

LEGION FIELD

# Employee Benefits Booklet 2024-2025



Information Inside Includes:

**BENEFITS ELIGIBILITY • BENEFITS ENROLLMENT  
MEDICAL BENEFITS • DENTAL BENEFITS  
VISION BENEFITS • DISABILITY BENEFITS  
LIFE BENEFITS**



"Grief is really just love. It's all the love you want to give but cannot." - Unknown

There are never enough "right" words to say when you lose someone. Although you try to capture the beauty of who they were, the way they lit up a room or how they made you feel, nothing seems sufficient. But even without the perfect tribute, it would be unfair to the memory of our loved ones not to try, especially one so deserved as our beautiful, dedicated friend and colleague Susan Crowder.

There are no words that will fill the void we feel when we look at where Susan used to sit in Customer Service, uplifting the City's customers on a daily basis. Not a single sentence will illuminate her memory as radiantly as her beautiful smile that twinkled in her eyes when she laughed. And nothing could adequately describe Susan's love for her family, friends, and job or the joy she exuded.

So, when you see SweetARTS or watermelon, Pepsi or Mexican food, allow yourself to smile because they were Susan's little joys in life. If you happen to go to a Live at Legion Concert and you see her Aunt Penny front and center, do not be afraid to dance with her and enjoy the music and the moment...Susan surely would have. And if you encounter a customer who is having a bad day or maybe a tough time, treat them with patience and kindness, compassion and understanding...that's how Susan would have handled the situation.

We cannot replace Susan no matter how many positions we fill in Customer Service. Her absence will be felt even when all the stations are full. Saying goodbye to someone who was woven into the fabric of our daily lives is never easy. Give yourself grace to grieve the loss, any loss, because there will be days of sadness. However, we must remember the laughter and lightness that Susan brought into our lives too. We would do her memory a disservice if we did not share the same effervescence with our community, family and friends that she so selflessly shared with the The City of Covington for 28 years.

We miss you Susan and we are grateful that you will forever be a part of our The City of Covington family. Rest in peace, sweet friend.

## WELCOME

This booklet will answer some of the questions you may have about your benefits. Please note that this document is intended as a high-level summary of the major points of our benefit plans; it does not cover all provisions, limitations, and exclusions. The official plan documents, policies, and certificates of insurance govern in all cases and are available for your review at any time.

Guidance and interpretations relating to healthcare matters are released on a regular basis. The City of Covington is not providing legal advice. This material is for informational purposes only. Please contact HR with any questions.

## BENEFIT HIGHLIGHTS

**We evaluate our benefits program each year to make sure that we accomplish several goals. We strive to provide employees with affordable access to health benefits, to provide competitive benefits, and to promote health and wellness among our employees and their dependents. For the 2024-2025 plan year we are pleased to present the following highlights:**

- Cigna remains as our medical carrier with a slight increase to medical rates.
- Cigna remains as our dental carrier with an enhanced dental plan that will minimize balance billing for out-of-network providers. Rates will not change from previous year.
- iSolved remains as our Flexible Spending Account carrier. The City of Covington has increased the maximum Medical FSA contribution to \$3,200.
- Please remember to contact your HR team to confirm or make changes to your beneficiaries.

### YOUR BENEFITS ARE PAID FOR WITH PRE-TAX DOLLARS

To help stretch your income, we established a Cafeteria Plan or Flexible Benefit Plan that allows you to pay for your benefits using pre-tax money.

*What Cafeteria Plans Mean*  
Pre-tax deductions allow you to take home more of your earnings by reducing your taxable income.

Save at least 15% in Federal Tax  
\*\*\*

Save 7.65% in FICA Tax  
\*\*\*

Save 6% in Georgia State Tax

Dear Covington Team,

As we embark on a new fiscal year, I am pleased to share some important updates regarding your benefits package at The City of Covington.

First and foremost, I want to reassure you that there will be no changes to the benefits provided by CIGNA for our POS medical plan and HDHP in the upcoming year. However, there will be a slight adjustment in accordance with IRS guidelines: the high deductible minimum will increase to \$3,200.00 for single coverage and \$6,400.00 for family coverage.

Unfortunately, there has been a noticeable increase in our health insurance premiums for Fiscal Year 2024 – 2025 due to national insurance premium trends and our group’s experience over the past 12 months. Rest assured, our brokers at NFP have diligently conducted market research to explore new plan options and compare offerings from various insurance carriers. This ensures that we secure the most competitive rates and suitable coverage for our employees. The Human Resources team and City leadership have thoroughly reviewed the proposed plan designs, aligning them with the City’s budget and the needs of our employees.

After a comprehensive review of our total benefits package, we have decided to remove Metlaw Legal Services from our available options. However, we are excited to announce the expansion of our offerings to include not only group short-term disability but also critical illness, accident, and hospital indemnity coverage in response to inquiries from our employees.

Furthermore, after analyzing our healthcare costs and benchmarking against other jurisdictions, we have made the decision to phase out the POS (Copay) medical plan in the coming year(s). We understand the challenges posed by rising medical insurance costs and are committed to exploring alternative solutions to ensure the well-being of our employees while effectively managing costs.

I encourage you to take a moment to review our HSA Medical plan and consider the possibility of transitioning from the POS to the HSA option this fiscal year. Our Human Resources team, in collaboration with our broker NFP, is available to explore the options with you, ensuring you select the perfect plan to suit you and your family’s needs.

I’m delighted to share that we are receiving a significant increase in wellness funds this year from CIGNA. I urge you to make the most of this opportunity by attending the wellness events held each month and participating in the wellness challenges organized by the Human Resources Office.

Our overarching goal remains to prioritize the health and well-being of our employees while ensuring the long-term sustainability of our benefits programs.

Thank you for your hard work and dedication. It’s because of you that Covington is now considered a “destination location.”

Tres Thomas  
City Manager  
The City of Covington

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## BENEFIT ELIGIBILITY

The City of Covington provides a comprehensive benefits program to all full-time employees working 30 hours or more per week.

Employees are eligible for medical, dental, vision, and life insurance coverage on the first day of the month following date of hire. Long Term Disability coverage starts one year after your date of hire. Employees hired after 4/2/19 are only eligible for the HDHP with HSA medical plan.

### You may enroll the following dependents in our benefit plans:

- Your legal spouse.
- Dependent children under age 26 (coverage ends at the end of the month in which they turn 26). Dependent children include natural children, legally adopted children, step-children, and children for whom the employee has been appointed legal guardian.
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (subject to plan rules; documentation of handicapped status must be provided).

### Employees may have other dependents in their household who are not eligible for our benefit plans:

- Grandchildren, nieces, nephews or other children that do not meet the specifications listed above.
- Ex-spouses, unless required via court order (documentation must be provided).
- Parents, step-parents, grandparents, aunts, uncles, or other relatives that are not qualified legal dependents.

## BENEFIT CHANGES

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, and vision); therefore, your ability to make changes to these benefits is restricted by the IRS. Voluntary Life benefits can be changed at any time.

Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period unless you have a Qualifying Life Event. Open Enrollment occurs in the Spring, with plan changes effective July 1 through June 30 of the following year; during this period, employees can add or change their available benefits.

### The Most Common Qualifying Events

- Marriage, divorce, legal separation; birth or adoption
- Receipt of a Qualified Medical Child Support Order/other court order
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Change in household work status that affects benefits
- Change in coverage due to spouse's annual open enrollment

### To make benefit changes as a result of a Qualifying Event, as allowed under Section 125 of the IRS Code:

- Notify Human Resources within 30 days of the date of the qualifying event.
- Provide proof of your life status event
- Complete and submit your enrollment form.

## BENEFIT ENROLLMENT

For the 2024 Open enrollment you will be required to meet with an NFP Benefit Counselor or The City of Covington HR Team to complete your benefit sections. After open enrollment you will be able to view your benefit information online through bswift. It is available 24 hours a day, 7 days a week, throughout the year. Bswift also includes information regarding your payroll deductions and beneficiaries.

### bswift Online Login Instructions

1. Visit <https://cityofcovington.bswift.com>
2. Enter your username (first initial of your first name + last name +last four of your social security number)
3. Enter your password (the last four digits of your social security number)

### Enrollment Assistance

For questions about your benefits or assistance with enrollment, please contact The City of Covington Benefit Specialist Stephanie Henderson or the NFP Service Center at 1.844.626.8435.



## MEDICAL - CIGNA

The City of Covington provides eligible employees with medical benefits through Cigna. Employees hired after 4/2/19 must elect the Cigna HDHP Plan with HSA. Retirees as of July 2019 must elect the Cigna HDHP Plan with HRA.

### Choosing a Primary Care Physician (PCP)

It is recommended but not required to choose a PCP as your personal doctor to help coordinate care and act as a health advocate.

### Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC), which summarizes important information about your health coverage in a standard format, is available by logging into the carrier's member portal.

### In Network vs. Out-of-Network

When you seek medical care, you can choose your health care professional — one who participates in the network or one who does not. When you visit a participating provider, you receive in network coverage and pay lower Out-of-Pocket costs. In network providers have agreed to charge lower fees and your plan covers a larger share of the charges.

If a non-network provider is used, the amount you pay will be higher. These providers do not have an agreement with the insurance carrier for services at lower costs and may bill you for any amount over the maximum allowable fee, plus any copayment, deductible and coinsurance. Amounts paid over the maximum allowable fee will not apply to your deductible or Out-of-Pocket limit.

