

**IT'S
WELL
WORTH
IT** 



**CITY OF FORT WORTH
BENEFITS GUIDE 2020**



For Your Health

2020 City of Fort Worth

HEALTH & BENEFITS, WELLNESS AND SAFETY GUIDE



Welcome to the City of Fort Worth's 2020 Health & Benefits, Wellness and Safety Guide.

The City of Fort Worth continues to be dedicated to its employees' well-being by providing competitive health benefits, a well-rounded wellness program and a Zero Accident Philosophy® workplace.

In this guide, you'll find It's Well Worth It to learn about the City's exclusive health centers, all the benefits options offered to employees, the comprehensive wellness program that can earn you money and the safety culture that aims to have employees go home in the same condition in which they arrived at the workplace.

Please use this as your guide to understand everything the City has to offer its employees, including the plans and coverage options that make the most sense and provide the most value for you and your family.

Inside, you'll find the information you need regarding eligibility, our programs and coverage specifics to help you 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.

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IMPORTANT PROVIDER CONTACTS



TYPE	RESOURCES	PHONE NUMBER	WEBSITE/EMAIL
Basic and Supplemental Life & AD&D	Securian Financial	817-392-7782	www.lifebenefits.com
City of Fort Worth Employee Health Centers	Southwestern Health Resources	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 
Discount Program/ Voluntary Benefits	BenePlace	800-683-2886	www.beneplace.com/cofw
Employee Assistance Program	Resources for Living	866-611-2826	www.resourcesforliving.com
FSA & HSA	WageWorks	877-924-3967	www.wageworks.com/employees 
Health Pro Consumer Advocate	Alight	855-769-4377	www.member.alight.com
Human Resources	Benefits Office Wellness Office	817-392-7782 817-392-2623	www.fortworthtexas.gov/benefits benefits@fortworthtexas.gov
Long-Term Disability (LTD)	Unum	800-858-6843	www.unum.com
Musculoskeletal Care	Airrosti	800-404-6050	www.airrosti.com
Pension	Fort Worth Retirement Office	817-632-8900	www.fwretirement.org
Prescription	Optum RX	800-807-5996	www.optumrx.com 
Surgery Option	SurgeryPlus	855-200-9508	www.cfw.surgeryplus.com
UHC Medical Nurse Liaison	UnitedHealthcare Amy De La Cruz	844-634-1231 817-392-2668	www.myuhc.com www.uhc.com amy.delacruz@uhc.com 
Vision	EyeMed	866-804-0982	www.eyemed.com 
Wellness Vendor	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:** 8 a.m.-5 p.m., Monday-Friday
Human Resources General Email: HRWebmailQuestions@fortworthtexas.gov

PROVIDER	INFORMATION
City of Fort Worth Benefits Office	Phone: 817-392-7782 Email: benefits@fortworthtexas.gov Fax: 817-392-2624
Employee and Labor Relations Division	Employee and Labor Relations Ethics Hotline: 1-888-Now-4-Act ERLD Help Line: 817-392-7997 Email: HRWebmailQuestions@fortworthtexas.gov
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: 817-632-8900 Fax: 817-632-8910 Toll-Free: 1-800-741-9914 ask@fwretirement.org Hours of Operation Monday - Friday 7:30 a.m. - 5:30 p.m.
HR Records	Phone: 817-392-7776, 817-392-7777, 817-392-7794 Fax: 817-392-8869
HR Wellness	Phone: 817-392-8556 Email: WellnessProgram@fortworthtexas.gov
HR Classification, Compensation, & Civil Service Division	Phone: 817-392-7751
HR Risk Division	Occupational Health & Safety This division addresses all workers' compensation issues for the City. These include, but are not limited to: reporting, tracking, City policy and dispute mediation. Safety is also handled by this division in all aspects for the safety of City employees. 817-392-8524 or 817-392-7766. Workers' Compensation For Workers' Compensation questions, call 817-392-8529.
Talent Acquisition	Phone: 817-392-7750 Email: JobApplication@fortworthtexas.gov

EMPLOYEE BENEFITS



IT'S
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ABOUT YOUR ELIGIBILITY

If you are a regular full-time employee who works **30 or more hours per week**, you are eligible for all City of Fort Worth benefits.

Part-time employees who work **20–29 hours per week** are eligible for dental, basic life insurance, supplemental life insurance, flexible spending accounts, a 457 plan and voluntary benefits.

Part-time employees who work **fewer than 20 hours per week**, as well as **seasonal and temporary employees**, are not eligible for benefits.

DEPENDENTS

As an employee, you can enroll your spouse, common-law spouse, natural child, foster child, stepchild, grandchild, legally adopted child or child under your legal guardianship or custodianship into a plan.

COVERAGE EFFECTIVE DATES

Medical, Dental, Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs), Voluntary Plans, Basic Life, Supplemental Life, and Long-Term Disability:

First of the month after 30 days of continuous employment

Pension Plan, 457 Deferred Compensation Plan:

Date of hire

DEPENDENT CERTIFICATION

In order to add your dependents, you must provide Human Resources with the required forms of proof of relationship status.

