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Welcome

The City offers a comprehensive benefits package to serve as your foundation for good health, peace of mind and financial security. This Guide provides an overview of your benefits. Included are plans and coverage options. Some plan costs are fully paid by the City, some you pay for on a voluntary basis, and with others, costs are shared between you and the City. It is up to you to choose the plans that best fit your personal needs.

At the City of Savannah, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Jeff Grant
Human Resources Director

What’s New This Year?

You can view a short “How To” video overview about the 2021 Open Enrollment by clicking here or by scanning the QR code to the right.

The City of Savannah has a new Open Enrollment Site. Enrollment changes will be made by completing an enrollment form and submitting by the deadline of November 15, 2020.

During open enrollment, your benefit elections except for the medical and dependent care (day care) flexible spending accounts will roll over to 2021 unless you want to make changes. Employees must make elections for medical or dependent care FSA’s every year. FSA elections do not automatically rollover from year to year. To enroll in FSA for 2021, go to the City of Savannah's Open Enrollment Site and complete the FSA section of the enrollment form.

Additional changes:

- Dental and vision contributions are increasing slightly.
- New ID cards will be printed to reflect the new Service Center department names. Expect to receive cards by mid-December.
- The Basic Dental plan will have an increase to the coverage for Basic Services (fillings, extractions, and oral surgery) from 50% co-insurance to 60% co-insurance.
Eligibility

Eligible Employees:
You may enroll in the City of Savannah Employee Benefits Program if you are permanent employee working at least 20 hours per week.

Eligible Dependents:
If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26.

When Coverage Begins:
The effective date for your benefits is January 1, 2020. Newly hired employees and dependents will be effective in City of Savannah’s Medical and Life/AD&D benefits programs 30 days after your hire date. Dental & Vision benefits begin the 1st of the month after 30 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:
A change in family status is a change in your personal life that may impact your eligibility or dependent’s eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation is required to verify your change of status. Failure to request a change of status within 30 days of the event will result in you having to wait until the next open enrollment period to make your changes. Please contact the Human Resources Benefit’s Division at 912-651-6484 to make these changes.
Medical Plan

The City of Savannah’s medical plans are designed to encourage healthy lifestyle choices, to keep you healthy and protect you and your family from major financial hardship in the event of illness or injury. The City is committed to supporting employees while they are taking the steps to achieve a healthier lifestyle and will reward employees that have completed the SAV4Health activities. The Plan is a self-funded group health plan and the claims administration is provided through HealthScope Benefits, Inc.

The Plan has entered into a Preferred Provider Organization (PPO) Agreement with certain hospitals, physicians and other health care providers called Network Providers. The primary PPO Network selected by the City of Savannah is the Care Network of St. Joseph’s / Candler Hospitals.

The Plan pays the highest level of benefits if you use the PPO Network Providers. When you use out of network providers, you will pay higher deductibles and a higher percentage of the cost for covered expenses. Your dependents who reside outside The Care Network service area, and receive care outside the service area, will receive benefit reimbursement based on Out of Area reimbursement levels.

When the City of Savannah’s Plan is secondary, the benefits payable under this plan will be coordinated with any other benefit plan so that the total benefits from all plans are no more than the maximum allowed by the City plan.

The Care Coordinators at Quantum Health are available to help you with any questions you might have about your benefits. They can also help you find a provider, order a new ID card, and even transfer you to a nurse for questions about your treatment plan. The Care Coordinators can be reached at 1-866-360-7926. You can also visit the website at www.CityofSavannahHealthPlan.com.
# 2021 Medical Plan Schedule of Benefits

<table>
<thead>
<tr>
<th>Medical</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Person</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,300</td>
<td>$2,600</td>
</tr>
<tr>
<td>Two Person</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,600</td>
<td>$5,200</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$3,900</td>
<td>$7,800</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One Person</td>
<td>$2,200</td>
<td>No Maximum Amount</td>
<td>$3,400</td>
<td>No Maximum Amount</td>
</tr>
<tr>
<td>Two Person</td>
<td>$4,400</td>
<td>No Maximum Amount</td>
<td>$6,800</td>
<td>No Maximum Amount</td>
</tr>
<tr>
<td>Family</td>
<td>$6,600</td>
<td>No Maximum Amount</td>
<td>$10,200</td>
<td>No Maximum Amount</td>
</tr>
<tr>
<td>Coinsurance - EE/ER</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20% / 80%</td>
<td>50% / 50%</td>
<td>20% / 80%</td>
<td>50% / 50%</td>
<td></td>
</tr>
<tr>
<td>Physician Copay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician</td>
<td>$15</td>
<td>$20</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Specialist w/ PCP referral</td>
<td>$25</td>
<td>$35</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Specialist w/o PCP referral</td>
<td>$50</td>
<td>$75</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>20% after deductible; limited to 25 visits per calendar year</td>
<td>20% after deductible; limited to 25 visits per calendar year</td>
<td>20% after deductible; limited to 25 visits per calendar year</td>
<td>20% after deductible; limited to 25 visits per calendar year</td>
</tr>
<tr>
<td>Hospital Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% after deductible</td>
<td>50% after deductible &amp; $500 copay per admission</td>
<td>20% after deductible</td>
<td>50% after deductible &amp; $500 copay per admission</td>
</tr>
<tr>
<td>Outpatient</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>20% after deductible and $200 co-pay</td>
<td>20% after deductible and $200 co-pay</td>
<td>20% after deductible and $200 co-pay</td>
<td>20% after deductible and $200 co-pay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$15 co-pay</td>
<td>50% after deductible</td>
<td>$20 co-pay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Maternity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>$200 copay and 20% after deductible</td>
<td>50% after deductible</td>
<td>$200 copay and 20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Hospital</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Mental Health/Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$15 copay</td>
<td>50% after deductible</td>
<td>$20 copay</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Adult Care</td>
<td>100%</td>
<td>No benefits</td>
<td>100%</td>
<td>No benefits</td>
</tr>
<tr>
<td>Well Child Care</td>
<td>100%</td>
<td>No benefits</td>
<td>100%</td>
<td>No benefits</td>
</tr>
<tr>
<td>Therapeutic Service (Occupational, Speech, and Physical Therapy)</td>
<td>20% after deductible; limited to 30 visits per calendar year</td>
<td>50% after deductible; limited to 30 visits per calendar year</td>
<td>20% after deductible; limited to 30 visits per calendar year</td>
<td>50% after deductible; limited to 30 visits per calendar year</td>
</tr>
<tr>
<td>Prescription Drug Copay</td>
<td>30 day supply</td>
<td>Mail Order / 90-day @ retail</td>
<td>30 day supply</td>
<td>Mail Order / 90-day @ retail</td>
</tr>
<tr>
<td>Tier 1 Drug</td>
<td>$5.00 copay</td>
<td>$10.00 copay</td>
<td>$5.00 copay</td>
<td>$10.00 copay</td>
</tr>
<tr>
<td>Tier 2 Drug</td>
<td>$25.00 copay</td>
<td>$50.00 copay</td>
<td>$25.00 copay</td>
<td>$50.00 copay</td>
</tr>
<tr>
<td>Tier 3 Drug</td>
<td>$50.00 copay</td>
<td>$125.00 copay</td>
<td>$50.00 copay</td>
<td>$125.00 copay</td>
</tr>
<tr>
<td>Tier 4 Drug</td>
<td>$75.00 copay</td>
<td>N/A</td>
<td>$75.00 copay</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Plus SAV4HEALTH Premium