Some non-network providers work with network hospitals. Your medical insurance carrier will apply the network provider copayment, deductible and coinsurance to covered expenses received by non-network providers working with network hospitals. However, a member may have to pay these non-network providers any amount over the maximum allowable fee. If admitted to the hospital from an Out-of-Network emergency room, you or your provider should call the medical carrier to review or seek approval for further care. Otherwise, the member may be unaware of additional charges that is the member's responsibility.

### Cigna Pharmacy Benefits

The Cigna Prescription Drug List (PDL) divides covered medications into tiers. Members have access to an up-to-date PDL online to view which medications are covered under your plan. Go to [Cigna.com/druglist](https://www.cigna.com/druglist) and select 'Standard 3 Tier' from the drop down menu. Retail Pharmacy: There are thousands of retail pharmacies in your plan's network. Every in-network pharmacy can fill 30-day prescriptions, and a select number can fill 90-day prescriptions. For a list of retail pharmacies that fill 90-day prescriptions, log in to the myCigna App or [myCigna.com](https://www.cigna.com).

Home Delivery Pharmacy: Express Scripts Pharmacy, our home delivery pharmacy, is a great option if you take a medication on a regular basis. With just a few simple clicks, your prescriptions will be on their way to you. Visit [Cigna.com/homedelivery](https://www.cigna.com/homedelivery).

### CIGNA WEBSITE AND MOBILE APP

Your [myCigna.com](https://www.cigna.com) account and myCigna mobile app can help you manage your benefits, making it easy to personalize, organize and access your information on the go.

- View, print or fax your Cigna ID card
- Find network doctors & medical services
- Access health & wellness tools/resources
- Review coverage and manage claims
- See cost estimates for medical procedures
- Compare quality-of-care information
- Find in-network retail pharmacies
- Compare medication costs

### MEMBER REGISTRATION

1. Visit [myCigna.com](https://www.cigna.com) or launch the myCigna mobile app and select 'Register Now.'
2. Enter the requested personal information.
3. Confirm your identity. Create a user ID and password for secure access.
4. Review and submit.



**Cigna Open Access POS Plan Summary**

Employees hired after 4/2/19 are not eligible for this plan. This plan is not eligible for a Health Savings Account.

<b>Cigna Open Access Plus Network</b>	<b>In Network</b>	<b>Out-of-Network</b>
Contract Year Deductible - After each family member meets their deductible, covered expenses for that member are paid based on the co-insurance level specified. - Benefits for an individual within a family are paid at the coinsurance level once the individual deductible has been met.	\$1,500 Individual \$3,000 Family	\$5,000 Individual \$10,000 Family
Out-of-Pocket Annual Maximum (includes deductibles, coinsurance, medical and Rx copays)	\$2,500 Individual \$5,000 Family	\$10,000 Individual \$20,000 Family
Preventive Care Visit	Plan pays 100%; deductible waived	Plan pays 70% after deductible
PCP Visit/ Cigna Care Designation ""Provider	\$25 copay / \$15 copay	Plan pays 70% after deductible
Specialist Visit / Cigna Care Designation	\$60 copay / \$50 copay	Plan pays 70% after deductible
Virtual Care Visit	\$25 copay	70%
Urgent Care (all services including Lab & X-ray)	\$75 copay then plan pays 100%	\$75 copay then plan pays 100%
Independent Lab, Outpatient Facility	Plan pays 80% after deductible	Plan pays 60% after deductible
MRI, CT, PET Scan: Physician's Office/ Outpatient Facility/ Emergency Room	Plan pays: 100% / 80% / 100% after deductible	Plan pays: 70% / 60% / 80% after deductible
Inpatient Hospital Services* - Includes anesthesia - Lab & X-ray subject to professional service reimbursement	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Hospital Services* - Outpatient & ambulatory surgery; includes anesthesia - Lab & X-ray paid based on facility network status	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room (all services including Lab & X-ray)	\$350 copay then plan pays 100%	\$350 copay then plan pays 100%
Ambulance	Plan pays 80% after deductible	Plan pays 80% after deductible
Outpatient Speech/Physical/Hearing/Occupational	\$60 copay	Plan pays 60% after deductible
Therapy Chiropractic Care	\$60 copay	Plan pays 60% after deductible
Mental Health, Chemical Dependency Inpatient Services*	Plan pays 80% after deductible	Plan pays 60% after deductible
Mental Health, Chemical Dependency Outpatient Services*	\$50 copay	Plan pays 60% after deductible
Skilled Nursing Facility* 120 days per contract year max.	Plan pays 80% after deductible	Plan pays 60% after deductible
Home Health Care 120 visits, 16 hours/day per contract year max.	Plan pays 80% after deductible	Plan pays 60% after deductible
Durable Medical Equipment Includes external prosthetic appliances	Plan pays 80% after deductible	Plan pays 60% after deductible

If a Brand Name drug is requested when there is a Generic equivalent, member must purchase the Generic drug or pay 100% of difference between the Brand name price and the Generic price, plus the appropriate brand-name copay (unless 'Dispense As Written' DAW). Specialty Drugs have a 30 day quantity limit.

Pharmacy Deductible: \$100 individual / \$300 family (applies to Tiers 2 and 3 only)

<b>30-Day Retail:</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
	\$10 copay	\$30 copay	\$60 copay
<b>Mail Order:</b>	\$20 copay	\$60 copay	\$120 copay

\*precertification required *This summary should not be considered a full explanation of benefits. The official plan documents, policies, and certificates of insurance govern in all cases.*

**Cigna HDHP Plan with HSA or HRA Summary**

Employees hired after 4/2/19 are not eligible for this plan. Retirees as of July 2015 must elect this plan with the HRA.

<b>Cigna Open Access Plus Network</b>	<b>In Network</b>	<b>Out-of-Network</b>
Contract Year Deductible - After each family member meets their deductible, covered expenses for that member are paid based on the co-insurance level specified. - Benefits for an individual within a family are paid at the coinsurance level once the individual deductible has been met.	\$3,200 Individual \$6,400 Family	\$5,200 Individual \$10,400 Family
Out-of-Pocket Annual Maximum (includes deductibles, coinsurance, medical and Rx copays)	\$3,200 Individual \$6,400 Family	\$6,000 Individual \$12,000 Family
Preventive Care Visit	Plan pays 100%; deductible waived	Plan pays 70% after deductible
PCP Visit/ Cigna Care Designation ""Provider	Plan pays 100% after deductible	Plan pays 70% after deductible
Specialist Visit / Cigna Care Designation	Plan pays 100% after deductible	Plan pays 70% after deductible
Virtual Care Visit	Rates vary by service	Plan pays 70% after deductible
Urgent Care (all services including Lab & X-ray)	Plan pays 100% after deductible	Plan pays 100% after deductible
Independent Lab, Outpatient Facility	Plan pays 100% after deductible	Plan pays 70% after deductible
MRI, CT, PET Scan: Physician's Office/ Outpatient Facility/ Emergency Room	Plan pays 100% after deductible	Plan pays 70% after deductible
Inpatient Hospital Services* - Includes anesthesia - Lab & X-ray subject to professional service reimbursement	Plan pays 100% after deductible	Plan pays 70% after deductible
Outpatient Hospital Services* - Outpatient & ambulatory surgery; includes anesthesia - Lab & X-ray paid based on facility network status	Plan pays 100% after deductible	Plan pays 70% after deductible
Emergency Room (all services including Lab & X-ray)	Plan pays 100% after deductible	Plan pays 70% after deductible
Ambulance	Plan pays 100% after deductible	Plan pays 70% after deductible
Outpatient Speech/Physical/Hearing/Occupational	Plan pays 100% after deductible	Plan pays 100% after deductible
Therapy Chiropractic Care	Plan pays 100% after deductible	Plan pays 100% after deductible
Mental Health, Chemical Dependency Inpatient Services*	Plan pays 80% after deductible	Plan pays 70% after deductible
Mental Health, Chemical Dependency Outpatient Services*	Plan pays 100% after deductible	Plan pays 70% after deductible
Skilled Nursing Facility* 120 days per contract year max.	Plan pays 100% after deductible	Plan pays 70% after deductible
Home Health Care 120 visits, 16 hours/day per contract year max.	Plan pays 100% after deductible	Plan pays 70% after deductible
Durable Medical Equipment Includes external prosthetic appliances	Plan pays 100% after deductible	Plan pays 70% after deductible

Pharmacy Deductible: medical deductible applies. Member is responsible for copays once the medical deductible is met.

<b>30-Day Retail:</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>
	\$10 copay	\$20 copay	\$35 copay
<b>Mail Order:</b>	\$20 copay	\$40 copay	\$70 copay

\*precertification required This summary should not be considered a full explanation of benefits. The official plan documents, policies, and certificates of insurance govern in all cases.

# HEALTH SAVINGS ACCOUNT (HSA) - HSA BANK

The City of Covington will automatically enroll employees that have the HDHP Medical Plan in a Cigna Choice Fund Health Savings Account (HSA) with HSA Bank to help with out-of-pocket health expenses for you and your qualified tax dependents. Participants in this plan receive an employer contribution to a HSA to help meet their plan deductible or other eligible health care costs.

## Using the Health Savings Account

Use the money in your HSA to pay for qualified medical expenses such as deductibles, copayments and coinsurance- or save for later expenses like long-term care insurance and Medicare premiums. Refer to your medical benefits summary to determine how much of the amount you pay from your HSA will be applied to your deductible. Once you use up the funds in your HSA, you are responsible for deductibles and coinsurance until you reach your out of pocket maximum. Visit [Cigna.com/expenses](https://www.cigna.com/expenses) for more information.