DEPENDENT TYPE	ACCEPTABLE FORMS OF PROOF DOCUMENTATION
Spouse	• Marriage license • If common law: 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

QUALIFYING EVENTS	DEADLINE TO ENROLL OR DISENROLL (W/IN)	CHANGE DATE	REQUIRED DOCUMENTATION
Marriage/ Common-law marriage	30 days from event date	Date of event	Marriage license, Declaration or Registration of Informal Marriage (available at the County Clerk's Office in the county where you live)
Birth/Adoption	60 days from event date	Date of event	Statement of Birth Facts from the Hospital, Birth Certificate or Adoption Agreement
Commencement of employment by spouse or change in hours affecting health insurance eligibility (Gain of coverage)	30 days from effective date of coverage	Effective date of coverage	Offer letter indicating hire date and when date benefits begin; Copy of completed enrollment form indicating when coverage begins and that change is due to new hire; or letter from new company's Human Resources Office
Termination of employment by spouse or change in hours affecting health insurance eligibility (Loss of coverage)	30 days from loss of coverage	Date of loss of coverage	COBRA letter or letter on company letterhead from the previous company indicating when coverage will end. Letter should list the names of all the dependents covered
Spouse's Open Enrollment Period	30 days from Open Enrollment period	Effective on the Spouse's New Plan Effective Date	Letter or Open Enrollment Guide indicating Open Enrollment period and effective date of new coverage and enrollment form or confirmation indicating change made
Death	30 days from date of death	Date of death	Copy of death certificate
Divorce	30 days from date of event	Date of event	Divorce-decree indicating date of dissolution of marriage

MEDICAL PLANS UNITEDHEALTHCARE

CHOOSING A MEDICAL OPTION

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

- Health Center Plan
- Consumer Choice Plan

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

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

Employees can expect to receive an appointment on the same or next business day for sick visits from the three dedicated Health Centers. Specialists are available at various costs, depending upon their participation in the UnitedHealthcare Choice Network's Premium Designated Program. Any medical care received from out-of-network providers is not covered.

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

Under the Primary Care Network:

- All Health Center services are FREE
- Premium-Designated Physicians = \$60 copay
- Nonpremium-Designated Physicians = \$60 copay + deductible and coinsurance

Specialists Network

Under the Specialists Network:

- Premium-Designated Physicians = \$75 copay
- Nonpremium-Designated Physicians = \$100 copay + deductible and coinsurance

Premium-Designated Physicians

Physician designations are displayed publicly on UnitedHealthcare's physician directories found on www.myuhc.com or employees and retirees can always call to confirm before their appointments that the specialist is a premium care physician. When you're seeking a doctor who is an in-network provider, look for the **TWO BLUE HEARTS**.

Premium-Designated Physicians' Specialist Categories

Premium care physicians fall under several specialist categories. Those include:

Family Medicine	Gastroenterology
Internal Medicine	General Surgery
Obstetrics & Gynecology	Neurology
Pediatrics	Neurosurgery, Orthopedics & Spine
Allergy	Nephrology
Cardiology	Pulmonology
ENT	Rheumatology
Endocrinology	Urology

Note: If the specialty is not listed above, you will pay the lower rate of \$75. Employees should note there are no out-of-network benefits.

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, is working with the City of Fort Worth to provide exceptional health care benefits for employees, retirees and their dependents.

This program offers convenient access to primary care, including three healthcare centers and four satellite sites where quality and exceptional patient care are priorities.

The City of Fort Worth's Health Care Benefits Program includes locations available through Southwestern Health Resources — each of which is staffed by Texas Health Resources physicians who can handle any kind of primary-care patient needs and who also can refer patients to in-network premium-designated specialists for specific medical care, if needed.

Top-notch physicians and other medical experts are available at each location, as well as care coordinators and patient navigators to help with any referrals to specialists that patients may need.

There are three main locations exclusive to City of Fort Worth employees, retirees and their enrolled dependents.

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 Health Centers, plus referrals to see specialists when needed.

- **Short Wait Times for Office Visits**

The goal for office visits is ensuring employees receive prompt, thoughtful care, while keeping your comfort top of mind. For most routine needs, appointments will take 30 minutes or less. If labwork or care that goes beyond the basics is needed, an office visit could take longer. The highly-trained staff will work with you as a patient to make sure you're 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.



THREE MAIN LOCATIONS AND FOUR 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

6048 Lake Worth Blvd.
Fort Worth, TX 76135

City of Fort Worth

Employee Health Center - Moncrief

UT Southwestern-Moncrief Medical Center at Fort Worth
600 South Main St.
Suite 3600
Fort Worth, TX 76104

City of Fort Worth

Employee Health Center - Huguley

11801 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 Health Centers. Out-of-pocket expenses are higher for the 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

Note: There may be additional costs for services beyond primary care.

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

Cornerstone Family and Sports Medicine

100 Bouland Rd., Ste. 170, Keller, TX 76248

Texas Health Family Care - Willow Park

101 Crown Point Blvd., Ste. 200
Willow Park, TX 76087

FLEXIBLE SAVINGS ACCOUNTS

WageWorks

The City of Fort Worth offers two types of Flexible Spending Accounts (FSAs) to help you save for out-of-pocket expenses. This money is deducted pretax so it will lower your taxable income. These accounts are “use-or-lose”, meaning you must use most of your funds by the end of the plan year or you lose the money. You will be able to carry over up to \$500 of your FSA Health Account at the end of the plan year to use in the next year.



