**
Deductible	None	$50/person $150/family	$50/person $150/family
Annual Maximum	None	$1,000/person	$2,000/person
Provider	Member must use participating provider.	Unlimited PPO network available	Unlimited PPO network available
Preventive & Diagnostic Care	You pay fixed copayments according to the plan's schedule of benefits.	Plan pays 100% with no deductible.	Plan pays 100% with no deductible.
Basic Restorative Care	You pay fixed copayments according to the plan's schedule of benefits. Specialist's referral is required under this plan.	Plan pays 50%.	Plan pays 80%.
Major Restorative Care	You pay fixed copayments according to the plan's schedule of benefits. Specialist's referral is required under this plan.	Plan pays 50%.	Plan pays 50%.
Orthodontics **Lifetime Maximum**	You pay fixed copayments according to the plan's schedule of benefits.	Plan pays 50%. $1,000	Plan pays 50%. $1,500
Implants	Not covered	Plan pays 50%.	Plan pays 50%.
Additional Information		You may be billed the balance for going to a non-Delta Dental PPO network dentist. You will be billed the difference between the PPO fee and the Delta Dental Premier dentist fee or the out-of-network dentist fee.	You may be billed the balance for going to a non-Delta Dental PPO network dentist.

VISION PLANS

For 2021, the City of Fort Worth is pleased to offer a comprehensive vision plan to employees, Non-Medicare (under age 65) retirees and Medicare (over age 65) retirees. The plan is administered through EyeMed.

Please see some of the plan highlights listed below.

- **Exam – $10 copay**
- **Frames – $130 frame allowance + 20% discount over $130**
  - Every 24 months (Frames purchased from Target or Sears Optical are covered at 100% regardless of frame cost.)
- **Lenses – $20 copay for single, bifocal, trifocal and lenticular**
  - Various copays for progressive tiers
  - Various copays for reflective coating
  - Every 12 months
- **Contacts – $125 allowance + 15% discount over $125**
  - Every 12 months

2021-2022 Monthly Vision Rates for Retirees

(For City of Fort Worth Retirees)

Retiree Vision Rates	EyeMed Vision
Retiree Only	$5.70
Retiree + Spouse	$10.82
Retiree + Child(ren)	$11.39
Retiree + Family	$16.74

Visit our website at www.eyemed.com.

Benefits Snapshot	With EyeMed Network	Out-Of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	$10 Copay	Up to $45
Frames (once every 24 months)	$0 Copay, $130 Allowance; 20% off balance over $130	Up to $65
Single-Vision Lenses (once every 12 months)	$20 Copay	Up to $25
or		
Contacts (once every 12 months)	$0 Copay, $125 Allowance, plus balance over $125	Up to $100

AND NOW IT'S **TIME FOR THE BREAKDOWN ...**

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs $163 with single-vision lenses that have UV treatment and scratch protection. Now let's see the difference ...

78%
SAVINGS with us*

If frames are purchased at Target Optical or Sears Optical, they will be covered at 100%, and the frame allowance does not apply.

With EyeMed		Without Insurance**	
Exam	$10 Copay	**Exam**	$106
Frame	$163 - $130 Allowance $33 - $6.60 (20% discount off balance) $26.40	**Frame**	$163
Lenses	$20 Copay $15 UV treatment add-on + $15 scratch coating add-on $50	**Lenses**	$78 $23 UV treatment add-on + $25 scratch coating add-on $126
Total:	**$86.40**	**Total:**	**$395**

*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.

LIFE INSURANCE – **SECURIAN FINANCIAL**

As a retiree, you have the option of continuing life insurance on an individual basis. This applies to the basic life insurance that the City of Fort Worth provides to employees equal to your annual salary and any additional life insurance that you currently purchase through payroll deduction. It is the member's responsibility to contact Securian to make arrangements to continue coverage. Their phone number to contact them is **1-866-365-2374.**

Take your coverage with you

	Portability	Conversion
May be good for you if ...	**You need life insurance for a specific period of time and want an option that does not require you to answer health questions.** • Portability may be available for you and/or your dependents*. • Ported coverage may reduce with age. • Rates are higher than those paid by active employees. • Rates increase with age. • Premium payments will be paid directly to Securian Financial. • Ported coverage terminating due to age can be converted to an individual policy at that time.	**You have a high need for life insurance, but you may not qualify for portability or cannot meet the proof of good health requirements for individual coverage elsewhere.** • Conversion is available for the following coverages: basic term life, supplemental term life and dependent term life. • Rates are higher than those paid by active employees. • Rates are higher than portability rates. • Permanent life insurance protects your loved ones for the remainder of your life. • Premium payments will be paid directly to Securian Financial.