## Save and Invest with Cigna Choice Fund HSA

With the Cigna Choice Fund HSA, any earnings on your contributions are tax-advantaged - instead of paying taxes on contributions, interest and investment earnings each year, more of your money stays with you. Your account earns interest and you'll have access to investment options once you reach the minimum balance of \$2,000.

## Examples of Qualified Medical Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Chiropractor
- Crutches
- Diagnostic devices
- Drug treatment
- Fertility enhancements
- Flu Shots
- Guide dogs
- Hearing aids & batteries
- Insulin
- Laboratory fees
- Nursing services
- Physical therapy
- Prescription Drugs
- Psychiatric Care
- Psychologist
- Speech therapy
- Stop-smoking programs
- Vasectomy
- Wheelchair
- X-rays

## 2024-2025 Employer HSA Contributions

Employee Only	\$1,200
Employee + Spouse	\$1,500
Employee + Child(ren)	\$1,500
Family	\$1,800

## 2024 HSA Maximum Contribution Limits

- Single Coverage Contribution: \$4,150
- Family Coverage Contribution: \$8,300
- Catch Up Contribution: \$1,000 (age 55+)

## HOW YOUR HEALTH SAVINGS ACCOUNT WORKS

### At the doctor's office:

- 1. Receive services:** With an HSA-powered plan, no copay is required at the time of service. Be sure to present your insurance ID card. If your health care provider requires a deposit, it will be applied to your invoice. Your health plan has a network of providers that it recommends, however you can use HSA funds to pay any qualified medical expense even if it is not covered by your insurance. This provides significant tax savings on out-of-network services.
- 2. Provider bills health plan:** The provider submits a claim to your health plan for services rendered.
- 3. Health plan sends EOB:** Your providers send you an invoice or statement, reflecting the allowed changes. Make sure the amount matches the EOB sent to you by your health plan. If not, contact your insurance provider for assistance.
- 4. Pay invoice with HSA:** You can pay the provider invoice with your HSA debit card or set up an online payment that is sent directly to the provider or as a reimbursement to you.

### At the pharmacy:

- 1. Get prescription:** Obtain a legal prescription from your doctor for needed medication and present it along with your insurance ID card to a pharmacy.
- 2. Pharmacy verifies insurance coverage:** The pharmacy checks with your health insurance on-the-spot to determine the exact amount that is the member's responsibility for the prescription.
- 3. Pay for your prescription:** The pharmacy fills your prescription and you can pay the amount owed with your HSA debit card or set up an online payment as a reimbursement to you. The expense is automatically applied to your deductible and/or coinsurance.



# FREQUENTLY ASKED QUESTIONS ABOUT HSA

**What is a High-Deductible Health Plan (HDHP)?** A HDHP is a health plan that has a lower monthly cost and pays no benefit until a higher annual deductible is met. Once the annual deductible is met, health expenses are paid at 100% and prescriptions are covered at a co pay.

**What is the HSA and how does it work?** Employees enrolled in a qualified HDHP will automatically have a HSA Bank account opened where you can make pre-tax contributions. You will receive a debit card to pay for eligible health expenses, or you can reimburse yourself if you pay out of pocket.

**Who can make deposits to an HSA?** Anyone can make a deposit to your account but as the account owner, you are the only one who can claim a deduction on your personal tax return. You do not need to claim contributions to your HSA made by your employer or others on your federal tax return.

**How do I make deposits to my HSA?** Deposits are made through pre-tax payroll deductions or as an initial lump sum deposit at enrollment. You can change your HSA payroll deductions at anytime. You can also make post-tax contributions and deduct them from your income when you file your taxes.

**When are the contribution deadlines?** Contribute to your HSA until the tax filing deadline for the year (without extension). Please note that payroll contributions are applied to the calendar year only. Contributions for the prior tax year should be made directly to your account through EFT or by check.

**Can I have a HSA and a FSA?** No, you cannot have a HSA and Health FSA; however, you can have an FSA for dependent care.

**How are medical expenses paid before my annual deductible is met?** Expenses incurred are paid by the employee until the annual deductible is met. You may use funds in your HSA or pay them as out-of-pocket expenses.

What expenses are counted towards my deductible? Only medical expenses covered by your medical plan apply towards your deductible. HSA funds used for qualified expenses not covered under your medical plan (for example, orthodontia) will not count towards your health plan deductible.

**Who verifies that my HSA was used for qualified expenses?** Save your receipts — in the event of an IRS audit, you are responsible for providing documentation to the IRS.

**What happens to my HSA if I never withdraw funds, change jobs, or retire?** Money in your HSA accumulates interest and balances will rollover each year. HSA funds are portable if you change employers or retire. HSA funds are not taxed or penalized if they are used for qualified medical expenses. Funds can be withdrawn without penalty at age 65.

**Can I pay for dependent expenses with my HSA?** HSA funds can be used to pay for your qualified medical expenses, as well as those of your spouse and other tax dependents, even if the dependent is not covered under your health plan.

**What if I enroll in Medicare?** You cannot make contributions to a HSA after you enroll in any part of Medicare, even if you are also covered on an HSA qualifying plan. At the time of Medicare enrollment, you are responsible for notifying HR to cancel HSA contributions.



## CIGNA PROGRAMS

The City of Covington believes prevention is the key to leading healthy and productive lives, and we are committed to helping our employees improve their health. Register at [myCigna.com](https://myCigna.com) to access Cigna's free support tools.

### Cigna One Guide

Cigna One Guide® provides access to guided consultations through telephone, mobile app, and 'Click-to-Chat' for choosing benefits, reducing health expenses through reward programs, and building a personal health team of doctors, clinicians, and coaches. Call the number on the back of your medical ID card to talk to a personal guide today.

- Resolve health care issues
- Find the right In Network hospitals, dentists and health care providers
- Save time and money
- Get cost estimates and avoid surprise expenses
- Get the most out of your plan
- Understand your bills

### My Health Assistant

Cigna offers access to My Health Assistant as a part of your health plan. This service is an online personal coaching service powered by WebMD with programs that can jump-start your goals and help you start feeling healthier and happier. My Health Assistant on [myCigna.com](https://myCigna.com) includes online health management programs that can help you turn unhealthy behaviors into healthier achievements by establishing goals and tracking your progress. Log in to [myCigna.com](https://myCigna.com), click the 'My Health' tab and select 'Programs & Resources.'

- Control stress • Enjoy exercise • Manage COPD • Manage heart failure • Quit tobacco • Manage asthma • Manage diabetes
- Lose weight • Manage diabetes • Manage heart disease • Eat better

### Cigna's Total Behavioral Health Program

If you or a loved one has been diagnosed with a behavioral health condition, this comprehensive program from Cigna provides help with life events, and offers dedicated support, lifestyle coaching, and online tools. Visit [myCigna.com](https://myCigna.com) or call 800.274.7603.

Services to help manage life events. \* Receive (3) face to face sessions

- Virtual behavioral care with a licensed mental health professional at no additional charge • Lifestyle management programs
- On-demand coaching and personalized learning • Behavioral support and awareness webinars

## CIGNA VIRTUAL CARE (TELEHEALTH)

**Register for a myCigna account to access virtual care and connect with quality board-certified doctors, pediatricians, licensed counselors and psychiatrists. Members can get minor medical virtual care 24/7/365 from anywhere via video or phone or schedule a behavioral/mental health virtual care appointment online in minutes.**

### Virtual Medical Care

Board-certified doctors/pediatricians can diagnose, treat and prescribe medications for minor medical conditions. To connect with an MDLIVE virtual provider, visit [myCigna.com](https://myCigna.com) and click on the 'Talk to a doctor' callout. Medical conditions include:

- Allergies • Bronchitis • Diarrhea • Fever • Nausea • Rashes • Joint ache • Sinus infections
- Asthma • Cold / flu • Earaches • Headaches • Pink eye • Shingles • Sore throats • Skin infections

### Virtual Behavioral Health Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe medications for certain nonemergency conditions. To locate a Behavioral Health provider, visit [myCigna.com](https://myCigna.com), go to 'Find Care & Costs' and enter 'Virtual counselor' under 'Doctor by Type,' or call the number on the back of your Cigna ID card. Behavioral Health conditions can include:

- Addictions • Grief/Loss • Trauma/PTSD • Eating disorders • Bipolar disorders • Relationship issues
- Depression • Stress • Life changes • Panic disorders • Parenting issues • Postpartum depression

### Schedule an Appointment

1. Access MDLIVE by logging into [myCigna.com](https://myCigna.com) and clicking on 'Talk to a doctor.' You can also call MDLIVE at 888.726.3171.
2. Select the type of case you need: medical care or counseling; cost will be displayed on both [myCigna.com](https://myCigna.com) and MDLIVE.
3. Follow the prompts for an on-demand urgent care visit to make an appointment for primary or behavioral care.



## HEALTHY REWARDS

Get discounts on the health products and programs you use every day, ranging from Weight Management, Nutrition and Fitness, to Vision and Hearing Care, Nicotine Cessation and Alternative Medicine. Just use your Cigna ID wallet card when you pay and let the savings begin.

Log into your [myCigna.com](https://myCigna.com) account and navigate to Healthy Rewards Discount Program or call 800.870.3470

## OMADA

Omada is a digital lifestyle program that inspires healthy habits through technology and support programs.

The goal is to help you accomplish the changes that matter most in the areas of eating, activity, stress and sleep. Omada is available at no additional cost.

If you or your covered adult dependents are enrolled in the company medical plan through Cigna, are at risk for diabetes or heart disease, then you are accepted into the program.