How a Flexible Savings Account works:

- You can set up a FSA Health Account for eligible healthcare expenses such as deductibles, copays, coinsurance, prescription drugs and dental expenses. The maximum you can contribute is \$2,700.
- You will receive a card in the mail from WageWorks. You can use this card at the point of service. WageWorks may contact you for your receipts to back up your claims.
- You are able to use your FSA Health Account for members of your family who are not covered by the City’s medical or dental programs, provided they are not on a high-deductible health plan elsewhere.
- The FSA Health Account is fully funded immediately. If you need FSA Health Account funds in January, 100% of your election is available to you.
- Participants in the Consumer Choice Plan cannot contribute to a FSA Health Account.

Dependent Care

You can set up a FSA Dependent Care Account to help pay for eligible child- and elder-care expenses so you (and your spouse if married) can continue work or attend school. The maximum contribution is \$5,000 per family.

- An FSA Dependent Care Account is available for your children under the age of 13 who are in daycare. You cannot use FSA Dependent Care Account funds for private school tuition, episodic daycare or for daycare for children over the age of 13, unless they are disabled.
- The FSA Dependent Care Account holds use-or-lose money. If you do not use the money in the plan year, you lose it.
- The FSA Dependent Care Account only allows you to take out what you have contributed thus far. For example, if you have a daycare bill for \$500, but there has only been \$192 deposited into your account, you will only be able to receive reimbursement for the \$192.



Consumer Choice Plan (HDHP)

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 UnitedHealthcare 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.

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

Enrollment in the Consumer Choice Plan for employees-ONLY option has no cost. See page 14 to learn more.

Quick Facts

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

Consumer Choice Plan members will be able to use the health centers at a discounted rate.

Mental-health services are treated like medical services regarding the billing process under the Consumer Choice Plan option.

HEALTH SAVINGS ACCOUNT

WageWorks

If you enrolled in the Consumer Choice Plan, you will use a Health Savings Account (HSA) to pay for healthcare expenses. The City contributes to your HSA and you can make pretax contributions as well.

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 hired after January 1;
- In addition to the City's contribution, you can contribute an additional \$3,010 for individual coverage and \$6,100 for family coverage on a pretax basis through a regular payroll deduction;
- If you are over age 55, you can contribute an additional \$1,000;
- Your unused balance rolls over from year to year, and it's your money — if you leave the City, your account goes with you.

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 Alight, the City's healthcare assistant service, at 855-769-4377 for price comparisons and help in finding the right doctor based on your needs.

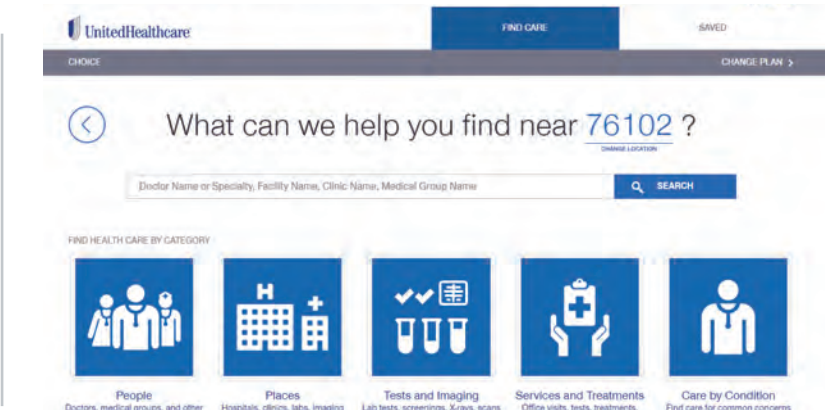
If you are waiving medical coverage, please see required notices in the back of this guide for important information on waiving your medical insurance plan.





To Find a Premium-Designated Doctor

- Visit www.myUHC.com
- Go to “Find a Doctor or Facility”
- Choose type of provider you are seeking
- All UnitedHealthcare Plans
- Select “Choice Network”
- Enter Your Location by Zip Code
- Find Care
- Look for the **TWO BLUE HEARTS**



Premium-Care Physicians

Specialist Categories	
Family Medicine	Gastroenterology
Internal Medicine	General Surgery
Obstetrics & Gynecology	Neurology
Pediatrics	Neurosurgery, Orthopedics & Spine
Allergy	Nephrology
Cardiology	Pulmonology
ENT	Rheumatology
Endocrinology	Urology

Note: Lists are updated annually.