| Employee Only | $18.01 | Employee Only | $36.02 | Employee Only | $11.22 | Employee Only | $22.45 |
| Employee +1 | $62.49 | Employee +1 | $124.98 | Employee +1 | $42.57 | Employee +1 | $85.14 |
| Family | $114.38 | Family | $228.77 | Family | $79.39 | Family | $158.78 |

## Plus STANDARD Premium

| Employee Only | $37.24 | Employee Only | $74.48 | Employee Only | $30.46 | Employee Only | $60.91 |
| Employee +1 | $81.72 | Employee +1 | $163.44 | Employee +1 | $61.80 | Employee +1 | $123.61 |
| Family | $133.61 | Family | $267.23 | Family | $98.62 | Family | $197.25 |

## Basic SAV4HEALTH Premium

| Employee Only | $11.22 | Employee Only | $5.00 | Employee Only | $22.45 |
| Employee +1 | $42.57 | Employee +1 | $10.00 | Employee +1 | $85.14 |
| Family | $79.39 | Family | $5.00 | Family | $158.78 |

## Basic STANDARD Premium

| Employee Only | $30.46 | Employee Only | $30.46 | Employee Only | $60.91 |
| Employee +1 | $61.80 | Employee +1 | $61.80 | Employee +1 | $123.61 |
| Family | $98.62 | Family | $98.62 | Family | $197.25 |
Prescription Drug Coverage

Prescription drug coverage is included with the medical plan. Coverage for outpatient prescription drugs is provided through Express Scripts. The program includes a retail prescription plan and mail order for maintenance medications. At network pharmacies, your co-payment is determined by the tier on which the prescription is placed (Tier I, Tier II or Tier III). Tier IV is for Specialty drugs.

If you take maintenance medications, you may order a 90-day supply through Express Scripts mail order service or at any CVS Retail Pharmacy and save money. By using mail order or 90-day at retail for maintenance medications, you can receive a 90-day supply at reduced co-pay. Refer to the schedule in the Plan Summary Document for the appropriate co-pays.

<table>
<thead>
<tr>
<th>Prescription Drug</th>
<th>30-day supply</th>
<th>90-day supply thru Mail Order or CVS retail</th>
<th>30-day supply</th>
<th>90-day supply thru Mail Order or CVS retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Drug</td>
<td>$5.00 copay</td>
<td>$10.00 copay</td>
<td>$5.00 copay</td>
<td>$10.00 copay</td>
</tr>
<tr>
<td>Tier 2 Drug</td>
<td>$25.00 copay</td>
<td>$50.00 copay</td>
<td>$25.00 copay</td>
<td>$50.00 copay</td>
</tr>
<tr>
<td>Tier 3 Drug</td>
<td>$50.00 copay</td>
<td>$125.00 copay</td>
<td>$50.00 copay</td>
<td>$125.00 copay</td>
</tr>
<tr>
<td>Tier 4 Drug</td>
<td>$75.00 copay</td>
<td>N/A</td>
<td>$75.00 copay</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts™ mobile app

Online access to savings and convenience

Register now so you can experience:

**More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping from the Express Scripts Pharmacy.

**More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.

**More confidence.**
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

**More flexibility.**
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and use your virtual ID card while on the go.

Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

Go to [express-scripts.com](http://express-scripts.com), select Register or download the Express Scripts mobile app for free from your mobile device’s app store and select Register. Complete the information requested, including personal information and member ID number or Social Security Number (SSN), create your username and password, along with security information in case you ever forget your password. Click Register now and you’re registered.
City of Savannah SAV4Health Wellness Plan

As healthcare costs continue to rise, we strive to offer competitive health benefits to take care of you and your family. A successful wellness program is a win-win — it means our employees are improving their lives, and we are one step closer to managing rising health insurance costs.

Four Simple Steps

In 2015, The City of Savannah launched the SAV4Health Wellness program. This program encourages employees to complete 4 wellness activities during the current plan year in order to earn significant savings (estimated $1,000) on their medical premiums for the next plan year.

Wellness Activities completed in 2021 will be applied to the qualifying employee’s 2022 medical premium. Those rewards will be significant for employees who take ownership of their health and wellness by completing the SAV4Heath program.

To Earn the Wellness Incentive

To earn the wellness incentive for the next plan year, employees must meet the four program goals:

1. Complete your Annual Check-Up with a Biometric Screening.
2. Report the results of your Annual Check-Up visit and biometric screening.
3. Complete your Health Questionnaire.

Step 1: Annual Check-Up with a Biometric Screening

Schedule your Annual Check-Up and Biometric Screening with your PCP. Your doctor may have you come in for your screening (lab work) before he sees you for your check-up. During your check-up, you will need to take the PCP form with you and ask the provider to complete the biometric results section. This form is available on CINC. If you do not take a PCP form with you, you will need to request a copy of your lab results from your doctor. See Step 2 about how to enter this information online.

Step 2: Report your results

Log onto www.cityofsavannahhealthplan.com. Check the box to confirm that you had your Annual Check-Up. Then click the link to enter your biometric screening results. Use the information on the PCP form or a copy of your lab results that you received from your PCP. If you need assistance, you can call your Care Coordinator at 866-360-7926.

Step 3: Health Questionnaire

You can complete your Health Questionnaire online at www.cityofsavannahhealthplan.com or by calling your Care Coordinator.

