



2026



SAVANNAH  
savannahga.gov

# BENEFITS GUIDE





# Inside the Guide

Welcome	2
Eligibility	3
Medical Plan	4
Prescription Drug Coverage	6
Doctor on Demand	7
City of Savannah SAV4Health Wellness Plan	8
Quantum Health	12
St. Joseph's/Candler Health System Programs	14
Dental Plan	15
VSP Vision Plan	16
Flexible Spending Accounts	16
Basic Life/AD&D	17
Supplemental Life/AD&D Insurance	17
Long-Term Disability Insurance	19
Employee Assistance Plan (EAP)	19
Additional Benefits	20
Foundations for Retirement	21
Voluntary Worksite Benefits	22
How to Make Your Benefit Elections	23
Required Notifications	24
Important Contacts	39

# 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 guide will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Jeffery Grant

Human Resources Director



# Eligibility



## Eligible Employees:

All permanent employees, working a minimum of 20 hours per week, may enroll in the City of Savannah Employee Benefits Program.

## Eligible Dependents:

All eligible employees for City benefits may enroll their eligible dependents. Eligible dependents include the employee's spouse, domestic partner and children up to age 26.

## When Coverage Begins:

Newly hired employees and their dependents will be effective in City of Savannah's Medical and Life/AD&D benefits programs 30 days after hire date. Dental & Vision benefits begin on 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 a family status change occurs.

## Family Status Change:

A family status change is a change in an employee's life that may impact eligibility or the dependent's eligibility for benefits. Examples of 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, ineligibility due to age)
- Change in employment or job status (i.e., spouse loses job etc.)

If a family status change occurs, benefit changes must be made within **30-days** of the event. Documentation is required to verify the status change. Failure to request a change within **30-days** of event will result in waiting until the next open enrollment to make changes. Contact the Human Resources Benefit's Division at 912-651-6484 to make benefit changes.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 30 for more details.

# 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 Health Plans, Inc. (HPI). To review the medical plan document, go to the benefits website [www.savannahga.gov/benefits](http://www.savannahga.gov/benefits).

The City of Savannah is a member of Savannah Business Group (SBG), a healthcare coalition made up of self-funded employers in our area. SBG currently contracts with St. Joseph's/Candler and The Care Network (TCN). TCN serves as the Preferred Provider Organization (PPO) providing access to certain hospitals, physicians and other health care providers called Network Providers.

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 866-360-7926 or visit [www.CityofSavannahHealthPlan.com](http://www.CityofSavannahHealthPlan.com).

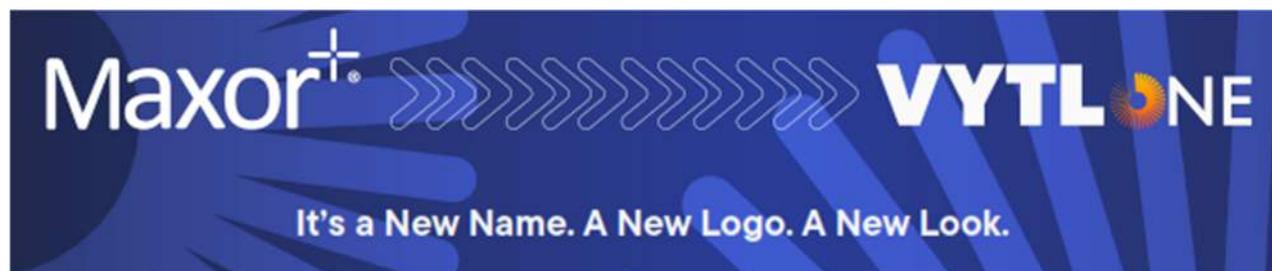


## Medical Plan Schedule of Benefits

The following pages are summaries of the Medical and Prescription Drug benefits. Please see the City of Savannah Summary Plan Description for details of covered benefits, limitations, and exclusions.