2020 MEDICAL RATES PER PAYCHECK

For active benefits-eligible employees:

Health Center Plan

2020 Health Plan Cost Per Pay Period	Completed MHA Assessment, Tobacco Affidavit/Tobacco Journey (TOB) & Physical	Completed MHA Assessment, & Tobacco Affidavit/Tobacco Journey (TOB) OR Physical	Completed NO Requirements
Employee ONLY	\$48.18	\$71.25	\$94.33
Employee & Spouse	\$238.37	\$261.45	\$284.52
Employee & Child(ren)	\$177.85	\$200.93	\$224.00
Employee & Family	\$333.47	\$356.54	\$379.62

Consumer Choice Plan

2020 Health Plan Cost Per Pay Period	Completed MHA Assessment, Tobacco Affidavit/Tobacco Journey (TOB) & Physical	Completed MHA Assessment, & Tobacco Affidavit/Tobacco Journey (TOB) OR Physical	Completed NO Requirements
Employee ONLY	\$0.00	\$23.08	\$46.15
Employee & Spouse	\$161.66	\$184.74	\$207.82
Employee & Child(ren)	\$115.77	\$138.84	\$161.92
Employee & Family	\$242.50	\$265.57	\$288.65



2020 Summary of Medical Plan Benefits

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	◀ including deductibles, copays, coinsurance, prescription deductible, prescription copays	
Individual	\$6,000	\$6,550
Family	\$12,000	\$13,000
Primary-Care Physician Office Visits		
PCP (At Health Center)	\$0 copay	\$60 per visit
OB/GYNs/Peds (Premium-Designated Provider)	\$60 copay	20% after deductible
Specialist (Premium-Designated Provider)	\$75 copay	20% after deductible
PCP (Premium-Designated Provider)	\$60 copay	20% after deductible
PCP (Nonpremium-Designated Provider)	\$60 copay, plus 20% after deductible	20% after deductible
OB/GYNs/Peds (Nonpremium-Designated Provider)	\$60 copay, plus 20% after deductible	20% after deductible
Specialist (Nonpremium-Designated Provider)	\$100 copay, plus 20% after deductible	20% after deductible
Emergency Room Visits - for true emergencies only	\$300 copay (waived if admitted)	20% after deductible

Choosing a Premium Provider means a lower copay and out-of-pocket costs

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

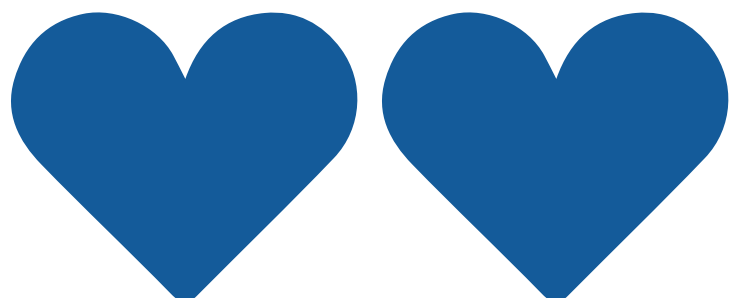
Virtual Visits are free on the Health Center Plan and low cost on the Consumer Choice Plan.

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 UnitedHealthcare (UHC) 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 UHC Choice 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. Remember: Receiving covered health services from a Premium-Designated Provider will be at a lower cost than those providers who do not have premium designations. You may view a provider's status by visiting www.myuhc.com and looking for the **TWO BLUE HEARTS**.



URGENT CARE VS. EMERGENCY ROOM USE

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 non-emergency issues**.

In an effort to discourage non-emergency ER visits, copays 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 non-emergency issue

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, cold and flu
- Sprains and strains
- Upset stomach
- Nasal congestion
- Minor fevers

In-Person Urgent Care Options

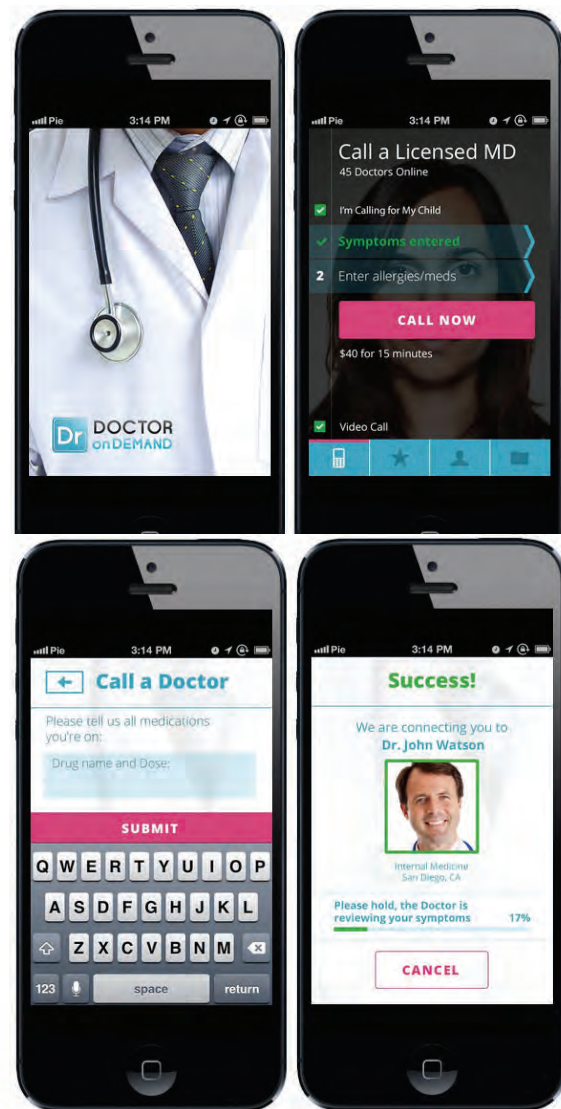
Convenient access for minor, non-emergency health issues can be found at:

- Urgent Care Clinics - CareNow
- Convenience Care Clinics - Minute Clinics

Online Or Mobile Urgent Care Options

Alternatives to emergency rooms for non-emergency issues are:

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



PRESCRIPTION DRUGS – OPTUMRX



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.