*Dependent coverage may only be ported if the employee elects to port their coverage.

For more information, please use the website listed below to review your coverage options, calculate your cost and obtain the necessary application forms.
lifebenefits.com/continue
Policy Number: 34628
Access Key: ftworth
For assistance, please call Securian at 1-866-365-2374.

DEFERRED COMPENSATION OR 457 PLAN – TIAA

When retiring from the City of Fort Worth, you have the option of sending a one-time lump sum up to the limit for the year to TIAA out of your term check. The term check is the payout of your eligible benefit accruals (vacation time, sick time, earned holiday time and comp time). The limit for 2021 is $19,500. If you are over 50 years of age, the limit is $26,000. You may also qualify for the three-year catchup amount of up to $39,000. Be sure to contact Human Resources Benefits Office if you are interested in this option.

If you are in the DROP Program, please contact the Retirement Office for all your DROP questions and arrangements. Their number is 817-632-8900.

RETIREE DISCOUNTS/ VOLUNTARY BENEFITS – **BENEPLACE**

Active Employees who intend to retire and wish to continue coverage for hospital, critical illness, accident, prepaid legal, pet insurance, identity theft, home or auto insurance, etc. can call the carriers directly to complete portability forms or set up direct pay. If you are not sure who the carrier of your policy is, you may call Beneplace at 800-683-2886, and they will help you navigate to the correct carrier.

Beneplace also offers discounts on items for your home, sporting equipment, dining, and electronics, or services for your car, though some may not be available as they require proof of employment. The URL for City of Fort Worth Retirees is located at https://bpnet.savings.beneplace.com. Once you are on the landing page, you may register with your email address and create a password.

2021 **HEALTHY CHALLENGE WELLNESS** PROGRAM

Retirees and their spouses are eligible to participate in Healthy Challenge Events such as wellness classes.

Healthy Challenge Premium Incentive.
Pre-65 retirees and their spouses who choose to participate in the Health Assessment (HA), Tobacco Affidavit or Tobacco Journey (TOB) and Biometric Screening Form (BSF) provided through the Virgin Pulse website will have a lower monthly premium for health insurance. Participation in these three activities between January 1 and August 31 will impact the next year's premiums.

For assistance with the Virgin Pulse website, please contact Virgin Pulse Customer Service at 1-888-671-9395. Examples of issues that Virgin Pulse Customer Service can assistance with: Updating the e-mail address associated with your Virgin Pulse account, resetting your password, and finding the Health Assessment, Tobacco Affidavit or Journey, or Biometric Screening Form on the Virgin Pulse website.

Is my health information confidential?
All programs are confidential and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Any information shared with the Virgin Pulse team will not be disclosed, except in accordance with HIPAA laws. Your Protected Health Information (PHI) will not be shared with your employer.

VIRGIN PULSE

Virgin Pulse Requirements for Lower Premium and Incentive
DEADLINE: 8/31/2022

How Can I Lower My Premium & Receive an Insurance Premium Incentive?

To avoid paying an additional $100 per month and earn your 2023 insurance premium incentive, you must complete the Health Assessment (HA) questionnaire, the Tobacco Affidavit OR Tobacco Journey (TOB) and the Biometric Screening Form (BSF) after undergoing a Biometric Screening by 8/31/22. If your spouse is covered by the city's health plan, they must also complete the requirements for you to receive the incentive.

1. Health Assessment (HA) Questionnaire
After you register on **join.virginpulse.com/cfw**, you will complete the Health Assessment (HA) questionnaire. Upon completing it, you will review information on your current risk level for all lifestyle habits, and you will receive tips for maintaining or improving your overall health and well-being.