Step 4: Tobacco Affidavit

Certify you are tobacco free or ready to enroll and complete a tobacco quit program. The City’s health plan covers the cost of the program at 100%. Complete the Tobacco Affidavit online at www.cityofsavannahhealthplan.com or by calling your Care Coordinator.

If you certify that you will continue to use tobacco without enrolling in a tobacco quit program, you will not qualify for the SAV4Health incentive and you will be charged the standard rate for your health insurance.

If you have questions regarding the SAV4Health wellness activities, contact your Care Coordinator at 1-866-360-7926.

The Deadline to Qualify for the 2021 SAV4Health Incentive: November 15, 2020.
Additional Member Health & Wellness Programs

The Wellness Program was developed to help increase the quality of life of our City employees. Many programs are offered to employees and their families who are enrolled in the City’s medical plan. If you would like more information about these programs, please contact the Employee Health Coordinator in the Human Resources Benefits Division at 912-651-6484.

- **Prevent T2:** The City of Savannah offers a diabetes prevention program to help those with pre-diabetes prevent or delay the onset of type 2 diabetes. Participants learn how to eat healthy, add physical activity to their routine, manage stress, stay motivated, and solve problems that can get in the way of healthy changes.

- **Health and Wellness Coaching:** City employees can work one on one with a certified health and wellness coach to help set goals to improve many areas of their life. Wellness coaching is the process of equipping employees with the tools, knowledge and opportunities they need to fully develop themselves to be effective in their commitment to themselves, the company and their work. Coaching can improve an employee resiliency and effectiveness in sustaining lasting changes.

- **GoStrong!** A multilevel program with St. Joseph/Candler designed to teach participants how to manage their diabetes and live the healthiest life possible. The program is specifically designed for those who have been diagnosed with diabetes.

- **Weigh to GO!** A multilevel program with St. Joseph/Candler designed to encourage weight loss. This program is focused on increasing physical activity and proper dieting to lead towards a healthier lifestyle.

- **Mammograms:** St. Joseph/Candler offers free and confidential mammogram screenings throughout the year. Check CINC for notifications of screening dates and call 912-819-6800 for scheduling appointments or for more information. (Confirm eligibility with Care Coordinators prior to scheduling an appointment).

- **Fitness Reimbursement:** This program is designed to encourage physical activity and is available to any full-time, active City employee. Employees will be reimbursed up to $15.00 per consecutive months for participation, given they follow program participation requirements.

- **Tobacco Cessation** – The City offers tobacco cessation programs at no charge to the employee.

- **Flu Vaccinations:** City employees, spouses, dependents and retirees enrolled in the City’s medical plan are eligible to participate in mobile flu clinics. The mobile clinics are available from October – January each year. St. Joseph/ Candler will also hold onsite flu clinics in the Candler Wellness Center by appointment.
Wellness Notices

The SAV4Health Incentive program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol, triglycerides, and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, only employees who choose to participate in the wellness program will receive an incentive of premium reductions for completing all four SAV4Health activities.

Additional incentives such as free/discounted medications and testing supplies, and free counseling are offered for diabetics on the medical plan who participate in specific health-related activities outline in the Quantum Health Diabetes Management program or the GoStrong program.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your Care Coordinators at (866) 360-7926.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as case management by Quantum Health nurse care coordinators. You also are encouraged to share your results or concerns with your own doctor.

CityofSavannahHealthPlan.com 866-360-7926
(Monday–Friday, 8:30 a.m.–10 p.m. EST)
Download the app | MyQHealth - Care Coordinators
We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Quantum Health may use aggregate information it collects to design a program based on identified health risks in the workplace, Quantum Health will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Quantum Health Nurse Care Coordinators and Tobacco Cessation Coaches in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your Care Coordinators at (866) 360-7926. Before participating in the SAV4Health incentive program, please log on to www.cityofsavannahhealthplan.com and agree to the following:

I, __________, authorize Quantum Health to collect my family medical history and/or other genetic information as part of the SAV4Health Incentive Program. As more fully described in the Notice Regarding Wellness Program, the SAV4Health incentive program is a voluntary wellness program that provides a premium incentive. Please see the Notice Regarding Wellness Program for a description of (1) the types of information that will be obtained and the general purposes for which it will be used and (2) the restrictions on disclosure of such information. Please note that the financial incentive will be made available whether or not you answer questions concerning family medical history and other genetic information.
Quantum Health

Contact the Experts!
Your Care Coordinators are here to help. Call 866-360-7926 or visit CityofSavannahHealthPlan.com whenever you have questions about your healthcare.

CARE COORDINATORS

FOR CARE AS UNIQUE AS YOUR HEALTH,
CONTACT YOUR CARE COORDINATORS

Healthcare can be confusing. Your Care Coordinators are here to make it easier. Think of us as your personal healthcare team, working with you and your doctors to ensure that you receive the right care at the right cost. Contact us anytime you have questions with just a tap, click or call.

HOW CAN WE HELP YOU?

We’re glad you asked. Here a just a few of the most common topics our nurses and benefits specialists assist people with every day:

Q: I don’t understand my medical bill.
A: Claims and benefits can be complicated. Your Care Coordinators are experts at explaining your employers’ health plans and helping you understand even the most complex medical bills.

Q: I’ve lost my medical ID card.
A: No problem. Just give your Care Coordinators a call or visit your member website to request a new one, and we will get a replacement in the mail to you right away.

Q: Is my doctor in the network?
A: A great way to avoid surprise fees is to verify that your doctor is in your plan’s network prior to your appointment.

866-360-7926 | CityofSavannahHealthPlan.com
Q: I want to talk to someone about my treatment plan.

A: Your health can be unpredictable. With the Care Coordinators, your healthcare is anything but. Get help and guidance whenever you are uncertain about your care from a Nurse Care Coordinator.

Q: I have diabetes or another chronic condition.

A: Many chronic conditions, such as heart disease or diabetes, can be challenging to manage. Your Care Coordinators work with you and your doctor to provide assistance with prescriptions, specialist referrals and insurance coverage eligibility. We are also your go-to resource for helpful information you can use to be proactive about your health, such as nutrition and exercise tips.

Q: How do I know if my MRI is covered?

A: Many procedures and services require pre-certification, also known as an authorization, to verify that they are covered. Contact your Care Coordinators to get a pre-certification from your health plan prior to your appointment.

Q: There’s got to be an easier way!