### Omada features:

- Interactive program to guide your journey
- Wireless smart scale to monitor your progress
- Weekly online lessons to empower you
- Professional Omada health coach for added support
- Small online peer group to keep you engaged



## ACTIVE&FIT DIRECT PROGRAM

Cigna members have access to discounts on health programs through Cigna Healthy Rewards program.

Cigna members and any dependents over the age of 18 are eligible to join the Active & Fit gym membership network.

Memberships are \$28 per month (plus a \$28 enrollment fee) which allows you access to multiple local gyms in the Active & Fit network. You have access to standard fitness centers for just \$28 and/or premium exercise studios with 20-70% discounts plus access to digital workout videos. Take the steps below to get started today!

Login to [myCigna.com](https://myCigna.com)



Wellness



Exercise



Healthy Rewards



Gym Memberships and Digital Workouts



# SAVE MONEY WITH CIGNA!

With healthcare costs continuing to rise, it's more important than ever to be conscious of how much you are paying for the care you receive. Becoming an educated healthcare consumer is a great way to help you manage your out-of-pocket healthcare expenses.

Cigna has the tools and support you need to help you find a quality in-network doctor near you, including 24/7 live customer service, plus a host of valuable resources to help you manage and track claims, and compare cost and quality information. Cigna tools are accessible through [myCigna.com](https://mycigna.com) or the free myCigna mobile App.



## 1. STAY ON TOP OF PREVENTIVE CARE

### What is preventive care?

Preventive care is a specific group of services recommended when you don't have any symptoms and haven't been diagnosed with a related health issue. It includes your periodic wellness exam (check-up) and specific tests, certain health screenings, and most immunizations. Most of these services typically can take place during the same visit. You and your health care provider will decide what preventive services are right for you, based on your age, gender, personal health history, and current health.

### Why do I need preventive care?

Preventive care can help you detect problems at early stages, when they may be easier to treat. It can also help you prevent certain illnesses and health conditions from happening. Even though you may feel fine, getting your preventive care at the right time can help you take control of your health.

### Which preventive services are covered?

Many plans cover preventive care at no additional cost to you when you use a health care provider in your plan's network. Use the provider directory on [myCigna.com](https://mycigna.com) for a list of in-network health care providers and facilities.



## 2. FIND THE BEST PROVIDERS

### The Cigna Care Designation is one decision-making tool you can use to choose a doctor.

Before we award a doctor the Cigna Care Designation, we do a lot of fact-finding. Doctors in 21 different medical specialties are assessed for quality and cost efficiency, since quality care doesn't have to mean higher costs.

When you use the myCigna online directory to find a doctor, you will see top-performing doctors are shown with the Cigna Care Designation symbol. This gives you an evaluation of quality and cost-efficiency that you can trust.

### Cigna Tier 1 Providers

Each year Cigna evaluates provider performance in certain medical specialties. Providers with top results in delivering quality, cost-efficient care become Tier 1. Under your plan, every time you use a Tier 1 in-network provider you will have a lower coinsurance or copay.

**Get help choosing a hospital, too! Just look for the Centers of Excellence Designation.** Choose an in-network hospital that's right for you. Hospitals that demonstrate better health outcomes at lower costs for one of the reviewed conditions earn our top rating — the Cigna Centers of Excellence designation.

#### Robert Smith , MD 0.7 mi

Doctors Group Health Partners 123 Main St. Anytown, CT 12345 (555) 123-1111

Specialties (2): Family Practice, Geriatric Medicine

Hospitals (3): ...see all

Years in Practice Not Available

New Patient Office Visit

Tier 1 Provider

Cigna Care Designation

**\$164**

In-Network

Cost Efficiency\*\*\*

ESTIMATED OUT-OF-POCKET COST

Accepting new patients

Quality Ratings: see all

### FIND A PROVIDER

Go to [myCigna.com](https://mycigna.com) and click 'Find a Doctor or Service'. In the online directory, look for the Cigna Care Designation symbol

### FIND A HOSPITAL

Visit [myCigna.com](https://mycigna.com) to view hospital quality information. Look for the Cigna Centers of Excellence designation



### 3. STAY IN-NETWORK

Costs will be lower if you choose to see doctors, hospitals and facilities in Cigna's network. When you are scheduled for surgery, ensure that the surgeon, anesthesiologist, and facility are all In-Network. Before you visit any provider or facility, we recommend you call ahead to be sure they are in your plan's network, as well as confirm their address, office hours, and that they are accepting new patients. myCigna and Cigna One Guide can help you stay in-network, maximize savings, and avoid any surprises.

#### How to search for an In-Network Provider:

The provider directory on [myCigna.com](https://mycigna.com) shows you results based on your health plan network and your location.

1. Log in to [myCigna.com](https://mycigna.com) and select the 'Find Care & Costs' Tab
2. Find care and cost estimates in your area by 'Primary Care, Doctor by Type, Doctor by Name, Reason for Visit or Locations'
3. Select 'Doctor by Type' and enter a specialty or type of doctor

Example: type "Primary Care Provider"> Results for In Network primary care providers near your area will be displayed.



### 4. FIND THE MOST COST EFFECTIVE RX

When you fill a prescription at an in-network pharmacy, what you pay depends on your cost-share for the medication and your annual deductible. If you're enrolled in a Health Reimbursement Account (HRA) or Health Savings Account (HSA) plan through Cigna, you may be able to use your funds to help pay for your eligible out-of-pocket expenses. Review your plan materials for more information.

#### Here are three ways to spend less on medication:

1. Buy generic. When it comes to prescription medications, you usually have a choice between a brand name medication and its generic equivalent. Generics offer the same strength and active ingredients as the brand name medication but often cost much less. Always check with your doctor or pharmacist to understand your options.
2. Compare drug costs at different pharmacies. Login to [myCigna.com](https://mycigna.com) > Select Prescriptions Tab > Select "Price a Medication" > Enter or Select a Drug Name > Enter Form/Dosage, Quantity, Frequency and Duration > Get cost estimates.
3. Ask your doctor about getting a 90-day (three-month) supply of your prescription. You'll make fewer trips to the pharmacy for refills. And you're more likely to stay healthy because with a 90-day supply on-hand, you're less likely to miss a dose. 90-day prescriptions may be filled using Cigna Home Delivery Pharmacy or select in-network retail pharmacies.

To get started using home delivery, log into the myCigna App or [myCigna.com](https://mycigna.com). Click on the Prescriptions tab and select 'My Medications' from the dropdown menu. Then click the button next to your medication name to move your prescription(s).



### 5. SHOP FOR THE BEST OUTPATIENT FACILITIES FOR DIAGNOSTIC TESTS

MRI, CT and PET scans can cost much less at some facilities. Make a more informed choice about where you get your services. Cigna's team can find the most cost-effective facility for a service. Cigna will help you compare costs for hundreds of procedures. Call Cigna customer service anytime at 800-244-6224.

#### How to search for outpatient facilities:

The provider directory on [myCigna.com](https://mycigna.com) shows you the costs of services within your location.

1. Log in to [myCigna.com](https://mycigna.com) and select the 'Find Care & Costs' Tab
2. Find care and cost estimates in your area by 'Primary Care, Doctor by Type, Doctor by Name, Reason for Visit or Locations'

Example: Select 'Reason for Visit' and enter the procedure 'Shoulder MRI Scan with Dye'. Then select 'Facilities' to view the results for facility costs near your area.

#### Freestanding Facility vs Outpatient Hospital

Radiology Center Cost    Outpatient Hospital Cost

MRI: \$706    MRI: \$1,676  
CT Scan: \$457    CT Scan: \$1,376

*Potential Savings: Over \$900*

*National averages of participating facilities; actual costs will vary. The information provided is intended to be general information. It is not intended as medical advice. You should consider all relevant factors and consult with your treating doctor when selecting a provider for care.*



## 6. THE VALUE OF IN-NETWORK LABS.

You can save money if you use an In Network lab instead of an Out-of-Network lab. Cigna's network includes national labs like LabCorp or Quest as well as regional and local labs. It's easy to find In Network labs in your area by using the Cigna directory.

These In Network labs can provide general and specialty laboratory and pathology testing in locations that are convenient and cost-effective. You have a choice when it's time for lab tests, like blood work.

Labs in Cigna's network give you quality service at a lower cost. When your doctor says you need lab tests, tell your doctor you want to stay In Network. Even if samples are taken in the doctor's office, you can ask for them to be sent to an In-Network lab.



## 7. ACCESS CARE IN THE RIGHT SETTINGS.

Deciding whether to see a doctor, go to urgent care, or use another option can be difficult. When your life or health is in serious danger, there's only one option — the emergency room. When a situation isn't life-threatening but still needs immediate care, there are options that can be more convenient, appropriate, and less expensive.