Medical	Plus Option		Basic Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
One Person	\$500	\$1,000	\$1,300	\$2,600
Two Person	\$1,000	\$2,000	\$2,600	\$5,200
Family	\$1,500	\$3,000	\$3,900	\$7,800
Maximum Out-of-Pocket				
One Person	\$2,200	No Maximum Amount	\$3,400	No Maximum Amount
Two Person	\$4,400	No Maximum Amount	\$6,800	No Maximum Amount
Family	\$6,600	No Maximum Amount	\$10,200	No Maximum Amount
Coinsurance - EE/ER	20% / 80%	50% / 50%	20% / 80%	50% / 50%
Physician Copay				
Primary Care Physician	\$15	50% after deductible	\$20	50% after deductible
Specialist w/ PCP referral	\$25		\$35	
Specialist w/o PCP referral	\$50		\$75	
Doctor on Demand Telemedicine	\$15	No benefits	\$20	No benefits
Ambulance Service	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Chiropractic Care	20% after deductible; limited to 25 visits per calendar year	50% after deductible; limited to 25 visits per calendar year	20% after deductible; limited to 25 visits per calendar year	50% after deductible; limited to 25 visits per calendar year
Hospital Services				
Inpatient	20% after deductible	50% after deductible & \$500 copay per admission	20% after deductible	50% after deductible & \$500 copay per admission
Outpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	20% after deductible and \$200 co-pay			
Urgent Care	\$15 co-pay	50% after deductible	\$20 co-pay	50% after deductible
Maternity				
Physician Hospital	\$200 copay and 20% after deductible	50% after deductible 50% after deductible	\$200 copay and 20% after deductible	50% after deductible 50% after deductible
Mental Health/Substance Abuse				
Inpatient	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	\$15 copay	50% after deductible	\$20 copay	50% after deductible
Preventive Care				
Well Adult Care	100%	No benefits	100%	No benefits
Well Child Care	100%	No benefits	100%	No benefits
Therapeutic Service (Occupational, Speech, and Physical Therapy)	20% after deductible; limited to 30 visits per calendar year	50% after deductible; limited to 30 visits per calendar year	20% after deductible; limited to 30 visits per calendar year	50% after deductible; limited to 30 visits per calendar year
<b>Plus SAV4HEALTH Premium</b>			<b>Basic SAV4HEALTH Premium</b>	
	<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>	<b>Bi-Weekly</b>
Employee Only	\$20.46	Employee Only \$40.93	Employee Only \$12.63	Employee Only \$25.27
Employee +1	\$69.59	Employee +1 \$139.19	Employee +1 \$46.95	Employee +1 \$93.90
Family	\$127.38	Family \$254.76	Family \$87.55	Family \$175.10
<b>Plus STANDARD Premium</b>			<b>Basic STANDARD Premium</b>	
	<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>	<b>Bi-Weekly</b>
Employee Only	\$39.69	Employee Only \$79.39	Employee Only \$31.86	Employee Only \$63.73
Employee +1	\$88.83	Employee +1 \$177.65	Employee +1 \$66.18	Employee +1 \$132.36
Family	\$146.61	Family \$293.22	Family \$106.78	Family \$213.56

# Prescription Drug Coverage



**VytlOne will provide you with the same excellent member care and resources.**

When logging into Member Portal, you will see the VytlOne web page – you're in the right place.

MaxorPlus, the City of Savannah's pharmacy benefits manager (PBM), is changing its name to VytlOne on January 1, 2026.

**Note, there will be no changes to prescription benefits and coverage, pharmacies, the PBM contact information or website.** Members will receive new ID cards before January 1, 2026, with the new VytlOne name. The new card will arrive at the member's mailing address in a HPI labeled envelope.

Prescription drug coverage is included with the medical plan. Coverage for outpatient prescription drugs is provided through VytlOne (formerly MaxorPlus). The program includes a retail prescription plan and mail order for maintenance medications. At network pharmacies, co-payment is determined by the tier on which the prescription is placed (Tier 1, Tier 2 or Tier 3). Tier 4 is for specialty drugs.

Maintenance medications may be provided as a 90-day supply through VytlOne mail order service or at any retail pharmacy to save money. By using mail order or 90-day at retail for maintenance medications, a 90-day supply is provided at reduced co-pay. Refer to the schedule in the Plan Summary Document for the appropriate co-pays.