A: In fact there is. For all aspects of your healthcare, we are here to simplify your experience. All you have to do is contact us.
St. Joseph’s/Candler Health System Programs

Transportation
For members residing within Chatham, Bryan and Effingham counties, St. Joseph’s/Candler and The Care Network will provide non-emergent transportation, through a contracted company to any SBG covered member who may have difficulties getting to or from our facilities or affiliated provider offices. This transportation, for the member only or in the case of a pediatric patient, patient and parent(s), will be provided at no cost to the patient or SBG. Eligible members will coordinate this service through the Managed Care department.

Infant Car Seats Move this to next page
St. Joseph's/Candler will provide an infant car seat to each SBG member who delivers their newborn baby at Candler Hospital. The infant car seat will be provided at no cost to the patient or SBG and offers SJ/C the opportunity to invest in increasing the community awareness of patient safety, regulatory requirements and benefit the preventive care to the community.

Bearly Sick
St. Joseph's/Candler will provide its Bearly Sick program to SBG members at no cost. This is a needed service for members who are employed during the day and unable to obtain resources to care for sick children. While meals and snacks are included in the program, diapers, formula, medications, bottles and other personal items should be brought from home. There is no charge for access to this service for SBG members.

Meals
Meals for immediate family members (parents, spouse, children or significant other) of SBG Primary covered members will be provided at both St. Joseph’s Hospital and Candler Hospital’s cafeteria for the duration of the patient’s hospital stay, provided the family members satisfy the specific criteria. This is a gratuitous benefit to assist the community by providing food as a necessity item for the Eligible Member.

Dedicated Patient Representative
St. Joseph's/Candler has a dedicated patient representative for our exclusive employer groups. The representative will make a personal contact for any SBG member on an inpatient or outpatient surgery basis. On a monthly basis, reporting regarding patient volume and satisfaction is reported to SBG/PHR’s Advisory Group.

Care Call Center
Care Call provides a hotline from 9 am – 8 pm Monday – Friday. Registered Nurses are available to assess callers’ symptoms, provide them with information and education, and direct them to the appropriate source of care. The Registered Nurses provide triage advice, and other healthcare-related information, such as general health information, audio health library with over 2,000 health topics, and supportive written information that can be mailed or e-mailed physician referral assistance, information about St. Joseph's/Candler programs and services, registration and appointments for SBG health screenings conducted by St. Joseph’s/Candler community services information. The Care Call Center is accessible to SBG for all of the services above, and the information can be customized to be specific to the physicians and providers in the SBG health insurance plan.
2021 MetLife Dental

City of Savannah offers a choice of two dental plans through MetLife. The City does not contribute to the cost of dental insurance.

<table>
<thead>
<tr>
<th>Basic Option Summary</th>
<th>Plus Option Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE A</td>
<td>Services covered at 100% (Deductible Waived)</td>
</tr>
<tr>
<td>Exams</td>
<td>Fluoride Treatments</td>
</tr>
<tr>
<td>X-Rays</td>
<td>Palliative Treatments</td>
</tr>
<tr>
<td>Cleanings</td>
<td>Space Maintainers</td>
</tr>
<tr>
<td>Labs and Other Tests</td>
<td></td>
</tr>
<tr>
<td>TYPE B</td>
<td>Service covered at 60%</td>
</tr>
<tr>
<td>Amalgam and Resin Composite Fillings</td>
<td></td>
</tr>
<tr>
<td>Pulpotomy</td>
<td>Pulpotomy, Pulp Capping and Pulp Therapy</td>
</tr>
<tr>
<td>Pulp Capping</td>
<td>Root Canal</td>
</tr>
<tr>
<td>Pulp Therapy</td>
<td>Simple Extractions; Surgical Extractions; Other Oral Surgery</td>
</tr>
<tr>
<td>Oral Surgery - Simple Extractions</td>
<td>General Services</td>
</tr>
<tr>
<td>Repairs of Crowns, Inlays, On lays, Bridges and Dentures</td>
<td>Periodontal Surgery – including soft and connective tissue grafts</td>
</tr>
<tr>
<td>General Services</td>
<td>Scaling and Root Planing</td>
</tr>
<tr>
<td></td>
<td>Periodontics – non surgical</td>
</tr>
<tr>
<td></td>
<td>General Anesthesia</td>
</tr>
<tr>
<td></td>
<td>Consultations</td>
</tr>
<tr>
<td></td>
<td>Repairs of Crowns, Inlays, On lays, Bridges, and Dentures</td>
</tr>
<tr>
<td></td>
<td>Apexification and Recalcification</td>
</tr>
<tr>
<td>TYPE C</td>
<td>Services covered at 25%</td>
</tr>
<tr>
<td>Inlays, On lays; Crowns; Dentures</td>
<td></td>
</tr>
<tr>
<td>Denture – Rebases/Relines; Adjustments; Fixed Bridges</td>
<td>Denture – Rebases/Relines</td>
</tr>
<tr>
<td>Prefabricated Crowns; Crown Buildups and Post Core</td>
<td>Denture Adjustments</td>
</tr>
<tr>
<td>Oral Surgery – Surgical Extractions</td>
<td>Fixed Bridges</td>
</tr>
<tr>
<td>Consultations</td>
<td>Tissue Conditioning</td>
</tr>
<tr>
<td>Root Canal</td>
<td>Prefabricated Crowns</td>
</tr>
<tr>
<td>Periodontal Surgery; Periodontics – Non-Surgical</td>
<td>Crown Buildups and Post Core</td>
</tr>
<tr>
<td>Scaling and Root Planing</td>
<td>Recementations</td>
</tr>
<tr>
<td>Tissue Conditioning</td>
<td></td>
</tr>
<tr>
<td>General Anesthesia</td>
<td></td>
</tr>
<tr>
<td>Occlusal Adjustments</td>
<td></td>
</tr>
<tr>
<td>Orthodontic To age 19 or 23 if full-time student covered at 50%</td>
<td>Orthodontics Not Covered</td>
</tr>
<tr>
<td>Diagnostic, Active Retention Treatment</td>
<td>N/A</td>
</tr>
<tr>
<td>Deductibles and Maximums</td>
<td>Deductibles and Maximums</td>
</tr>
<tr>
<td>Annual Deductibles: $50 per person</td>
<td>Annual Deductibles: $50 per person</td>
</tr>
<tr>
<td>$150 per family aggregate</td>
<td>$150 per family aggregate</td>
</tr>
<tr>
<td>Annual Maximum (per person) $1,000</td>
<td>Annual Maximum (per person) $1,000</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum (per person) $1,000</td>
<td></td>
</tr>
<tr>
<td>Out of Network services – negotiated fee schedule – Maximum Allowable Charge</td>
<td>Out of Network services are paid at Reasonable and Customary at the 90th percentile</td>
</tr>
</tbody>
</table>