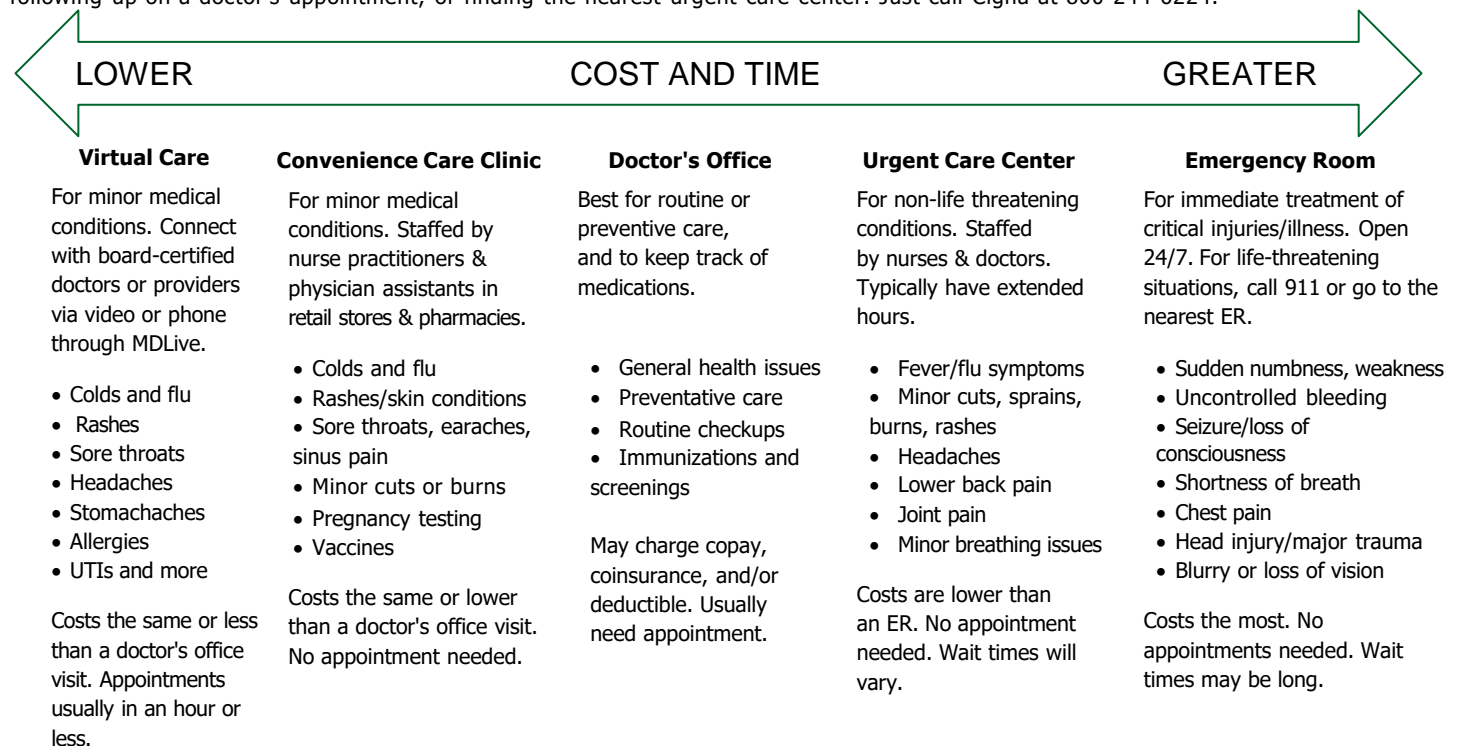
Go to an [Urgent Care Center](#) for conditions that should be looked at right away, but aren't as severe as emergencies. Doctors in an urgent care often do X-rays, labs, and stitches.

Visit a [Retail Health Clinic](#) for medical professionals who provide basic medical care. These clinics are almost always located in retail stores, supermarkets and pharmacies.

Use [Cigna Virtual Care](#) to get care for minor and acute conditions. Virtual visits with MDLIVE usually cost less than going to an urgent care clinic, and significantly less than an emergency room.

### Cigna Health Information Line

This service, staffed by nurses, helps you understand and make informed decisions about health issues you are experiencing, at no extra cost. It can help you choose the right care in the right setting at the right time, whether it's reviewing home treatment options, following up on a doctor's appointment, or finding the nearest urgent care center. Just call Cigna at 800-244-6224.



## FLEXIBLE SPENDING ACCOUNTS INVOLVED BENEFIT SERVICES

The rising costs of health and child care is encouraging more employees to take advantage of using pre-tax money in an FSA to pay for qualified health or dependent care expenses.

Determine how much you anticipate spending throughout the plan year and fund your FSA for that amount through pre-tax payroll deductions. Pay for eligible expenses using a debit card at the time of service or by submitting a receipt for reimbursement. Flexible spending accounts are separate and you cannot co-mingle funds.

## MEDICAL FLEXIBLE SPENDING ACCOUNT

A Medical Flexible Spending Account (Medical FSA) can pay for qualified medical, dental, and vision expenses incurred by you, your spouse, and your dependents under the age of 26. Visit [irs.gov](https://www.irs.gov) for a full list of eligible expenses and exclusions.

- Annual maximum contribution is \$3,200; annual minimum contribution is \$500.
- You are allowed to carryover up to \$640 of unused funds at the end of the plan year. Any excess funds will be forfeited.
- You cannot change your annual contribution amount during the plan year unless you have a qualifying life status change.
- You cannot participate in the Medical FSA if you are enrolled in a HDHP and are contributing to the HSA. You can still take advantage of the Medical FSA as a limited purpose Health FSA that only reimburses dental, vision or preventive care expenses and expenses incurred after your annual deductible is met.

### Healthcare FSA Eligible Expenses:

- Medical plan copays and deductible
- Infertility treatment
- Tobacco cessation programs
- Medically necessary services
- Vision care, dental/orthodontia expenses not covered by health plan

### Unused Funds

To use up any remaining FSA funds at the end of the year, consider the following:

- Stock up on over the counter (OTC) drugs.
- Use your funds to pay for medical expenses that you have been putting off.
- Schedule a dental cleaning or a medical screening/procedure.
- Replace or buy a spare set of eyeglasses or contact lenses, or schedule an eye exam if you haven't had one recently.

### How to Plan Ahead

Because an FSA is such a beneficial money-saving tool, you want to make the most of the tax advantage. However, contributing too much money may not benefit you if you have to spend it on unnecessary expenses or fail to spend the money at all.

The trick is to allocate an appropriate amount to your FSA in the first place.

- Look at your expenses from the last few years and determine what your average out-of-pocket medical expenses have been.
- Consider if the following year will bring any big life changes (Ex: marriage, divorce, new baby).
  - Use the FSA calculator to determine how much money you should allocate to your FSA and learn your potential tax savings. Visit [fsastore.com/fsa-calculator](https://fsastore.com/fsa-calculator).

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

A Dependent Care Flexible Spending Account (DCA) pays for qualified dependent child care or elder care expenses.

Annual maximum contribution is \$5,000 and annual minimum contribution is \$250.

- You ONLY have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account.
- Deadline for manual claims is 2 months and 15 days after the end of the plan year.
- Unused balances do not carry over and cannot be refunded.

### Dependent Care Eligible Expenses:

- Care at a licensed nursery school or daycare facility
- Before and after school care for children 12 and under
- Day camp expenses, Nannies and Au Pairs

### Dependent Care Ineligible Expenses:

- Services provided by your family members, overnight camps
- Babysitting costs when you are not working or at school
- Tuition expenses for school or late payment fees

### IFLEX MOBILE APP

- Check account balances and details
- Take photos of receipts and submit with a new or existing claim, or store them for future claim filing
- Use the Eligible Expense Scanner to scan items to determine if they're qualified medical expenses before you get to the checkout lane
- Report a debit card as lost or stolen

involved Benefit Services

# DENTAL - CIGNA

The City of Covington offers eligible employees and their dependents with one dental plan option through Cigna.

## Cigna Total Dental Preferred Provider Organization (DPPO)

When you enroll in the Cigna Total Dental PPO plan, certain preventive dental care services like cleanings, oral exams and routine x-rays are covered at no additional cost when you use a network dentist. Routine preventive dental care can lead to better overall health. Poor oral health has been linked to conditions including diabetes, heart disease, and strokes.

Choose any licensed dentist or specialist for routine, preventive, diagnostic and emergency care, but you'll pay less for covered services with an in-network provider. Cigna Network dentists provide services at lower negotiated rates and offer members discounted fees for all procedures on their fee schedules, even services not covered under your plan.



### FIND A DENTAL PROVIDER

#### Call Cigna

866.494.2111

#### [Cigna.com](https://www.cigna.com)

1. Click "Find a Doctor, Dentist or Facility" at the top of the screen.
2. Follow prompts to search by type of dentist or by dentist name.
3. Choose the 'DPPO/EPO > Total Cigna DPPO' plan.

#### myCigna

Current Cigna customers can log in to [myCigna.com](https://www.myCigna.com) or the myCigna® app to search your current plan's network.

1

### Cigna Dental Summary

Network Name: Dental Guard Preferred	In Network	Out-of-Network
Calendar Year Deductible	\$50 individual / \$150 family	\$50 individual / \$150 family
Out-of-network Reimbursement	Based on contracted fees	95th percentile of submitted charges
<b>Class I: Preventive &amp; Diagnostic Care</b> Oral exams, cleanings, x-rays, fluoride application, sealants, space maintainers, emergency pain relief	100%; no deductible	100%; no deductible
<b>Class II: Basic Restorative Care</b> <b>Class III: Major Restorative Care</b> Crowns, dentures, bridges, inlays/onlays	80% after deductible	80% after deductible
<b>Class III: Major Restorative Care</b> Crowns, dentures, bridges, inlays/onlays	50% after deductible	50% after deductible
<b>Class IV: Orthodontia</b>	50%; no deductible	50%; no deductible
Maximum Annual Benefit (per individual per calendar year)	\$2,000	\$2,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500

This summary should not be considered a full explanation of benefits. The official plan documents, policies, and certificates of insurance govern in all cases.

**TIP** You don't need an ID card to receive care from network dentists. Just make your appointment and provide identification to the office staff and they will verify your Cigna coverage. You can also access a digital ID card with your [myCigna.com](https://www.myCigna.com) account.



# VISION PLAN

The City of Covington offers eligible employees and dependents a vision plan through Cigna in partnership with EyeMed.