2. Tobacco Affidavit or Tobacco Journey (TOB)
If you are not a tobacco user, you will simply check the attestation form indicating you are a Non-User. If you are a tobacco user, you will be directed to complete the Tobacco Journey, by following the prompts.

3. Biometric Screening Form (BSF)*
You will need to schedule your Biometric Screening with your physician and take the Biometric Screening Form (BSF) to your appointment. Once you have registered at **join.virginpulse.com/cfw**, you will download a copy of the BSF, on the Programs page, to take to your physician to complete. Once the BSF is complete, you will be able to submit the form via upload to your Virgin Pulse portal, or fax to 1-508-302-0055.

***IMPORTANT NOTE:** Your BSF must be submitted by 8/31/22. No late submissions will be accepted. This means that your Biometric Screening should be scheduled no later than 8/26/22 to allow time for the blood work to be processed and results returned to the physician to complete the BSF and submit by 8/31/22. If blood work is done prior to the screening appointment, and the screening is completed on 8/31/22 and the BSF is submitted by 8/31/22, this should not be an issue.

HOW TO REGISTER

Visit **join.virginpulse.com/cfw** to login and register with Virgin Pulse. Just follow the prompts to register as a new user ***or if you are already registered, click on "Sign In".*** If your spouse is on the city's health insurance, both of you will have a separate account, so each of you will register. ***You will use your email to register. Each individual must have their own email.***

Virgin Pulse Member Services
The Virgin Pulse Member Services has four different options to assist you with questions or much-needed information. Choose what works best for you:

Live Chat – Members are able to quickly chat online (web only) with a representative.
Available Monday – Friday, 1:00 a.m. – 8:00 p.m.

Phone – Members can call to speak with a representative at 888-671-9395.
Available Monday – Friday, 7:00 a.m .– 8:00 p.m.

Email – Members can email the team by using support@virginpulse.com and receive initial responses within 2 business days, even if not resolved.

Support Page – Members can access self-service trouble-shooting with over 500 articles on topics, including getting started, devices and apps and profile setup.

Additional Physician Screening Form Information
If you do not have a Primary Care Physician (PCP), you can contact the City of Fort Worth Employee Health Centers at 1-800-574-0606 to schedule your Biometric Screening. Your insurance covers one annual physical/Biometric Screening per calendar year (not every 12 months). It's covered 100% (free) on both the Health Center and Consumer Choice plans.

LEVEL UP **YOUR HEALTH!**

FinFit's Financial Assessment Tool by Virgin Pulse

The personalized assessment and planning tools recognize that each individual has unique spending, savings, planning and buying habits. The FinFit platform found on the Virgin Pulse website Programs page provides both action plans and tools that are specifically tailored to each individual's footprint.

Personalized financial wellness score

Visual budget to help outline where your income is being allocated

Benchmarking so you can see where you stack up against your peers

Action plan that includes personalized tools and resources to improve your financial health

Highly interactive and real-time platform to give relevant and timely feedback

NOTES

NOTES

REQUIRED LEGAL NOTICES

CITY OF FORT WORTH GROUP HEALTH PLAN
WAIVER OF COVERAGE

You may decline health care coverage offered by the City of Fort Worth's (Employer) group health plan. This is called a waiver of coverage. If you waive coverage for yourself, you may not cover dependents under the Employer's group health plan.

Note that after 2013, if you decline coverage considered affordable and minimally essential under the Patient Protection and Affordable Care Act ("ACA"), you will not qualify for government credits and subsidies to purchase individual health insurance on the Health Insurance Marketplace. The decision to waive coverage has consequences for you. For example:

- You should be aware of the individual shared responsibility requirement that took effect on January 1, 2014, under the ACA. If you refuse the offer of the Employer's group health coverage and do not obtain coverage on your own, you will be subject to a penalty. Please consult a licensed tax professional for further details regarding how you may be impacted under the ACA.

- Unless you sign a waiver stating that you/your dependents are covered under another plan, such as a spouse's plan, Medicaid or Medicare, you cannot enroll in the Employer's group health plan until the next open enrollment. However, if you are covered under another plan but that coverage is lost, you can enroll in your Employer's group health plan immediately. There's a time limit for enrolling after the other coverage is lost — you must request to enroll in your plan within 30 days of losing the other coverage.