Find the preventative-maintenance list of medications on the City's Benefits page:

<http://fortworthtexas.gov/benefits/prescriptions/>

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 – OPTUMRX

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

Health Center Plan

- Free six-months' worth of supplies, including a meter, strips and lancets, with a scheduled Diabetes Checkup at the three primary health centers
- 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 UHC covered at 100%
- Certified Diabetes Educator consultations covered at 100% – no copay

Consumer Choice Plan

- Six-months' worth of supplies, including a meter, strips and lancets, with a scheduled Diabetes Checkup at the three primary health centers – \$60
- 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 UHC covered at 100%, deductible waived
- Certified Diabetes Educator consultations – \$60

*Some diabetes medications are covered under the preventive-maintenance medications covered at 100%. See the City's benefit website for complete list.



SURGERY

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 who use SurgeryPlus, ***the City of Fort Worth 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 www.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

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



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 are 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.

2020 Semimonthly Dental Rate

(For active full-time, part-time employees and council aides)

Employee Dental Rates	DELTA Care (DHMO)	DELTA Dental (DPPO)	
Dental Options	DHMO (TX15A)	DPPO Low	DPPO High
Employee Only	\$6.77	\$12.30	\$18.26
Employee & Spouse	\$11.66	\$23.36	\$37.43
Employee & Child(ren)	\$13.55	\$27.06	\$48.39
Employee & Family	\$20.67	\$38.13	\$61.17

Delta Dental
DPPO
DHMO

www.deltadentalins.com
800-521-2651
800-422-4234

	DELTACARE 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	You pay fixed copayments according to the plan's schedule of benefits.	Plan pays 50%.	Plan pays 50%.
Lifetime maximum		\$1,000	\$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 network dentist.

VISION PLAN



For 2020, 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

2020 Semimonthly Vision Rates for Employees

(Applicable for active full-time employees, part-time employees and council aides)

Employee Vision Rates	EyeMed Vision
Employee Only	\$2.85
Employee & Spouse	\$5.41
Employee & Child(ren)	\$5.70
Employee & Family	\$8.37

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 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.

Alight is Here to be Your Healthcare Partner

Compass Professional Health Services may have a new name but they still provide the same exceptional customer experience you've come to count on. Welcome to Alight (formerly Compass).

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

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 charges \$500 — and that's why we offer Alight.

With so many challenges and inconsistencies existing throughout the North Texas healthcare systems, you can rely on your Alight Health Pro® to make you an empowered healthcare consumer who takes control of your healthcare 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:

Understanding Your Benefits.

Your Alight Health Pro® will confirm your benefits coverage and coordinate complex issues between your insurance and doctor — explaining everything in plain and simple terms. You can even rely on your Alight Health Pro® 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 Alight Health Pro® do the legwork. Your Alight Health Pro will not only find one that meets your personal preferences but will also ensure you're maximizing healthcare benefits by receiving highly rated care with low out-of-pocket costs.