A routine eye exam can help your doctor test your vision and spot the early stages of eye disease. Cigna Vision is partnering with EyeMed to offer members a larger network and more robust plan management tools through the myCigna portal.

## Cigna Vision Network Serviced by EyeMed

The new vision network will give employees more access to discounted vision care providers (34,000 independent and retailer locations, plus online materials vendors), helping to make vision care even more affordable.

## Declining Balance Plan

Declining Balance benefit can be applied (after the 30% in-network savings) towards any covered services and materials until material allowance exhausted, within the stated frequency.

## How to Use Your Cigna Vision Benefits

1. Find a Provider.
2. Schedule an Appointment. Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision ID card to verify your eligibility and plan details.
3. Out-of-Network Reimbursement: Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department, PO Box 997561, Sacramento, CA 95899



### FIND A VISION PROVIDER

myCigna

1. Go to the Cigna Vision page and select 'View Details'
2. Select 'Find a Cigna Vision Network Eye Care Professional' to search the Directory

[Cigna.com](http://Cigna.com)

1. Click the 'Find a Doctor' tab at the top
2. Select 'Vision Directory—Routine Eye Exam & Eyewear' from the list

Call Cigna

Call the number on the back of your Vision ID card.



Be aware that the Cigna Vision Network Serviced by EyeMed is different from the Cigna medical networks.

### Cigna Vision Summary

Network Name: Standard PPO	In Network	Out-of-Network
<b>Exam</b> (every 12 monthly)	\$15 copay	Up to \$45
<b>Materials Allowance</b>	Up to \$200	Up to \$128
<b>Frames</b> (every 12 months) sealants, space maintainers, emergency pain relief	Total declining allowance of \$200	Total declining allowance of \$128
<b>Lenses</b> (every 12 months) Single/Bifocal/Trifocal/Lenticular (UV Coating, Solid & Gradient Tint, Standard Progressive, Standard Scratch Resistance, Standard Polycarbonate, Standard Anti-Reflective Coating)	Total declining allowance of \$200	Total declining allowance of \$128
<b>Contacts</b> Conventional / Elective / Therapeutic	Total declining allowance of \$200	Total declining allowance of \$128

*This summary should not be considered a full explanation of benefits. The official plan documents, policies, and certificates of insurance govern in all cases.*

## BASIC LIFE AND AD&D INSURANCE - STANDARD (POLICY # 760235)

The City of Covington provides all active, full-time employees working a minimum of 30 hours per week with company paid Basic Life and AD&D insurance of \$50,000 at no cost to employees. Employees have the option to purchase Spouse and Child Basic Life benefits for eligible dependents. Refer to the Certificate of Coverage for exact coverage and exclusions.

Life insurance provides a lump sum cash benefit to surviving beneficiaries to cover immediate expenses such as funeral costs or ongoing living expenses. It can help survivors adjust to the loss of income related to the death of a wage earner, or provide funds for college or retirement for the survivors.

For a covered accidental loss of life, your Employee Basic AD&D coverage amount is equal to your Employee

Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable. Basic AD&D is not available for dependent coverage.

### Age Reduction

Coverage will reduce to 65% at age 70.

Basic Life and AD&D Summary		
Coverage	Benefit	Cost
Employee Life and AD&D	\$50,000	Paid for by The City of Covington
Spouse Life	\$7,500	\$1.88 per month
Child(ren) Life	\$7,500	\$0.68 per month

## VOLUNTARY LIFE AND AD&D INSURANCE-STANDARD (POLICY # 760235)

The City of Covington provides all active, full-time employees working a minimum of 30 hours per week with the option to purchase additional life and AD&D insurance for yourself and your eligible dependents. You must purchase employee coverage to be able to purchase dependent coverage. Refer to the Certificate of Coverage for exact coverage and exclusions.

If you choose to purchase additional life insurance coverage, you'll have access to more affordable group rates, plus the convenience of having your premium deducted directly from your paycheck.

Voluntary Life and AD&D Summary				
Coverage	Increments	Maximum Benefit Amount	Guarantee Issue	Age Reduction
Employee	\$10,000	Lesser of 8 times salary or \$500,000	\$350,000	65% at age 70
Spouse	\$5,000	\$250,000; not to exceed 100% of employee election	\$50,000	Coverage ends at age 70
Child(ren)	\$1,000	\$10,000	\$10,000	N/A

*This summary should not be considered a full explanation of benefits. The official plan documents, policies, and certificates of insurance govern in all cases.*

### Waiver of premium

If you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.

### What is Evidence of Insurability?

Evidence of Insurability (EOI) is required for employees to purchase insurance above the Guarantee Issue (GI) amount. If you or your spouse have medical conditions that make it difficult to purchase life insurance on your own, this amount is relevant to you. EOI may involve completing a medical questionnaire, obtaining a physical, and receiving carrier approval before your insurance takes effect.

- New Hires — You may apply for coverage up to the Guarantee Issue (GI) through the normal enrollment process. For amounts above the GI, an EOI form must be submitted.
- Marriage, Adoption or Birth — If you are already enrolled in employee life, you can enroll new dependents up to the GI amount as long as you follow normal event deadlines. For amounts above the GI, you must complete the Evidence of Insurability Form and submit it within the normal life event deadlines.
- Open Enrollment Period—If you and/or your spouse are currently enrolled in voluntary life you have the option to increase your life insurance by one increment, up to the GI, without EOI. For increases greater than one increment, EOI is required. For employees who waived coverage as a new hire and are now enrolling for the first time, EOI is required for any election amount.



Your voluntary life election can be changed at any point during the plan year.

## LINE OF DUTY BENEFITS

**The City offers an additional \$50,000 or 100% of the AD&D benefit to public safety officers who put their lives on the line to protect the The City of Covington. For more information, please call 800.633.8575.**

### How Line of Duty Benefits Work

Line of Duty Benefits provide an additional insurance benefit on top of Life Insurance and AD&D. For example, a firefighter who has basic life coverage with the City responds to a building fire. A gas leak occurs, causing an explosion that results in the firefighter's death. In this example, the firefighter's beneficiaries would receive the following: Life and AD&D benefit of \$100,000 plus a \$50,000 Line of Duty Benefit for a total payment of \$150,000.

This benefit can also apply to major injuries. For example, a police officer who has basic Life and AD&D with the City is involved in a high-speed chase that ends in a collision, resulting in the loss of sight in one of their eyes. In this example, the police officer would receive the AD&D benefit for loss of the sight of one eye, plus a \$50,000 Line of Duty Benefit.

## LIFE SERVICES TOOLKIT

**The Standard's Life Services Toolkit, provided by Health Advocate, is available to all employees.**

### Employee Access

Get access to information and tools to help make decisions on topics such as:

- Estate Planning Assistance: Online tools to help with preparing a will and creating documents such as living wills, powers of attorney and advance directives.
- Financial Planning: Consult online services to help you manage debt, mortgage and loan payments, and take care of other financial matters with confidence.
- Health and Wellness: Articles about nutrition, stress management and wellness help employees lead healthier lives.
- Identity Theft Prevention: thwart identity thieves & resolve issues if theft occurs.
- Funeral Arrangements: Access guidance on how to begin, funeral costs, finding funeral-related services and arrangements.

### LIFE SERVICES TOOLKIT

[standard.com/mytoolkit](https://standard.com/mytoolkit)

Employee Services username: assurance

Beneficiary Services username: support

800.378.5742

### Services for Your Beneficiary

Life insurance beneficiaries can access services for 12 months after receiving the Life claim letter. Accelerated Death Benefit recipients can access services for 12 months after the date of payment. These supportive services help your beneficiary cope after a loss:

- Grief Support: Care Managers with advanced training are on call to provide confidential grief sessions by phone or in person.
- Legal Services: In addition to online estate planning tools, beneficiaries can obtain legal assistance from experienced attorneys.
- Financial Assistance: Schedule telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- Support Services: Receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find child care and elder care providers or organize a move or relocation.
- Online Resources: Access additional services and features on the Life Services Toolkit website, including online resources about funeral arrangements and costs and funeral-related services.



## EMPLOYEE ASSISTANCE PROGRAM

The City offers an additional \$50,000 or 100% of the AD&D benefit to public safety officers who put their lives on the line to protect the City of Covington. For more information, please call 800.633.8575.