### Basic Option Premium

<table>
<thead>
<tr>
<th></th>
<th>Weekly</th>
<th>Bi-Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$4.01</td>
<td>$8.02</td>
</tr>
<tr>
<td>EE+1</td>
<td>$7.40</td>
<td>$14.80</td>
</tr>
<tr>
<td>Family</td>
<td>$13.50</td>
<td>$27.01</td>
</tr>
</tbody>
</table>

### Plus Option Premium

<table>
<thead>
<tr>
<th></th>
<th>Weekly</th>
<th>Bi-Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$6.84</td>
<td>$13.68</td>
</tr>
<tr>
<td>EE+1</td>
<td>$11.72</td>
<td>$23.45</td>
</tr>
<tr>
<td>Family</td>
<td>$17.18</td>
<td>$34.37</td>
</tr>
</tbody>
</table>
2021 MetLife Vision Plan

A Vision Plan is available through MetLife. The City does not contribute to the vision plan.

<table>
<thead>
<tr>
<th>Vision Benefits</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>100% after $10 copay</td>
<td>$45 allowance</td>
</tr>
<tr>
<td>Vision Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Including a Contact Lens Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retinal Imaging</td>
<td>Up to $39 copay</td>
<td>Applied to the exam allowance</td>
</tr>
<tr>
<td>This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>$20 copay</td>
<td>$30 allowance</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$20 copay</td>
<td>$50 allowance</td>
</tr>
<tr>
<td>Trifocal</td>
<td>$20 copay</td>
<td>$65 allowance</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$20 copay</td>
<td>$100 allowance</td>
</tr>
<tr>
<td>Standard Lens Enhancements</td>
<td>Covered in Full</td>
<td></td>
</tr>
<tr>
<td>Ultraviolet coating</td>
<td>Covered in Full</td>
<td>Applied to the allowance for the applicable corrective lens</td>
</tr>
<tr>
<td>Polycarbonate (child up to age 18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Lens Enhancements</td>
<td>Up to $55 copay</td>
<td>Applied to the allowance for the applicable corrective lens</td>
</tr>
<tr>
<td>Progressive Standard</td>
<td>Up to $95-$105 copay</td>
<td></td>
</tr>
<tr>
<td>Progressive Premium</td>
<td>Up to $150-$175 copay</td>
<td></td>
</tr>
<tr>
<td>Progressive Custom Polycarbonate (adult)</td>
<td>Single Vision up to $31 copay</td>
<td></td>
</tr>
<tr>
<td>Frames – at all participating locations except Costco</td>
<td>$120 allowance</td>
<td>$55 allowance</td>
</tr>
<tr>
<td>Costco</td>
<td>20% discount off balance</td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>$120 retail allowance</td>
<td>$105 allowance</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>Covered in full after eyewear copay</td>
<td>$210 allowance</td>
</tr>
<tr>
<td>Value Added Features</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Savings on Glasses and Sunglasses</td>
<td>Get 20% off the cost of additional pairs of Rx glasses non-Rx sunglasses, including lens enhancements. At times, other promotional offers may also be available.</td>
<td></td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. Offer is only available at MetLife participating locations.</td>
<td></td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exams</td>
<td>One per 12 months</td>
<td></td>
</tr>
<tr>
<td>Lenses or Contacts</td>
<td>One per 12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>One per 12 months</td>
<td></td>
</tr>
<tr>
<td>Premium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1.29</td>
<td>$2.59</td>
</tr>
<tr>
<td>EE+1</td>
<td>$2.33</td>
<td>$4.67</td>
</tr>
<tr>
<td>Family</td>
<td>$3.37</td>
<td>$6.73</td>
</tr>
</tbody>
</table>

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are a way to pay health care and dependent care expenses you would normally pay out-of-pocket but with a tax savings.

Employees who wish to participate must enroll in the FSA every year. FSA elections do not roll over from one year to the next. If enrollment is not completed during open enrollment, there will be $0 contributions for the following year.

FSAs include a Benefits Access Card feature. The card works like a credit card and provides immediate access to your account contributions. Approved expenses may be automatically deducted from your Benefits Access card at the time of service. Save receipts as you may have to submit them to McGriff Insurance Services to verify some services received.

Customer Service
(800) 930-2441
flexinquiry@mcgriffinsurance.com
Employees participating in the FSA will have up to 14 ½ months to spend the funds in their flex account (January 1 through March 15 of the following year). To enroll, you decide how much to contribute to either or both accounts for the plan year. The 2021 contribution limits are $2,750 per year to the medical reimbursement account and up to $5,000 (if you are married and filing jointly) per year to the dependent day care account. Accounts function separately. These maximums are subject to change based on IRS annual updates.

Once you enroll, you may not change your contribution amounts during the plan year unless you have a qualified work or family status change.

Important: The IRS has a strict “use it or lose it” rule that applies to your FSA contributions. If you do not use the full

Basic Life and AD&D

City of Savannah provides Basic Life and AD&D benefits to eligible employees at no cost to employees.

The City provides each eligible employee basic term life and AD&D insurance equal to one-time annual earnings, to a maximum of $100,000. There is no cost to the employee for this coverage. The amount of basic life / AD&D insurance coverage automatically increases as the employee’s salary increases.

The City also provides, $2,500 life insurance to each eligible dependent enrolled in the City’s group medical plan. This amount does not increase and cancels when the dependent is removed from the City of Savannah group medical plan, or when the employee retires or separates employment with the City.

Supplemental Life/AD&D Insurance

Employees may elect supplemental term life/AD&D insurance in increments from one to five times basic annual earnings, to a maximum of $250,000. New hires are guaranteed 1X their salary in supplemental life within the first 30 days of employment. Evidence of insurability is required for any coverages over 1X salary. This optional coverage is in addition to the basic life/AD&D coverage provided by the City. Employees pay for this coverage through payroll deduction. Premium is based on employee’s age. Supplemental life/AD&D coverage and the employee’s contribution automatically increase as the employee’s salary increases and/or ages into a higher age bracket. This coverage is portable.