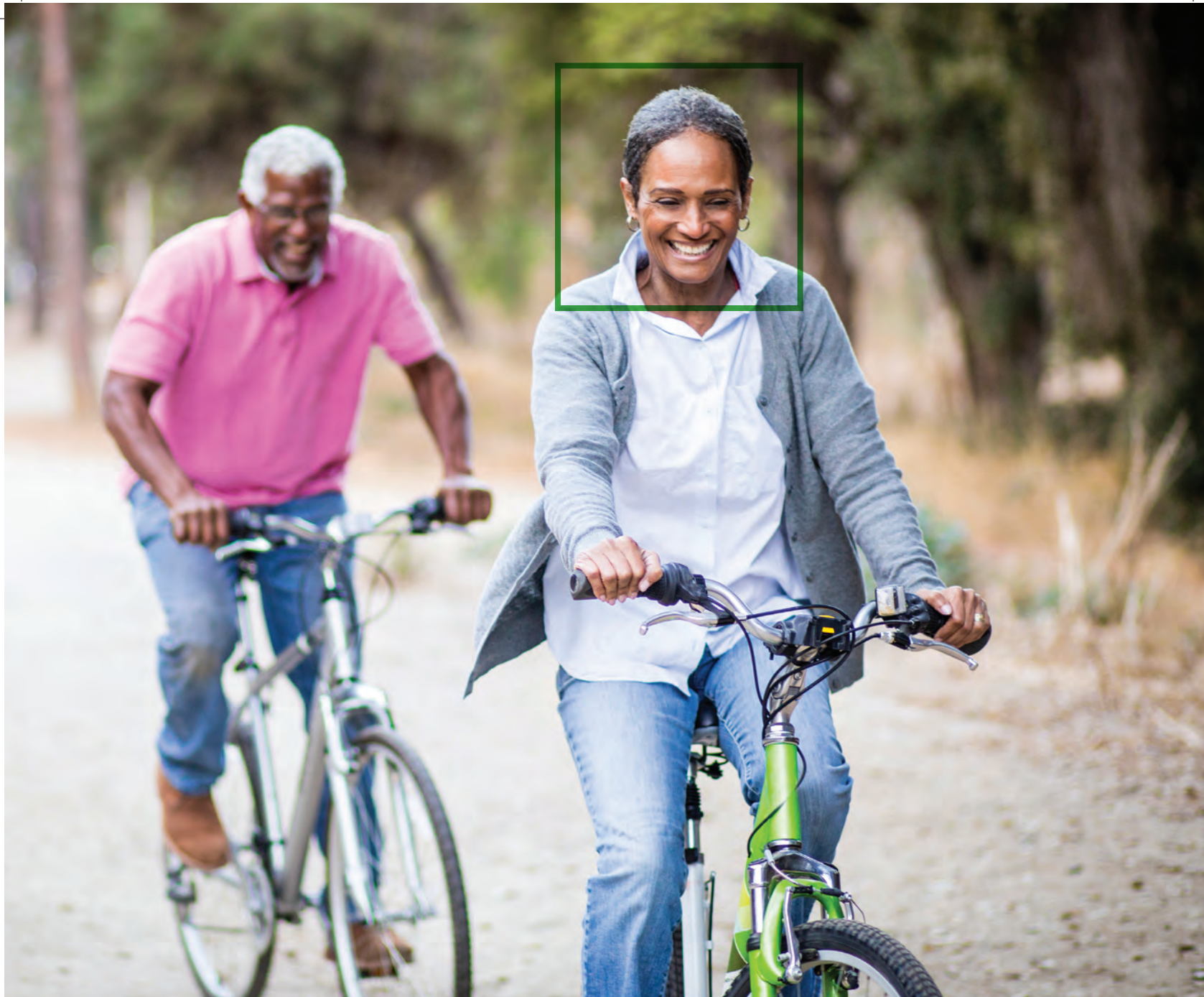
Saving Money on Medical Costs and Prescriptions.

Tell your Alight Health Pro exactly what your healthcare 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 Alight Health Pro is equipped to locate the lowest-cost prescription drug options for you.

Getting Help with Medical Bills.

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





LIFE INSURANCE – SECURIAN FINANCIAL

Basic Life Insurance & Accidental Death & Dismemberment (AD&D)

The City of Fort Worth provides you with basic life and accidental death and dismemberment insurance in an amount equal to your annual salary.

Supplemental Employee, Spousal and Dependent Life & AD&D

You can purchase Supplemental Group Term-Life Insurance for yourself and your family. Group Term-Life Insurance provides you with lower rates and the ability to take your coverage with you, if you leave the City or retire. To purchase coverage for your dependents, you must purchase supplemental coverage for yourself.

Policies are available in amounts up to five times your annual salary. You may enroll your spouse in a flat \$50,000 policy, and each of your dependent children is eligible for a \$10,000 policy.

As an added benefit, employees who purchase Supplemental Group Term-Life Insurance also receive additional travel assistance for emergencies, as well as funeral concierge services to help in planning services.

LONG-TERM DISABILITY - UNUM

Long-term disability (LTD) insurance provides income replacement in the event you are unable to work due to an accident of your own or a serious medical condition.

To be eligible to enroll in long-term disability, you must be an active employee and regularly work 30 or more hours per week.

You may choose coverage that replaces either 40% or 60% of your pre-disability earnings. The maximum monthly benefit is \$6,000 for the 40% option or \$9,000 for the 60% option.

You will also choose a waiting period — the amount of time you must wait after being declared disabled to collect benefits — of 90 or 180 days. The longer the waiting period, the lower the cost of coverage. The total cost of premiums also will depend on your annual salary, age and percentage of coverage you select.



ADDITIONAL CITY OF FORT WORTH BENEFITS

EDUCATION REIMBURSEMENT PROGRAM

After completing the initial probationary period, regular full-time employees who plan to attend college or receive training in a business or technical field that is related to a City career field may be able to receive financial assistance through the Education Reimbursement Program.

The program is designed to meet organization goals by assisting employees who elect to improve job performance or increase skills through education. Participation should be mutually beneficial to both the employee and the City of Fort Worth.

Every employee participating in the program and receiving assistance must have approval from their department.

Reimbursement

The maximum amount the City will reimburse per semester is \$1,500 (\$4,500 per calendar year). Tuition is paid directly to the school by the employee, but reimbursement of fees will be included in the employee's paycheck when grades are submitted. Only grades C and higher in undergraduate courses and B or higher in graduate-level courses (or "pass" in ungraded courses) are eligible for reimbursement.

If an employee voluntarily leaves the City after receiving educational reimbursement, they must pay back 100 percent of the amount reimbursed in the 12 months prior to leaving, and 50 percent of fees reimbursed 13 to 24 months prior to leaving. If an employee works at least 2 years after receiving an educational reimbursement, no repayment is required.