### How Line of Duty Benefits Work

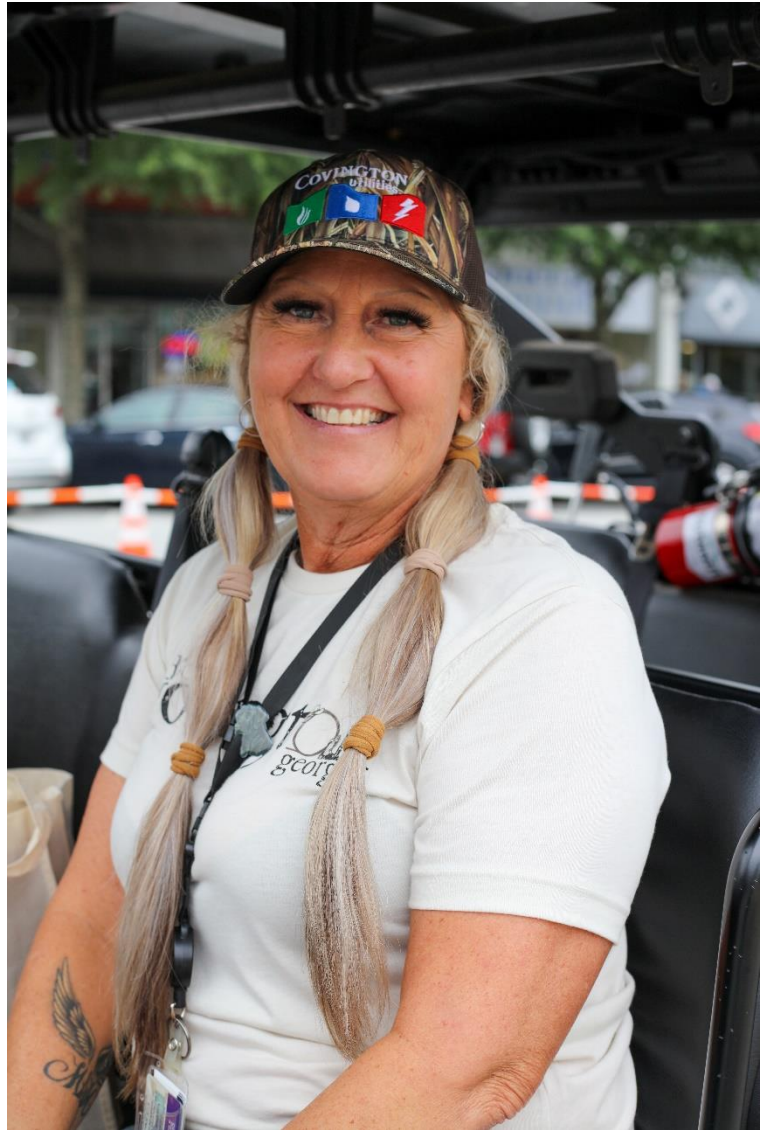
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## TRAVEL ASSISTANCE PROGRAM

### Travel Assistance Benefits Include:

- Credit card and passport replacement
- Missing baggage and emergency cash coordination
- Assistance with the return of your personal vehicle if emergency transportation services leave it stranded
- Replacing medications/lost corrective lenses
- Advancing funds for hospital admission
- Evacuation in case of a natural disaster and social/political unrest
- Return travel companion if travel is disrupted due to emergency hospitalization
- Care of minor children if left unattended because of a hospitalization
- Access to medical care providers, interpreter services, local attorneys
- Assistance with bail bonds



### TRAVEL ASSISTANCE

**Phone:** 800.872.1414  
(US, Canada, Puerto Rico,  
Virgin Islands, Bermuda)

**Phone:** 609.986.1234

Text: 609.334.0807

**Email:**

[medservices@assistanceamerica.com](mailto:medservices@assistanceamerica.com)

## LONG TERM DISABILITY - STANDARD

The City of Covington pays the full cost of Long Term Disability Insurance for eligible employees. Disability coverage starts one year after your date of hire.

Group disability insurance can help pay part of your covered earnings when you can't work for a period of time due to a covered illness or injury. Long Term Disability (LTD) insurance provides income continuation in the event you will be out of work for a long period of time due to an accident or illness.

### Long Term Disability Summary

Benefit Percentage	60% of your monthly earnings up to \$10,000
Benefit Duration	Up to social security normal retirement age (SSNRA)
Benefit Waiting Period	180 days
Minimum Benefit	\$100



**Report a Disability Claim**

Phone: 800-368-1135

Online: [www.standard.com](http://www.standard.com)

## SHORT TERM DISABILITY - STANDARD

The City of Covington offers eligible employees an option of purchasing Short Term Disability Insurance.

Group disability insurance can help pay part of your covered earnings when you can't work for a short period of time due to a covered illness or injury. Short Term Disability (STD) insurance provides income continuation in the event you will be out of work due to an accident or illness.

### Short Term Disability Summary

Benefit Percentage	60% of your weekly earnings up to \$1,300
Benefit Duration	Up to 166 days
Benefit Waiting Period	14 days
Minimum Benefit	\$15



**Report a Disability Claim**

Phone: 800-368-1135

Online: [www.standard.com](http://www.standard.com)

### When do I report a disability claim?

The below steps should be taken for a disability claim:

- Always seek appropriate medical attention immediately. Your health and safety come first.
- Contact your employer on or before your first day out of work. Tell them when and how long you expect to be absent.
- When you know you will be out for more than seven days in a row, contact The Standard no later than your seventh day out of work, so we can begin reviewing your claim.

Please have the following information ready before you call.

- Your personal information: name, address, phone number, birth date, date of hire, and Social Security Number, plus your employer's name, address and phone number.
- The date and cause of your disability and when you plan to return to work. If you are pregnant, give your expected delivery date.
- The name, address and phone number of each doctor you are seeing for this absence.

## Group Accident - Aflac

The group Accident Advantage Plus plan from Aflac means that your family has access to added financial resources to help with the cost of follow-up care as well.

### The Aflac Group Accident Advantage Plus plan benefits:

Transportation and Lodging benefits  
 Emergency Room Treatment Benefit  
 Rehabilitation Unit Benefit  
 Coverage for certain serious conditions, such as coma, paralysis  
 Accidental Death Benefit  
 Accidental Dismemberment Benefit

### Features:

Coverage is guaranteed issue (which means you may qualify for coverage without having to answer health questions).  
 Benefits are paid directly to you unless you choose otherwise.  
 Coverage is available for you, your spouse and dependent children.  
 Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.  
 Fast claims payment – most claims are processed in about four business days.

## Group Critical Illness – Aflac

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

<b>BENEFITS</b> This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.		
<b>COVERED CRITICAL ILLNESSES:<sup>1</sup></b>  Guaranteed Issue: Employee \$30,000 Spouse \$15,000	CANCER (Internal or Invasive) 100% HEART ATTACK (Myocardial Infarction) 100% STROKE (Apoplexy or Cerebral Vascular Accident) 100% MAJOR ORGAN TRANSPLANT 100% CORONARY ARTERY BYPASS SURGERY <sup>2</sup> 25%	RENAL FAILURE (End-Stage) 100% COMA, SEVERE BURNS, PARALYSIS, LOSS OF SIGHT, LOSS OF SPEECH, LOSS HEARING, BENIGN BRAIN TUMOR - 100% CARCINOMA IN SITU <sup>2</sup> 25% (if has not spread) SKIN CANCER - \$250 PCY ADVANCED ALZHEIMER & PARKINSON DISEASE - 25%
<b>FIRST-OCCURRENCE BENEFIT</b>	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.	
<b>ADDITIONAL OCCURRENCE BENEFIT</b>	If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.	
<b>RE-OCCURRENCE BENEFIT</b>	If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.	
<b>CHILD COVERAGE AT NO ADDITIONAL COST</b>	Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.	
<b>\$50 HEALTH SCREENING BENEFIT (Employee and Spouse only, 30 day waiting period from date of enrollment)</b>	After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.	

## Group Hospital Indemnity – Aflac

Having the Aflac group Hospital Indemnity plan means that you could have added financial resources to help with medical costs or ongoing living expenses.

Benefits Overview	Benefit Amount
<p><b>Hospital Admission Benefit – per confinement</b> (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn’s admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accident injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$1,000
<p><b>Hospital Confinement – per day</b> (maximum of 31 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient as a result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat the confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by one than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$100
<p><b>Hospital Intensive Care Benefit – per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined to a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital’s Intensive Care at a time. Once benefits are paid, if an insured becomes confined to a Hospital’s Intensive Care Unit again within six months because of the same or related condition, we will treat the confinement as the same period of confinement.</p> <p><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$200
<p><b>Successor Insured Benefit</b> If spouse coverage is in force at the time of the employee’s death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	
<p>In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).</p>	



# IDENTITY THEFT PROTECTION - IDENTITYFORCE

IdentityForce through Sontiq offered through Cigna protect millions of American workers from the devastation of identity theft.

Now is the time to protect what is most important. As our digital footprint expands, fraud and scams increase exponentially, along with vulnerabilities that result from having sensitive personal information exposed. It's why IdentityForce offered through Cigna will be included in your Cigna medical coverage at no additional cost. They are here to provide you with award-winning identity theft protection built to proactively monitor, alert, and help fix any identity theft compromises.

No one should have to deal with a lifetime of damage that could result from identity theft. We all likely know someone who has already been a victim of identity theft themselves, or had their good name compromised. Security incidents, scams, and fraud continue to grow as our world becomes increasingly digitalized and virtual, and protecting personal information is essential. IdentityForce not only proactively monitors the Dark Web, credit reports, and real-time fraud issues, but they will help fix any compromises to personal information. They will make sure a customer's identity is restored without the burden of phone calls and paperwork.