Dependent Supplemental Life/AD&D Insurance

If you select supplemental life then you may request supplemental term life/AD&D for your spouse and supplemental term life for your eligible dependents. For your spouse you can elect up to $100,000 in $10,000 increments which include an equal amount of AD&D. Your eligible dependents can elect up to $20,000 in $5,000 increments. AD&D is not available for dependents. New hires may
elect $30,000 Spouse life and $20,000 dependent life within first 30 days of hire which is guaranteed. Any additional amount requires completion of evidence of insurability.

Long-Term Disability Insurance

City of Savannah offers long-term income protection through Standard Insurance Company in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $7,500. Benefit payments begin after 120 days of disability. See Certificate of Coverage for benefit duration and complete plan details.

Employee Assistance Plan (EAP)

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Sometimes it can feel like you have nowhere to turn. Your Employee Assistance Program (EAP) is a problem-solving resource available to you and your household members. A professional counselor will assist you in assessing your situation, finding options, making choices or locating further help.

It’s free... Your employer covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, your counselor will help you explore various options.

It’s confidential... Your EAP has been set up with Deer Oaks, an outside counseling resource to assure confidentiality. Nothing concerning your use of the EAP will be known by your employer or co-workers.

Deer Oaks is only a phone call away at 866-327-2400 or via e-mail at eap@deeroaks.com
Additional Benefits

Employee Relations

The City of Savannah provides an employee-friendly environment and is a great place to work. While it is important to work hard and accomplish our job responsibilities, it is equally important to have fun.

The City sponsors employee events that are meant to encourage a more cohesive bond among employees of various departments and to allow employees’ families to experience the positive culture we promote.

No matter what the event, employees and their families are sure to enjoy a great time with co-workers and family members. The City continues to look for fun activities to show our employees how important they are to the City.

Educational Assistance Program

The City of Savannah realizes education and training are essential for employees and the organization to succeed and supports employee’s endeavors to improve their skills and knowledge. The Educational Assistance Program provides financial assistance to regular employees who successfully complete approved job-related courses, which will enhance their job skills, at an accredited technical or postsecondary institution. Read the Education Assistance Policy for details.

Leave Benefits

The City of Savannah provides a variety of leave benefits for employees. Recognized available leave plans include: annual, sick, FLMA, holiday, extra/incentive and compensatory leave.

Family Medical Leave Act (FMLA) of 1993 is a federal law which creates job security for employees and employers. FMLA entitles eligible employees (individuals who have been employed at the City for a year and worked 1,250 hours) to take unpaid leave for specified family and medical reasons. Eligible employees are entitled to continue group health insurance coverage under the same terms and conditions as if they had not taken leave. For more information see the FMLA Policy located on CINC.

Holidays

The City of Savannah observes eleven paid holidays each calendar year. The City of Savannah paid holidays are:

New Year’s Day
Martin Luther King, Jr., Day
Presidents’ Day
Memorial Day
Independence Day
Labor Day
Veterans’ Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve or Day after Christmas
Christmas Day
Foundations for Retirement

Financial security at retirement is not something that just happens. It takes years of planning to build a foundation that allows you to enjoy the good life during your golden years. Aside from contributing to Social Security on your behalf, the City of Savannah offers other important plans that provide special incentives to help you save for retirement:

• City of Savannah Employee’s Retirement Plan (Pension)
• Deferred Compensation/457 Savings Plan
• ROTH IRA
• Protective Services Retirement Plans

Pension

The City’s Retirement Plan is a defined benefit plan. The pension benefit is based on a prescribed formula that is outlined in the pension handbook.

Employees are covered under the pension plan with their first contribution into the plan. Each full-time employee is required to contribute 6.65% of his/her salary into the plan. This contribution is deducted from pay on a pre-tax basis. The City also makes contributions on behalf of employees. The City’s contribution changes annually based on a study by pension actuaries who determine the amount the City needs to contribute in order to keep the plan funded for current and future retirement benefits.

Employees are vested when they have contributed into the pension plan for five years.

Employees hired January 1, 2008 and after will be required to have 10 years of credited service prior to retirement in order to continue their City group medical coverage after retirement. Normal retirement age for uniformed Fire and Police personnel is 55 years with five years of credited service. Normal retirement age for all other employees of the City is 57 with five years of credited service.

Early retirement age for uniformed Fire and Police personnel is 50 years with ten years of credited service. Early retirement age for all other employees of the City is 52 with ten years of credited service. Both Occupational and Non-Occupational Disability benefits are available to employees under the retirement plan.

Deferred Compensation/457 Savings Plan

The Deferred Compensation/457 plan offered through ICMA Retirement Corporation (ICMA-RC) offers favorable tax treatment for your retirement savings. Here are some important plan features:

• You decide how much to save, subject to the minimum amount which is set by the City and maximum amount set by the federal government. Your savings are deducted from your pay and deposited in your 457 account on a pretax basis. This lowers your current taxable income and you save by paying less in taxes now.
• You may increase, decrease or stop your savings at any time.
• You may only withdraw contributions in emergency situations, which are outlined by ICMA-RC.
• You always have complete ownership of your savings and investment earnings. If you leave the City of Savannah, your savings and interest go with you.
• Online self-enrollment is now available. Visit www.icmarc.org to enroll/change 457 plan contributions.

The City will also contribute $20 per month into the accounts of general employees who agree to set up an ICMA Deferred Compensation 457 account and actively contribute $5 or more per week.

Roth IRA through Payroll Deduction

Eligible employees may purchase ROTH IRA’s (purchased with “after-tax” salary deductions) through the ICMA Retirement Corporation. At maturity, invested funds may be spent “tax-free.” The City’s ICMA representative will assist employees who wish to explore this form of investment option. Also, online self-enrollment is now available. Visit www.icmarc.org to enroll/change Roth IRA contributions.
Uniformed Services Retirement Plans
Upon voluntary enrollment* by qualifying police and fire employees, the City will make the required monthly contributions to their respective State supplemental annuity plans, the Peace Officers’ Annuity and Benefit Fund ($20 per month) and the Georgia Firefighters’ Pension Fund ($25 per month).

*Qualified employees are responsible for completing and submitting the necessary enrollment applications through their respective departments. Contributions cannot be made unless enrollment applications are completed.