Getting Started

Prior to beginning a class, complete a Tuition Reimbursement Application. Applications, as well as grades and an itemized receipt must be turned in by that semester's deadline to receive reimbursement.

Choosing a Degree Plan

Several degrees are generally allowed in the Education Reimbursement Program, but others may qualify. Check with the Benefits Office prior to selecting a degree plan. The following are examples of acceptable degrees:

- Associate of Arts (Business, Mass Communication, General Speech & Communication)
- Associate of Science (Accounting, Business, Geographical Information Systems, Information Technology, Management, Office Administration)
- Bachelor of Arts, Bachelor of Science (Accounting, Business, Criminal Justice, Environmental Science & Engineering)
- Master of Business Administration
- Master of Public Administration
- Master in City & Regional Planning
- Master of Library Science



VOLUNTARY LEAVE BANK

The City of Fort Worth offers a Voluntary Leave Bank that provides up to 240 hours of continued income after you've exhausted all your accrued leave. The hours are provided if you are required to miss work due to a personal medical emergency or to care for an immediate family member who has had a medical emergency.

If you are a first-time enrollee, four hours of vacation time will be deducted from your leave accrual once you have completed your probationary period. Each subsequent year you are enrolled, one hour of vacation is deducted from your total each January.

A man with short dark hair, wearing a white button-down shirt, is sitting at a desk in an office. He is looking at a laptop screen and has his hands on the keyboard. The background is a bright, out-of-focus office space with large windows.

DEFERRED COMPENSATION OR 457 PLAN - TIAA

The City of Fort Worth offers you a Deferred Compensation or 457 Plan to make saving for your retirement easier and more convenient. You may contribute on a pre-tax or on a post-tax (Roth) basis.

The 457 Plan offers a range of high- and lower-risk investment options, including target retirement-date funds that are actively managed with a retirement date in mind. A brokerage account also allows you to invest in hundreds of mutual funds. You may contribute up to the IRS limit each year and change your contribution amount and/or investment allocations online anytime.

The 457 Deferred Compensation Committee typically monitors the performance of the plan. The committee meets quarterly and meetings are open to the public.



EMPLOYEE DISCOUNTS/VOLUNTARY BENEFITS – BenePlace

Current offerings include: vision, pre-paid legal, home and auto insurance, pet insurance and identity theft coverage. You can enroll online through the BenePlace website: <https://www.beneplace.com/cofw/>

Through the BenePlace website, you can purchase items and tickets at discounted rates. Tickets include local options such as Six Flags Over Texas, Legoland® Discovery Center and discounted movie tickets. If planning a vacation, you can also find discounted amusement park tickets for parks nationwide, as well as discounts on cruises and hotel stays.

BenePlace also offers discounts on items for your home, sporting equipment, dining, electronics or services for your car. You can also purchase supplemental benefits through BenePlace.

2020 HEALTHY CHALLENGE WELLNESS PROGRAM



Overview

The Healthy Challenge Wellness Program is a vital part of our overall benefits program. Whether your goal is to have more energy, to lose weight, to manage stress or to improve your diet, the Healthy Challenge Wellness Program can help.

City of Fort Worth Virgin Pulse requirements

To provide the tools and support you need to live healthy, we have partnered with Virgin Pulse, a leading health-management-services provider. Together with Virgin Pulse, we'll bring you the latest health and wellness content, educational programs and an online community to keep you motivated.

Who can participate in the program?

Beginning 1/6/20, all employees hired before 6/1/20 and health plan-covered spouses are eligible to participate in the Health Assessment (HA), Tobacco Affidavit or Tobacco Journey (TOB) and Physician Screening. Participants can log on to the City of Fort Worth website to take part in all available wellness activities.

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.



LEVEL UP YOUR HEALTH!

HEALTHY CHALLENGE CASH PAYOUT PROFILE

Rewards – The more you do, the more you can earn.



It's easy to earn rewards by making healthy decisions. The more you make, the more you'll earn. Here's how to progress through the levels on a yearly basis. For more ways to earn rewards, visit How to Earn under the Rewards tab on the site – or on the mobile app.



DO

Healthy Things



EARN

Points



CELEBRATE

Success



How Do Participants Receive Payouts?

Participants get payouts by earning points through various methods, including assessments, indicating their tobacco use, preventive screenings, program activities and health coaching.

REWARDS EARNED:

LEVEL 2: \$150 payout (reach 15,000 points)

LEVEL 3: \$200 payout (reach 25,000 points)

LEVEL 4: \$250 payout (reach 40,000 points)

Note: While employees are eligible for payouts, spouses and retirees are not.

	Level 1	Level 2	Level 3	Level 4
Points	5,000	15,000	25,000	40,000
Rewards	Level 1 Complete	\$150 achieved	\$200 achieved	\$250 achieved

DEADLINE

8/31/2020

Weight Management Programs

Real Appeal

Naturally Slim

Weight Watchers

KNOW YOUR NUMBERS

Complete the Health Assessment

Complete a Biometric Screening

AVOID TOBACCO SURCHARGE

Complete Nicotine-Free Agreement or Complete a Tobacco Journey

Not a member yet?