## Privacy and Security

- Password Manager • Change of Address Monitoring
- Bank and Credit Card Activity Alerts • Identity Threat Alerts
- Identity Vault and Secure Storage • Smart SSN Tracker (SSN Monitoring)
- Auto On Monitoring • Lost Wallet Assistance
- Advanced Fraud Monitoring • 401(k)/HSA/Investment Acct Activity Alerts

## Credit Monitoring

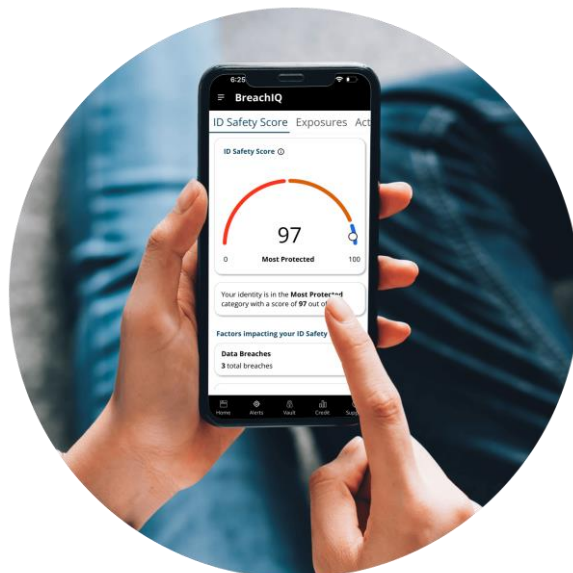
- Credit Report Assistance • Credit Score Simulator
- Credit Report Monitoring (Daily) • Credit Freeze and Lock
- Credit Report and Score (Quarterly) Assistance (Adult and Child)

## Restoration Services

- White Glove Restoration • Stolen Funds Replacement
- Pre-existing Identity Theft Restoration • Deceased Family Member
- Identity Theft Insurance • Fraud Remediation

## How to enroll in IdentityForce:

1. Employees enrolled in Cigna medical who are registered on [myCigna.com](https://myCigna.com) will receive an enrollment link email directly from IdentityForce
2. Call IdentityForce at 833-580-2523 or visit [cigna.identityforce.com/starthere](https://cigna.identityforce.com/starthere)





# Reasons to Contact the NFP Service Center



- **Understanding Your Benefits:** We can assist with questions about deductibles, copayments, and coinsurance. We can explain waiting periods, elimination periods, and eligibility rules.
  - **Enrollment Assistance:** Our Benefits Call Center representative can guide you through every step of the enrollment process, whether it's an online enrollment or paper enrollment form.
  - **Order ID Cards:** We can directly contact the insurance carrier and have your replacement card delivered in 10 to 15 business days.
  - **Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) and contact the insurance carriers on your behalf. We can assist with appealing a denied claim, help you request a Prior Authorization (PA) from your physician, help you file out-of-network claims, and assist with reimbursement for medical assistance while traveling outside of the United States.
  - **Locate In-Network Providers:** Staying in-network saves money. We can help you find in-network providers for medical, dental, and vision coverage, whether you're at home or traveling.
  - **Explain Qualifying Events:** Most benefit plans require a Qualifying Event (like marriage, birth of a child, or other life event) to change your election outside of open enrollment. We work with your employer to ensure your change follows the plan rules, is requested within the appropriate timeframes, and is properly documented.
  - **Annual Enrollment Information:** We can provide details about when open enrollment begins and ends, and if your plan designs or payroll deductions are changing.
  - **Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.
  - **Request Copies of Necessary Forms:** We can provide medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long-term disability claim forms, and any other necessary forms.
- The NFP Service Center is available from 8:30 a.m. to 5:00 p.m. EST, Monday through Friday. We also have an after-hours voice mailbox, and your call will be returned the next business day.**

Contact us at 1.844.626.8435 or [nfpSEcustomerservice@NFP.com](mailto:nfpSEcustomerservice@NFP.com)

**Semi-Monthly Benefit Costs (24 Pay Periods)**

<b>Benefit</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
Cigna POS Medical Plan	\$138.89	\$295.07	\$254.63	\$410.57
Cigna HDHP Medical Plan	\$67.23	\$152.35	\$123.26	\$158.99
Cigna Dental PPO Plan	\$4.51	\$9.80	\$8.96	\$11.46
VSP Vision Plan	\$0.67	\$1.33	\$1.34	\$2.12
Long Term Disability	100% paid by The City of Covington			
Basic Life and AD&D	<b>Employee:</b> \$50,000 / 100% paid by The City of Covington <b>Spouse:</b> \$7,500 / \$1.88 <b>Child(ren):</b> \$7,500 / \$0.68			
Voluntary Life and AD&D	Refer to the Voluntary Life and AD&D rate chart below			

**Semi-Monthly Voluntary Life and AD&D Costs (24 Pay Periods)**

<b>Rate / \$1,000</b>	<b>\$0.17</b>	<b>\$0.19</b>	<b>\$0.26</b>	<b>\$0.37</b>	<b>\$0.57</b>	<b>\$0.89</b>	<b>\$1.34</b>	<b>\$2.24</b>	<b>\$4.22</b>	<b>\$7.93</b>	<b>\$14.76</b>
<b>Employee Age</b>	<b>18 - 34</b>	<b>35 - 39</b>	<b>40 - 44</b>	<b>45 - 49</b>	<b>50 - 54</b>	<b>55 - 59</b>	<b>60 - 64</b>	<b>65 - 69</b>	<b>70 - 74</b>	<b>75-79</b>	<b>80 - 84</b>
<b>\$10,000</b>	\$0.83	\$0.93	\$1.28	\$1.83	\$2.83	\$4.43	\$6.68	\$11.18	\$21.08	\$39.63	\$73.78
<b>\$20,000</b>	\$1.65	\$1.85	\$2.55	\$3.65	\$5.65	\$8.85	\$13.35	\$22.35	\$42.15	\$79.25	\$147.55
<b>\$30,000</b>	\$2.48	\$2.78	\$3.83	\$5.48	\$8.48	\$13.28	\$20.03	\$33.53	\$63.23	\$118.88	\$221.33
<b>\$40,000</b>	\$3.30	\$3.70	\$5.10	\$7.30	\$11.30	\$17.70	\$26.70	\$44.70	\$84.30	\$158.50	\$295.10
<b>\$50,000</b>	\$4.13	\$4.63	\$6.38	\$9.13	\$14.13	\$22.13	\$33.38	\$55.88	\$105.38	\$198.13	\$368.88
<b>\$60,000</b>	\$4.95	\$5.55	\$7.65	\$10.95	\$16.95	\$26.55	\$40.05	\$67.05	\$126.45	\$237.75	\$442.65
<b>\$70,000</b>	\$5.78	\$6.48	\$8.93	\$12.78	\$19.78	\$30.98	\$46.73	\$78.23	\$147.53	\$277.38	\$516.43
<b>\$80,000</b>	\$6.60	\$7.40	\$10.20	\$14.60	\$22.60	\$35.40	\$53.40	\$89.40	\$168.60	\$315.60	\$590.20
<b>\$90,000</b>	\$7.43	\$8.33	\$11.48	\$16.43	\$25.43	\$39.83	\$60.08	\$100.58	\$189.68	\$317.00	\$663.98
<b>\$100,000</b>	\$8.25	\$9.25	\$12.75	\$18.25	\$28.25	\$44.25	\$66.75	\$111.75	\$210.75	\$396.25	\$737.75

**To calculate your premium for Voluntary Life:**

1. Choose a benefit amount from the left column of the rate chart.
2. Find the 'employee age' at the time of enrollment along the top.
3. Your premium cost is where the age row and benefit column intersect.

**To calculate costs for benefit amounts over \$100,000**

$$\text{Monthly Cost} = (\text{Benefits Volume} \times \text{Rate}) / 1000$$

$$\text{Per Pay Period Cost} = (\text{Monthly Cost} \times 12) / 24$$



Please note: benefits reduce by 65% at age 70.

Ex: If you have \$20,000 of life insurance, your benefit will decrease to \$13,000 when you turn age 70.

Short Term Disability – Rate per \$10 of weekly benefit

Employee Age	Rate
<25	\$0.266
25 – 29	\$0.400
30 - 34	\$0.440
35 - 39	\$0.223
40 - 44	\$0.232
45 - 49	\$0.258
50 - 54	\$0.279
55 - 59	\$0.410
60 - 64	\$0.424
65 - 69	\$0.505
70+	\$0.519

**To calculate your premium for Short Term Disability**

1. Take your annual salary and divide it by 52 (weeks in a year)
2. Take your weekly salary and multiply it by .6. This is your weekly benefit amount.
3. Take your weekly benefit amount and multiply it by the rate in the table above, based on your age as of July 1, 2024.
4. This is your monthly cost. To calculate your per pay period cost, multiply your monthly cost by 12 and then divide by 24.

Semi-Monthly Benefit Costs (24 Pay Periods)

Benefit	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Group Accident	\$7.09	\$12.25	\$15.68	\$20.84
Group Hospital Indemnity	\$6.56	\$13.34	\$10.39	\$17.17
Group Critical Illness	This benefit is based on your age, the benefit amount you select, and your tobacco user status. To get a quote for this coverage, please meet with an enroller or contact the NFP Service Center.			

<b>PROVIDER</b>	<b>CONTACT INFORMATION</b>
<b>Benefit Enrollment Questions</b>	NFP (844) 626-8435 <a href="mailto:nfpSEcustomerservice@nfp.com">nfpSEcustomerservice@nfp.com</a>
<b>Medical</b>	Cigna (800) CIGNA24 <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Dental</b>	Cigna (800) CIGNA24 <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Vision</b>	Cigna (800) CIGNA24 <a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Basic Life &amp; AD&amp;D Voluntary Life &amp; AD&amp;D</b>	Standard (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
<b>Short Term Disability Long Term Disability</b>	Standard (800) 368-1135 <a href="http://www.standard.com">www.standard.com</a>
<b>Flexible Spending Accounts (FSA) (Healthcare FSA &amp; Dependent Care FSA)</b>	iSolved (800) 300-3838
<b>Group Accident, Critical Illness, Hospital Indemnity</b>	Aflac (800) 433-3036 <a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
<b>Employee Assistance Program (EAP)</b>	CuraLinc (888) 881-5462 <a href="mailto:support@curalinc.com">support@curalinc.com</a>

Stephanie Henderson  
The City of Covington Benefits Specialist  
770-385-6830  
[shenderson@cityofcovington.org](mailto:shenderson@cityofcovington.org)



NFP.com  
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