Voluntary Worksite Benefits
Voluntary benefits can build on the benefits already provided by the City of Savannah, giving you additional protection that you and your family may need. Premium is paid by convenient payroll deduction. Take your coverage with you and pay the same premium with a direct bill option if you change jobs or retire. The following are the voluntary worksite benefits being offered.

To file a claim or ask questions about your benefits, contact Creative Worksite Solutions at 866-971-9715 or customerservice@creativeworksitesolutions.com.

Allstate Accident Insurance
The Allstate accident plan offers, 24-hour coverage for on or off the job accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. No one plans to have an accident, but it can happen at any moment throughout your day, whether at work or play. An Accident policy can help cover your out-of-pocket expenses associated with an accidental injury and help protect your savings should an accidental injury occur. Coverage includes Accidental Death, Dismemberment, Dislocation or Fracture, Hospital Confinement, Intensive Care, Ambulance and Medical Expenses.

If there is a loss of eligibility, for this insurance, for any reason other than non-payment of premiums, coverage can be continued by paying the premiums directly to the carrier within 31 days after termination. The carrier will bill directly, for no additional charge, once notification of termination is received.

Allstate Accident pays a $50 benefit when you visit a physician (Doctor or Dentist) for any reason. Pays up to 2 visits each calendar year (4 visits if dependents are covered). To file your claim, contact Creative Worksite Solutions at 866-971-9715 or customerservice@creativeworksitesolutions.com.
Transamerica Cancer Insurance
While some individuals diagnosed with cancer have adequate health insurance coverage to cover most of the cost of treatment, an increasing number of privately insured workers face the prospect of crippling out-of-pocket costs, according to information from the National Cancer Institute. While typical health insurance pays your doctor or hospital, this supplemental insurance pays you directly unless you assign benefits. Some benefits pay by the day or treatment, while others reimburse you for expenses you incur. You can choose to cover your eligible family members, including your spouse age 18 or older and your children from birth through age 25. Coverage includes Hospital Confinement, Attending Physician, Inpatient Drugs and Medicines, Private Duty Nurse, Extended Care Facility and Hospice care.

If there is a loss of eligibility, for this insurance, for any reason other than non-payment of premiums, coverage can be continued by paying the premiums directly to the carrier within 31 days after termination. The carrier will bill directly, for no additional charge, once notification of termination is received.

Transamerica Cancer offers a $100 wellness benefit for each covered person, per calendar year. Wellness screenings include; mammogram, pap smear, PSA blood test, triglycerides test, lipid panel, colonoscopy, and yearly physical for children. Wellness claims can be filed directly with Transamerica by calling 800.251.7254, option 2. No paperwork is needed.

Lincoln Financial Short-Term Disability
Short Term Disability insurance replaces a portion of your income if you are unable to work due to a covered injury or illness. This coverage can pay a monthly benefit to provide some income during a time of need. The Lincoln Financial Short-Term Disability plan is guaranteed issue and your rate is locked in based on your age at the time the policy is issued.

LegalGuard Plan by LegalEase
Did you know that without the right coverage, typical legal matters can cost you $500.00 to $7,000.00? With the LegalGuard Plan by LegalEase, one of North America’s oldest and leading benefit companies, you can protect yourself from the high costs associated with unexpected legal issues. This plan can lower the cost of many legal services including document reviews, estate planning, legal document preparation, dispute resolution, home purchases, civil litigation, landlord disputes and uncontested adoptions. Plan members also receive FREE initial consultations.

Transamerica Critical Illness Insurance
Critical Illness can help you and your family prepare for the financial stress a critical illness can cause. This policy pays a lump sum benefit equal to the amount you choose multiplied by the applicable percentage shown on the Schedule of Benefits upon the occurrence of a covered critical illness within each category. Employees and their spouses from age 18 and up and eligible children from birth through age 25 are eligible for coverage. Covered critical illnesses include heart attack, stroke, life threatening cancer, major organ transplants, end-stage renal failure, blindness and/or deafness and Amyotrophic Lateral Sclerosis (Lou Gehrig’s disease).

If there is a loss of eligibility, for this insurance, for any reason other than non-payment of premiums, coverage can be continued by paying the premiums directly to the carrier within 31 days after termination. The carrier will bill directly, for no additional charge, once notification of termination is received.
How to Make Your Benefit Elections

Open Enrollment:

The City of Savannah has a new Open Enrollment site. Click here to go directly to the new site. All enrollment changes will be made by completing an enrollment form that can be found on the site.

You can also access the Open Enrollment site using the QR code below. Just scan the code with a QR code reader on your smart phone.

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2021 benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA, which will default to zero ($0) elections.
**Important Contacts**

**Carrier and Vendor Customer Service**

Additional information regarding benefit plans can be found on the City of Savannah’s [Open Enrollment Site](#).

<table>
<thead>
<tr>
<th>Carrier</th>
<th>PHONE NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical POS (2-Tier)</td>
<td>Care Coordinators at Quantum Health 866-360-7926</td>
<td><a href="http://www.CityofSavannahHealthPlan.com">www.CityofSavannahHealthPlan.com</a></td>
</tr>
<tr>
<td>Pharmacy Benefits (Benefits Managed by Express Scripts)</td>
<td>Care Coordinators at Quantum Health 866-360-7926</td>
<td><a href="http://www.CityofSavannahHealthPlan.com">www.CityofSavannahHealthPlan.com</a></td>
</tr>
<tr>
<td>Dental PPO</td>
<td>MetLife Inc 800-GET-MET8</td>
<td><a href="http://Metlife.com/mybenefits">Metlife.com/mybenefits</a></td>
</tr>
<tr>
<td>Vision</td>
<td>MetLife Inc 855-MET-EYE1</td>
<td><a href="http://Metlife.com/mybenefits">Metlife.com/mybenefits</a></td>
</tr>
<tr>
<td>Life and AD&amp;D</td>
<td>Voya Financial 800-955-7736</td>
<td><a href="http://My.voya.com">My.voya.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Deer Oaks 866-327-2400</td>
<td><a href="http://www.deeroakseap.com">www.deeroakseap.com</a></td>
</tr>
<tr>
<td>Voluntary 457 Savings Plan</td>
<td>ICMA Retirement Corporation 866-328-4673</td>
<td><a href="http://www.icmarc.org">www.icmarc.org</a></td>
</tr>
<tr>
<td>Flexible Spending Account</td>
<td>McGriff Insurance Services 800-930-2441</td>
<td><a href="http://Mcgriffinsurance.com">Mcgriffinsurance.com</a></td>
</tr>
</tbody>
</table>

This brochure summarizes the benefit plans that are available to City of Savannah eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.
REQUIRED NOTIFICATIONS

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN’S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Jeff Grant
912-651-6484
jgrant01@savannahga.gov
Your Information, Your Rights, Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights
You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices
You have some choices in the way that we use and share information as we:
- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures
We may use and share your information as we:
- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers’ compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights
When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records
- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records
- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share
- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.
Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you
- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- File a complaint if you feel your rights are violated
  - You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
  - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
  - We will not retaliate against you for filing a complaint.