Prescription Drug Copay	30-day supply	90-day supply through Mail Order or Retail
Tier 1 Drug	\$5.00 copay	\$10.00 copay
Tier 2 Drug	\$25.00 copay	\$50.00 copay
Tier 3 Drug	\$50.00 copay	\$125.00 copay
Tier 4 Drug	\$75.00 copay	N/A

# See a doctor now, wherever you are.

Access to a licensed professional at your fingertips

## It's fast and easy

- Connect virtually with a physician in minutes<sup>1</sup>
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy<sup>2</sup>

## Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries



## Behavioral Health Visits<sup>3</sup>

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.<sup>4</sup>

<sup>1</sup> Availability more limited during overnight hours.

<sup>2</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>3</sup> Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2-3 weeks.

<sup>4</sup> Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.

**dr+** on demand



## How it works

1. Download the app on your mobile device or access [doctorondemand.com/health-plans-inc](http://doctorondemand.com/health-plans-inc)
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

The details of your consultation will not be forwarded to your PCP without your consent.



or web video visits at [doctorondemand.com/health-plans-inc](http://doctorondemand.com/health-plans-inc)

SAVANNAH  
savannahga.gov



Quantum  
HEALTH

hpi



Have questions about Doctor On Demand? Contact Member Support at 800-997-6196 or [support@doctorondemand.com](mailto:support@doctorondemand.com).

For questions about your plan benefits or eligibility, Quantum Health is here to help.

Contact the Care Coordinators at 866-360-7926 or online at [www.CityOfSavannahHealthPlan.com](http://www.CityOfSavannahHealthPlan.com).

# City of Savannah SAV4Health Wellness Plan

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

## Four Simple Steps

The SAV4Health Wellness program encourages employees to complete four (4) wellness activities during the *current* plan year to earn significant savings (estimated \$1,000) on their medical premiums for the *next* plan year. Wellness activities completed yearly will be applied to the qualifying employee's medical premium beginning January 1 of the following year. Those rewards will be significant for employees who take ownership of their health and wellness by completing the SAV4Health Wellness program.

## To Earn the Wellness Incentive

To earn the wellness incentive for the next plan year, employees must meet the four (4) program goals:

1. **Complete Annual Check-Up with Biometric Screening**
2. **Report results of Annual Check-Up visit and Biometric Screening**
3. **Complete Health Questionnaire**
4. **Complete a Tobacco Affidavit**



### Step 1: Annual Check-Up with Biometric Screening

Schedule an Annual Check-Up and Biometric Screening with your PCP (Primary Care Provider). Your provider may have you come in for biometric screening (lab work) before seeing you for your check-up. During your check-up, take the **PCP form** and ask the provider to complete the biometric results section. This form is available at [www.savannahga.gov/benefits](http://www.savannahga.gov/benefits). If you do not take a PCP form with you, request a copy of your lab results from your provider. See Step 2 about how to enter this information online.

### Step 2: Report Results

Log onto [www.CityOfSavannahHealthPlan.com](http://www.CityOfSavannahHealthPlan.com). Check the box to confirm that you completed an Annual Check-Up with your PCP. Next, enter the 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, call a Care Coordinator at 866-360-7926.

### Step 3: Health Questionnaire

Complete the Health Questionnaire online at [www.CityOfSavannahHealthPlan.com](http://www.CityOfSavannahHealthPlan.com) or by calling a Care Coordinator at 866-360-7926.

### 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 tobacco quit program at 100%. Complete the Tobacco Affidavit online at [www.CityOfSavannahHealthPlan.com](http://www.CityOfSavannahHealthPlan.com) or by calling a Care Coordinator at 866-360-7926.

**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.**

**The Deadline to Qualify for the SAV4Health Incentive: November 15<sup>th</sup>.**

## Additional Health & Wellness Programs

Many programs are offered to employees and their families who are enrolled in the City's medical plan. For more information about these programs, contact the Employee Health & Wellness Coordinator in the Human Resources Benefits Division at 912-651-6545.

- **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 \$40.00 a month for participation, if program participation requirements are met.
- **Thriving Thursday:** A monthly health and wellness initiative for all City of Savannah employees, held every third Thursday. Each session offers practical strategies to support overall well-being, with rotating topics such as movement, stress management, sleep, nutrition, and quality of life.
- **Comprehensive Diabetes Management:** A 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.
- **Mammograms:** St. Joseph / Candler offers free and confidential mammogram screenings throughout the year. For more information or to schedule appointments, call 912-819-6800. (Confirm eligibility with your Care Coordinators prior to scheduling an appointment).
- **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 September to November each year. \*Medical plan members may also visit a local pharmacy with their insurance card to receive the flu vaccination.
- **Tobacco Cessation:** The City offers tobacco cessation programs at no charge to employees.