- If you gain a new dependent through birth, adoption, placement for adoption or marriage, you may enroll yourself, the new dependent and the entire family at that time, but you must do so within 30 days of gaining the new dependent (60 days for birth, adoption or placement for adoption or marriage). If you miss the enrollment deadline, you must wait until open enrollment.

COBRA
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 coverage would otherwise end. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

WHAT IS COBRA CONTINUATION COVERAGE?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will 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 are the spouse of an employee, you will 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 Fort Worth health plan 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 with respect to the bankruptcy. 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 any of the following qualifying events:
- The end of employment or reduction of hours of employment;
- Death of the employee;
- For retirees, 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 in writing within 30 days after the qualifying event occurs. You must provide this written notice to: City of Fort Worth, Benefits Office, 200 Texas St., Fort Worth, TX 76102

HOW IS COBRA 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 this initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage. There are two ways in which this 18-month period of COBRA continuation coverage can be extended:

1) Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in writing and in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. Contact Discovery Benefits at 888-408-7224 within 60 days of the date of determination of disability.

2) Second qualifying event extension of 18-month period of COBRA continuation coverage
If your family experiences another qualifying event while receiving 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 child(ren) receiving 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(ren) to lose coverage under the Plan had the first 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 the COBRA continuation coverage. You can learn more about many of these options at www.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 Employment Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act (PPACA) 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 www.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 www.HealthCare.gov.

INFORM YOUR PLAN 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.

COBRA PLAN CONTACT INFORMATION

HealthEquity
P.O. Box 226101
Dallas, TX 75222-6101
877-722-2667

NOTICE OF PRIVACY PRACTICES/REVISED DATE: AUGUST 2013
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.

This Notice describes how your group health plan, the City of Fort Worth Employee Health Benefits Plan (the "Plan"), may use and disclose your health information to carry out payment, health care operations and other purposes that are permitted or required by law. This health information may be recorded in your medical record, invoices, payment forms, videotapes or other ways. This notice also describes your rights to limit access to your health information and the Plan's responsibilities under federal and state laws. Health information is any information (whether oral or recorded in any form or manner) that is created or received by a health care provider, the Plan, a public-health authority, a health care clearinghouse or The City ("Employer") and relates to the past, present or future physical or mental health condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual.

THE PLAN'S RESPONSIBILITIES

The Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices. In addition, the Plan is required to abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make those changes applicable to all health information that the Plan maintains. Any changes to this Notice will be posted in the Benefits Department of the Plan Sponsor and will be available upon request.

PRIMARY USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

In certain circumstances, the Plan is allowed or may be required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. The most common uses or disclosures of your protected health information include:

- Treatment. The Plan may use or disclose your health information for the purpose of providing or allowing others to provide treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, the Plan may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- Payment. The Plan may use or disclose your health information to allow the Plan or other companies to pay claims or receive payment for the health care services provided to you. For example, the Plan may disclose your protected health information when a provider requests information regarding your eligibility for coverage under the Plan.

- Health Care Operations. The Plan may use or disclose your information for the purposes of the Plan's day-to-day operations and functions, including but not limited to quality assessment, reviewing provider performance, licensing and stop-loss underwriting. For example, the Plan may: (1) compile your health information, along with that of other patients in order to allow a team of the Plan's health care professionals to review that information and make suggestions concerning how to improve the quality of care provided by the Plan; (2) the Plan may disclose or use your health information to answer a question from you; or (3) the Plan may use your information to determine if a treatment that you received was medically necessary.

- Plan Sponsor. The Plan may disclose your protected health information to the Plan Sponsor of the Plan, the City, to administer the Plan or if you sign an authorization to do so.

OTHER POSSIBLE USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices. In addition, the Plan is required to abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make those changes applicable to all health information that the Plan maintains. Any changes to this Notice will be posted in the Benefits Department of the Plan Sponsor and will be available upon request.