Your Choices
For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information

Our Uses and Disclosures
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
Run our organization
- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

- Effective Date: 10/15/2020
- Contact: HR Director
- Email: jgrant01@savannahga.gov
Important Notice from the City of Savannah About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Savannah and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of Savannah has determined that the prescription drug coverage offered through Express Scripts is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current City of Savannah coverage will not be affected. You can keep this coverage and it will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current City of Savannah coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

When Will You Pay A Higher Premium ( Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the City of Savannah and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...
Contact the Benefit’s Division at 912-651-6484 NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Savannah changes. You also may request a copy of this notice at any time.
For More Information About Your Options Under Medicare Prescription Drug Coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/15/2020
Name of Entity/Sender: Jeff Grant
Contact--Position/Office: HR Director
Address: 1375 Chatham Parkway, Savannah, GA 31405
Phone Number: 912-651-6484

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).
If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program Details</th>
<th>Website/Phone/Contact Information</th>
</tr>
</thead>
</table>
| ALABAMA – Medicaid | Medicaid                                                                        | Website: [http://myalhipp.com/](http://myalhipp.com/)
Phone: 1-855-692-5447                                                                 |
| COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
| ALASKA – Medicaid | Medicaid                                                                        | Website: [http://myakhipp.com/](http://myakhipp.com/)
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx) |
| FLORIDA – Medicaid | Medicaid                                                                        | Website: [http://flmedicaidtplrecovery.com/hipp](http://flmedicaidtplrecovery.com/hipp)
Phone: 1-877-357-3268                                                                 |
| ARKANSAS – Medicaid | Medicaid                                                                        | Website: [http://myarhipp.com/](http://myarhipp.com/)
Phone: 1-855-MyARHIPP (855-692-7447)                                                                 |
| GEORGIA – Medicaid | Medicaid                                                                        | Website: [https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp)
Phone: 678-564-1162 ext 2131                                                                 |
| CALIFORNIA – Medicaid | Medicaid                                                                        | Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)
Phone: 1-800-541-5555                                                                 |
| INDIANA – Medicaid | Medicaid                                                                        | Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)
Phone 1-800-403-0864                                                                 |
| IOWA – Medicaid and CHIP (Hawki) | Medicaid and CHIP (Hawki)                                                       | Website: [http://www.kdheks.gov/hcf/default.htm](http://www.kdheks.gov/hcf/default.htm)
Phone: 1-800-792-4884                                                                 |
| MONTANA – Medicaid | Medicaid                                                                        | Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178                                                                 |
| KENTUCKY – Medicaid | Medicaid                                                                        | Website: [http://www.kdheks.gov/hcf/default.htm](http://www.kdheks.gov/hcf/default.htm)
Phone: 1-800-792-4884                                                                 |
<table>
<thead>
<tr>
<th>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></th>
<th>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></td>
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<tr>
<td>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718</td>
<td></td>
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<tr>
<td>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></td>
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<td><strong>LOUISIANA</strong> – Medicaid Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/ahipp">www.ldh.la.gov/ahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</td>
<td><strong>NEW HAMPSHIRE</strong> – Medicaid Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</td>
</tr>
<tr>
<td><strong>MASSACHUSETTS</strong> – Medicaid and CHIP Website: <a href="http://www.mass.gov/eohhs/">http://www.mass.gov/eohhs/</a> Phone: 1-800-862-4840</td>
<td><strong>NEW YORK</strong> – Medicaid Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</td>
</tr>
<tr>
<td><strong>MINNESOTA</strong> – Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005</td>
<td><strong>NORTH CAROLINA</strong> – Medicaid Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</td>
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<tr>
<td><strong>MISSOURI</strong> – Medicaid Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</td>
<td><strong>NORTH DAKOTA</strong> – Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</td>
</tr>
<tr>
<td><strong>Pennsylvania</strong> – Medicaid Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462</td>
<td><strong>VIRGINIA</strong> – Medicaid and CHIP Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</td>
</tr>
<tr>
<td>RHODE ISLAND – Medicaid and CHIP</td>
<td>WASHINGTON – Medicaid</td>
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<tr>
<td>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
</tr>
<tr>
<td>Phone: 1-855-697-4347, or 401-462-0311 (Direct R1te Share Line)</td>
<td>Phone: 1-800-562-3022</td>
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<thead>
<tr>
<th>SOUTH CAROLINA – Medicaid</th>
<th>WEST VIRGINIA – Medicaid</th>
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<tr>
<td>Phone: 1-888-549-0820</td>
<td>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</td>
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<tr>
<th>SOUTH DAKOTA - Medicaid</th>
<th>WISCONSIN – Medicaid and CHIP</th>
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<tr>
<td>Phone: 1-888-828-0059</td>
<td>Phone: 1-800-362-3002</td>
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<tr>
<th>TEXAS – Medicaid</th>
<th>WYOMING – Medicaid</th>
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<td>Phone: 1-800-440-0493</td>
<td>Phone: 307-777-7531</td>
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To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services**

Centers for Medicare & Medicaid Services

[www.cms.hhs.gov](http://www.cms.hhs.gov)

1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)
PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution—as well as your employee contribution to employer–offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer–sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
  - [ ] Some employees. Eligible employees are:
    - Permanent employees working at least 20 hours per week
  - [ ] We do offer coverage. Eligible dependents are:
    - Legally married spouses, qualified domestic partners, and children under the age of 26.
  - [ ] We do not offer coverage.

If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here’s the employer information you’ll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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* An employer – sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)
Please contact the City of Savannah’s Human Resources Benefit’s Division with any questions or for assistance with the open enrollment process.  
912-651-6484

You can view a short “How To” video overview about the 2021 Open Enrollment by clicking here or scanning the QR code below.

You can visit the City of Savannah Open Enrollment site by clicking here or by scanning the QR code below.