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 (4) SAV4Health activities.

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](http://CityofSavannahHealthPlan.com)

**866-360-7926**  
(Monday–Friday, 8:30 a.m.–10 p.m. EST)

Download the app | [MyQHealth](#) - Care Coordinators

# PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personal 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 personal identifiable health information are Quantum Health Nurse Care Coordinators and Tobacco Cessation Coaches 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.

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

**866-360-7926**

(Monday–Friday, 8:30 a.m.–10 p.m. EST)

Download the app | **MyQHealth - Care Coordinators**

# Quantum Health



*Contact  
the Experts!*

Your Care Coordinators are here to help. Call 866-360-7926 or visit [CityofSavannahHealthPlan.com](http://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 are 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.



# CARE COORDINATORS

**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**

City health plan members living in the Chatham, Bryan, or Effingham counties may receive free non-emergency transportation to and from St. Joseph's/Candler facilities or affiliated provider offices, courtesy of The Care Network (TCN) and a contracted transportation company. This program is available for the patient only, or for both the child and parent(s) in pediatric cases. Eligible members contact the Managed Care department at 912-819-2430. If available, include dates/times of appointments, member's home address and physician name/address.

## **Infant Car Seats**

St. Joseph's/Candler provides an infant car seat at no cost to each City health plan member who delivers their newborn baby at Candler Hospital. This program offers St. Joseph's/Candler the opportunity to invest in increasing the community awareness of patient safety, regulatory requirements, and preventive care.

## **Bearly Sick**

St. Joseph's/Candler provides its Bearly Sick program at no cost to City health plan members. This valuable service supports working parents by providing daytime care for mildly ill children. Meals and snacks are included; however, families must supply personal items such as diapers, formula, medications, and bottles. To enroll a child into the program, or ask questions, call 912-819-7382.

## **Meals**

St. Joseph's/Candler provides meals for immediate family (parents, spouse, children or significant other) of City of Savannah members at the hospital cafeterias for the duration of the patient's hospital stay, provided the family members satisfy the specific criteria. This benefit helps support families by offering meals as a necessity for the eligible member. Meal passes are distributed by the Patient Advocate service.

## **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 City Health Plan member on an inpatient or outpatient surgery basis.

## **Care Call Center**

Care Call is a hotline available to City health plan members Monday – Friday, from 9 am – 8 pm. Members may call 912-819-3360 and speak with a Registered Nurse who will assess symptoms, provide health education, and guide to appropriate care. The Registered Nurse provides triage advice, and general health information, access to an audio health library, physician referrals, details about St. Joseph's/Candler programs, registration for City of Savannah health screenings, and community services information.

The above programs and benefits are available only to Savannah Business Group member companies.

# Dental Plan

City of Savannah Dental plan is with The Standard with the choice of three dental Plans.

Below is a summary of the dental benefits. Please see the Dental Plan certificate of coverage

for details of covered benefits, limitations, and exclusions. The City does not contribute to the cost of dental insurance.