Don't miss out on all the fun! Get the mobile app or go to join.virginpulse.com/ctw

EMPLOYEE ASSISTANCE PROGRAM

Resources for Living (866-611-2826)

Through the Employee Assistance Program (EAP), your spouse and other eligible members of your household have 24/7 access to help with issues such as marital or emotional relationship problems, drug and alcohol abuse, depression, stress and financial hardships — at no cost to you.

The program allows up to **six free confidential counseling sessions per issue** to help with any of these issues before any type of payment is required. After the free sessions, you can continue services with the provider covered under the City of Fort Worth's insurance plan, but a copay and/or coinsurance similar to the payment process for medical providers and services may be required.

Also, many issues can be addressed directly with your EAP professional; in some cases, you may be referred to other resources. EAP services are available in person, via phone or online.



SAFETY



ZERO ACCIDENT PHILOSOPHY

The notion of a Zero Accident Philosophy® is a specific component of our overall culture. We do not shrug off injuries as an inevitable part of our organization, because they are not. We never want to accept that accidents and injuries are something that can regularly happen to employees since our people are our organization's greatest resource.

In order to protect this valuable resource, we need to continue to follow a **Zero Accident Philosophy** and ensure that it permeates through every level of the organization and every City of Fort Worth worksite. There is an important role in this program for each employee, and everyone is expected to join together to make the City of Fort Worth a successful, accident-free and healthy place to work.

Report Near-Misses

Every employee deserves to go home in the same condition in which they arrived at the workplace. By working together and encouraging every City of Fort Worth employee to get involved in looking for and reporting near-misses, including all unsafe conditions and unsafe acts, we can all do something to prevent accidents before they happen.

What is a Near-Miss?

An unplanned event that did not result in injury, illness or damage — but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a miss that was nonetheless very near.

The Safety Risk Management Team welcomes all employees' commitment to health and safety, as evidenced through responsible and constructive engagement, while representing the interests of their departments. Together, a partnership approach will achieve high standards in health and safety.

The City of Fort Worth recognizes that establishing a strong and active safety culture requires effort from all ends. It's worth the effort, because it can have a positive impact on your department. A vibrant safety culture can lead to lower absence rates, lower insurance premiums, less injuries, improved productivity and happier employees. However, it's vital that employees become involved in their department safety program for it to be a success.



DRUG & ALCOHOL-FREE WORKPLACE

Alcohol Use

Two specific kinds of drinking behavior significantly contribute to the level of work-performance problems: drinking right before or during working hours (including drinking at lunch and at company functions) and heavy drinking the night before that causes hangovers during work the next day.

It isn't just alcoholics who can generate problems in the workplace. Research has shown that the majority of alcohol-related work-performance problems are associated with nondependent drinkers who may occasionally drink too much — not exclusively alcohol-dependent employees.

Prescription Drugs

A level of risk always occurs when using any drug, including prescription or over-the-counter medications.

Drug reactions vary from person to person. If you are taking a drug you haven't had before, you won't know how it will affect you. It's important to follow your doctor's advice when taking prescription drugs and discuss any side effects and how they might impact your work.

Some facts about alcohol in the workplace:

- Workers with alcohol problems were 2.7 times more likely than workers without drinking problems to have injury-related absences.
- A hospital emergency department study showed that 35 percent of patients with an occupational injury were at-risk drinkers.
- Analyses of workplace fatalities showed that at least 11% of the victims had been drinking.
- One-fifth of workers and managers across a wide range of industries and company sizes report that a coworker's on- or off-the-job drinking jeopardized their own productivity and safety.

Some facts about drugs in the workplace:

- Workers who report having three or more jobs in the previous five years are about twice as likely to be current or past-year users of illegal drugs as those who have had two or fewer jobs.
- 70% of the estimated 14.8 million Americans who use illegal drugs are employed.
- Marijuana is the most commonly used and abused illegal drug by employees, followed by cocaine, with prescription drug use steadily increasing.



**Premature Deaths/
Fatal Accidents**



**Injuries/
Accident Rates**



**Absenteeism/
Extra Sick Leave**



**Loss of
Production**

The impact of alcoholism and drug dependence in the workplace

The City of Fort Worth has an established Employee Assistance Program (EAP) that is available to employees 24 hours a day/7 days a week. Our EAP program provides assistance to employees and their families, which in turn helps the City remain a Drug & Alcohol-Free Workplace. Call 866-611-2826 for assistance.

NOTES

[illegible]

REQUIRED NOTICES

CITY OF FORT WORTH GROUP HEALTH PLAN WAIVER OF COVERAGE

You may decline healthcare 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 minimum 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). 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, 1000 Throckmorton, 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 children 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 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.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

COBRA PLAN CONTACT INFORMATION

WageWorks
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, healthcare 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 healthcare provider, the Plan, a public-health authority, a healthcare clearinghouse or The City ("Employer") and relates to the past, present or future physical or mental-health condition of an individual, the provision of healthcare to an individual, or the past, present or future payment for the provision of healthcare 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.
- **HealthCare 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 healthcare 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 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, 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 of 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, 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 healthcare 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 healthcare operations (but not for carrying out treatment) in situations where you have paid the healthcare 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 healthcare 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, Margaret Wise. 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 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.

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