- Required by Law. The Plan may use or disclose your health information when required to do so by federal, state or local law. Examples include:
  - Public Health Activities. The Plan may use or disclose your protected health information for public health purposes that are allowed or required by law. For example, we may use or disclose information to a public health authority to report diseases, injuries or vital statistics or reactions to medications or problems with products or to notify people of recalls of products they may be using or who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - Abuse or Neglect. The Plan may use or disclose protected health information to a government authority about victims of abuse, neglect or domestic violence;
  - Health Care Oversight Agency. The Plan may disclose protected health information to a health care oversight agency for activities authorized by law. These oversight activities include, but are not limited to audits, investigations, inspections, licensing procedures or civil, administrative or criminal proceedings or actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws;
  - Legal Proceedings. The Plan may disclose your protected health information for judicial or administrative proceedings, such as any lawsuit in which your health information is relevant to the proceedings. This includes responding to a subpoena or discovery request;
  - Law Enforcement. Under certain conditions, the Plan may disclose your protected health information to law enforcement officials as part of law enforcement activities, in investigations of criminal conduct or victims of crime, in response to court orders, in emergency circumstances or when required to do so by law;
  - Coroners, Medical Examiners, Funeral Directors and Organ Donation. The Plan may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death or for the coroner or medical examiner to perform other duties authorized by law. The Plan also may disclose as authorized by law information to funeral directors so that they may carry out their duties; further, the Plan may disclose protected health information to organizations that handle organ, eye or tissue donation and transplantation;
  - To Prevent a Serious Threat to Health or Safety. When instances of imminent and serious threat exist as to your health or safety or that of the public or another person, the Plan may disclose your protected health information;
  - Military Activity and National Security, Protective Services. Under certain conditions, the Plan may disclose your protected health information for specialized governmental functions, such as military activity, national security, criminal corrections or public-benefit purposes; and
  - Workers' Compensation. As allowed by Texas law, the Plan may disclose your protected health information to comply with workers' compensation laws and similar programs that provide benefits for work-related injuries or illnesses.
- Disclosure to Family or Others Involved in Your Care. To the extent authorized by law, the Plan may disclose your health information to your family or other individuals identified by you when they are involved in your care or the payment for your care. It will only disclose the health information directly relevant to their involvement in your care or payment. The Plan may also use or disclose your health information to notify a family member or another person responsible for your care of your location, general condition or status. The Plan will determine whether a disclosure to your family or friends is in your best interest, and then to the extent allowed by law, it will disclose only the health information that is directly relevant to their involvement in your care.

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time in writing, unless the Plan has taken action in reliance upon your prior authorization, or if you signed the authorization as a condition for obtaining insurance coverage.

BREACH OF UNSECURED PROTECTED HEALTH INFORMATION

You must be notified in the event of a breach of unsecured protected health information. A "breach" is the acquisition, access and use or disclosure of protected health information in a manner that compromises the security or privacy of the protected health information. Protected health information is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

YOUR RIGHTS

The following is a description of your rights with respect to your protected health information:

- To Request Restrictions. You have the right to request restrictions on the use and disclosure of your health information for treatment, payment or health care operations' purposes or notification purposes. The Plan is not required to agree to your request (except as described below). If the Plan does agree to a restriction, it will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, obtain the Plan form, complete it and submit that completed form to the Contact Person listed on the final page of this Notice. In addition, you have the right to restrict disclosure of your health information to the Plan for payment or health care operations (but not for carrying out treatment) in situations where you have paid the health care provider out of pocket in full. In this case, the Plan is required to implement the restrictions that you request.

- To Confidential Communications. You have the right to receive confidential communications about your own health information. This means that you may, for example, designate that the Plan contact you only via email or at work rather than at home. To request communications via alternative means or at alternative locations, obtain a Plan form, complete it and submit that completed form to the Contact Person listed on the final page of this Notice.

- To Access and Copy Health Information. You have the right to inspect and copy most health information about you, including your health information maintained in an electronic format. To arrange for access to your records or to receive a copy of your records, obtain a Plan form, complete that form and submit that completed form to the Contact Person listed on the final page of this Notice. If your health information is available in an electronic format, you may request access electronically or you may request that this information be transmitted directly to someone you designate. If you request copies, you will be charged the Plan's regular fee for copying and mailing the requested information. But, this fee must be limited to the cost of labor involved in responding to your request, if you requested access to an electronic health record.