Low Option Summary				High Option Summary				Platinum Option Summary			
TYPE A Services covered at 100% (Deductible Waived)				TYPE A Services covered at 100% (Deductible Waived)				TYPE A Services covered at 100% (Deductible Waived)			
Exams	Fluoride Treatments	Sealants		Exams	Fluoride Treatments	Sealants		Exams	Fluoride Treatments	Sealants	
X-Rays	Palliative Treatments			X-Rays	Palliative Treatments			X-Rays	Palliative Treatments		
Cleanings	Space Maintainers			Cleanings	Space Maintainers			Cleanings	Space Maintainers		
Consultations				Consultations				Consultations			
TYPE B Service covered at 60%				TYPE B Services covered at 80%				TYPE B Services covered at 90%			
Amalgam and Resin Composite Fillings				Amalgam and Resin Composite Fillings				Amalgam and Resin Composite Fillings			
Composite Restorations				Pulpotomy, Pulp Capping and Pulp Therapy				Pulpotomy, Pulp Capping and Pulp Therapy			
Oral Surgery - Simple Extractions				Root Canal				Root Canal			
Repairs of Crowns & Inlays/Onlays				Surgical Extractions; Other Oral Surgery				Surgical Extractions; Other Oral Surgery			
Repairs of Bridges and Dentures				General Services				General Services			
General Services				Periodontal Surgery; Periodontics – Non-Surgical				Periodontal Surgery; Periodontics – Non-Surgical			
Labs and Other Tests				Scaling and Root Planing				Scaling and Root Planing			
				General Anesthesia				General Anesthesia			
				Repairs of Crowns, Inlays/Onlays, Bridges, & Dentures				Repairs of Crowns, Inlays/Onlays, Bridges, & Dentures			
				Full Mouth Debridement				Full Mouth Debridement			
				Periodontal maintenance				Periodontal maintenance			
				Labs and Other Tests				Labs and Other Tests			
TYPE C Services covered at 25%				TYPE C Services covered at 50%				TYPE C Services covered at 60%			
Inlays, On lays; Crowns; Dentures				Inlays, On lays; Crowns; Dentures				Inlays, On lays; Crowns; Dentures			
Denture – Rebases/Relines; Adjustments; Fixed Bridges				Denture – Rebases/Relines/Adjustments				Denture – Rebases/Relines/Adjustments			
Prefabricated Crowns; Crown Buildups and Post Core				Fixed Bridges				Fixed Bridges			
Oral Surgery – Surgical Extractions				Prefabricated Crowns				Prefabricated Crowns			
Pulpotomy/Pulp Capping/Pulp Therapy				Crown Buildups and Post Core				Crown Buildups and Post Core			
Root Canal				Recementations				Recementations			
Periodontal Surgery; Periodontics – Non-Surgical				Occlusal Adjustments				Occlusal Adjustments			
Scaling and Root Planing											
General Anesthesia											
Occlusal Adjustments											
Removal of Impacted Teeth											
Orthodontic: Covered 50%				Orthodontics Not Covered				Orthodontic: Covered 50%			
Diagnostic, Active Retention Treatment				N/A				Diagnostic, Active Retention Treatment			
Deductibles and Maximums				Deductibles and Maximums				Deductibles and Maximums			
Annual Deductibles: \$50 per person				Annual Deductibles: \$50 per person				Annual Deductibles: \$50 per person			
\$150 per family aggregate				\$150 per family aggregate				\$150 per family aggregate			
<b>Annual Maximum (per person) \$1,000</b>				<b>Annual Maximum (per person) \$1,500</b>				<b>Annual Maximum (per person) \$2,000</b>			
<b>Orthodontia Lifetime Maximum (per person) \$1,000</b>				<b>Not Covered</b>				<b>Orthodontia Lifetime Maximum (per person) \$1,500</b>			
Out of Network services – negotiated fee schedule – Maximum Allowable Charge				Out of Network services are paid at Reasonable and Customary at the 90th percentile				Out of Network services are paid at Reasonable and Customary at the 90th percentile			
Low Option Rates				High Option Rates				Platinum Option Rates			
Weekly		Bi-Weekly		Weekly		Bi-Weekly		Weekly		Bi-Weekly	
Individual	\$4.82	Individual	\$9.64	Individual	\$8.20	Individual	\$16.40	Individual	\$10.31	Individual	\$20.62
EE+1	\$8.88	EE+1	\$17.76	EE+1	\$14.51	EE+1	\$29.02	EE+1	\$18.15	EE+1	\$36.30
Family	\$16.21	Family	\$32.42	Family	\$21.91	Family	\$43.82	Family	\$26.95	Family	\$53.90

# VSP Vision Plan

The City Vision plan is through VSP. Visit [www.vsp.com](http://www.vsp.com) to find providers in the VSP network. Below is a summary of the vision benefits. Please see the Vision Plan certificate of coverage for details of covered benefits, limitations, and exclusions. The City does not contribute to the vision plan.