- To Request Amendment. You may request that your health information be amended. Your request may be denied under certain circumstances. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which the Plan will keep on file and distribute with all future disclosures of the information to which it relates. To amend any information, obtain a Plan form, complete that form and submit that completed form to the Contact Person listed on the final page of this Notice.

- To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request (three years in the case of a disclosure involving an electronic health record). However, the following disclosures will not be accounted for:
  - Disclosures made for the purpose of carrying out treatment, payment or health care operations (Note: Does not apply to electronic health records);
  - Disclosures made to you;
  - Disclosures of information maintained in the Plan's patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts;
  - Disclosures for national security or intelligence purposes;
  - Disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure;
  - Disclosures that occurred prior to April 14, 2003;
  - Disclosures made pursuant to an authorization signed by you;
  - Disclosures that are incidental to another permissible use or disclosure; or
  - Disclosures made to a health care-oversight agency or law enforcement official, but only if the agency or official asks the Plan not to account to you for such disclosures and only for the limited period of time covered by that request.

- The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known) and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, obtain a Plan form and submit that form to the Contact Person listed on the final page of this Notice.

- Right to a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.

- Law Pertaining to Notice. The Plan is required by law to maintain the privacy of protected health information and provide the individual with notice of legal duties and privacy practice with respect to the information. The Plan is required to abide by the terms of this Notice as it is currently in effect.

- Amendment to Notice. The Plan reserves the right to revise, amend and change this Notice and the Plan can make the changes, revisions and amendments effective for all protected health information that the Plan maintains. A revised notice will be distributed to all Plan participants within sixty (60) days after the revision, amendment or change.

Effective April 20, 2005, the City Employee Health Benefits Plan (the "Plan") conforms with the requirements of the Security and Privacy requirements of the Health Insurance Portability and Accountability Act ("HIPAA Security Rule") by establishing the extent to which the City (the "Employer") will receive, use and/or disclose Electronic Protected Health Information ("EPHI").

Employer's Requirements for Safeguarding EPHI

EPHI will be safeguarded as follows:

- The implementation of administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the EPHI created, received, maintained or transmitted by the Employer on behalf of the Plan. These administrative, physical and technical safeguards are implemented through the adoption of HIPAA Policies and Procedures.

- The Plan is allowed to disclose to the Employer information on whether the individual is participating in the Plan or is enrolled in or has disenrolled from a health insurance issuer or HMO offered by the Plan. Except for such authorized disclosures, the Employer is required to ensure that adequate separation exists between the Employer and the Plan through the implementation of reasonable and appropriate security measures.

- The Employer must ensure that any agent including a subcontractor to whom it provides EPHI agrees to implement reasonable and appropriate security measures to protect EPHI.

- The Employer is required to report to the Plan any security incidents of which it becomes aware.

Exceptions to Employer's Safeguarding of EPHI

The Employer will reasonably and appropriately safeguard EPHI created, received, maintained or transmitted to or by the Employer on behalf of the Plan, except as disclosed pursuant to:

- A request for summary health information to obtain premium bids from health plans for providing health insurance coverage under the Plan or modifying, amending or terminating the Plan.

- A request for information on whether the individual is participating in the Plan, or is enrolled in or has disenrolled from a health insurance issuer or HMO offered by the Plan.

- The following HIPAA Policies and Procedures:
  - Uses and Disclosures of EPHI Based On Patient Authorization;
  - Uses and Disclosure of Psychotherapy Notes;
  - Uses and Disclosure of EPHI for Marketing;
  - Revocation of Authorization to Release EPHI and
  - Authorization Form.

COMPLAINTS

You may complain to the Plan if you believe that we have violated your privacy rights by completing a complaint form obtained from the Privacy Officer, Nathan Gregory. You may also complain to the Secretary of the Department of Health and Human Services. No action will be taken against you for filing a complaint.

Designated Contact Person

Nathan Gregory, the Privacy Officer, is the designated contact person for the Plan. You can contact him at 817-392-7847.

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and health insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The City of Fort Worth reserves the right to make changes at any time to the benefits, costs and other provisions relative to benefits.

CITY OF FORT WORTH

RETIREE BENEFITS GUIDE 2021-2022

FORT WORTH®