Vision Benefits	In-Network	Out-of-Network
Vision Exam	100% after \$20 copay	\$45 allowance
Contact Lens Fit & Follow up Exam	Up to \$60	Not Covered
Complete pair of glasses or frames	\$30 copay	\$30 copay
Lenses		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Lens Options	Benefit ranges:	
Progressives:	Difference between standard bifocals and progressives	Up to lined Bifocal allowance
Anti-Reflective:	\$43-\$85	Not Covered
Polycarbonate:	\$33 (100% for children)	Not Covered
Ultraviolet coating	\$16	Not Covered
Scratch-resistant Coating	\$17-33	Not Covered
Frames	\$200 allowance, 20% discount on balance	\$70 allowance
Contact Lenses		
Elective	\$200 allowance	\$145 allowance
Medically Necessary	Covered in full	\$210 allowance
Value Added Features		
Discounts	Discounts on materials for the remainder of the plan year after allowances are exhausted.	
Mail Order Contact Lens Replacement	Available through Eyeconic	
Laser Vision Correction	Extensive discounts at participating LASIK Providers	
Frequency		
Exams / Lenses or Contacts / Frames	One per 12 months	
<b>Premium</b>	<b>Weekly</b>	<b>Bi-Weekly</b>
Individual	\$1.32	\$2.64
EE+1	\$2.30	\$4.60
Family	\$3.24	\$6.48

## 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 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 elections are not made 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 Beniversal Card at the time of service. Save receipts as you may have to submit them to Benefit Resource, Inc. (BRI) to verify some services received.

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 contribution limits are \$3,400 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 enrolled, contribution amounts cannot be changed during the plan year unless you have a qualified work or family status change.

Your contributions are deducted from your pay before taxes in equal amounts during the year. This means you save money as contributions are not subject to Social Security tax, federal income tax and, in most cases, state and local income taxes. You may use the FSA to pay for

eligible expenses for yourself and your eligible tax dependents even if they are not covered on your City group medical plan. Eligible medical expenses include deductibles, co-payments, routine eye care, dental care, etc. Eligible dependent care expenses are those which allow you and your spouse to work or attend school full time while your eligible dependent is receiving care.

Benefit Resource Customer Service 866-996-5200

Email: ParticipantServices@BenefitResource.com

*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 FSA account balance, you will forfeit any remaining balances.*

## Basic Life/AD&D

The City 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 basic life coverage/AD&D. The amount of 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

### Employee Coverage

The City of Savannah offers Supplemental Life/AD&D insurance through the Standard Insurance Company. 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 (EOI) is required for any coverage over 1X salary.

EOI is located at [www.standard.com/edu/city-savannah/62766](http://www.standard.com/edu/city-savannah/62766). 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 Coverage

If supplemental life is selected, then supplemental term life/AD&D coverage for employee's spouse and supplemental term life for eligible dependents may be requested. Up to \$100,000 in \$10,000 increments may be elected for a spouse, including an equal amount of AD&D. Up to \$20,000 in \$5,000 increments may be elected for dependents, AD&D is not available for dependents. New hires may elect \$30,000 spouse life and \$20,000 dependent life within the first 30 days of hire which is guaranteed. Any additional amount requires completion of EOI. This coverage is portable.

To estimate your monthly premium, use the calculator below.

Use this formula to estimate your monthly premium payment:

$$\frac{\text{Enter the amount of coverage you are requesting (see benefit amounts on page 2)}}{+ 1000} = \text{_____} \times \frac{\text{Enter your rate from the rate table.}}{\text{_____}} = \text{_____}$$

This amount is an estimate of how much you would pay each month.

Age (as of January 1)	Your Rate (Per \$1,000 of Total Coverage)*	Your Spouse's Rate (Per \$1,000 of Total Coverage)*
<30	\$0.072	\$0.072
30-34	\$0.096	\$0.096
35-39	\$0.132	\$0.132
40-44	\$0.180	\$0.180
45-49	\$0.264	\$0.264
50-54	\$0.384	\$0.384
55-59	\$0.624	\$0.624
60-64	\$0.972	\$0.972
65-69	\$1.872	\$1.872
70+	\$3.036	\$3.036

### How Much Life Insurance Do You Need?

After a serious accident or death in the family, there are many unexpected expenses.

Your benefits could help your family pay for:

- Outstanding debt
- Your child(ren)'s education
- Burial expenses
- Daily expenses
- Medical bills

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at [standard.com/life/needs](http://standard.com/life/needs).

\*Includes a monthly AD&D rate of \$0.028 per \$1,000 of AD&D benefit.

\*Includes a monthly AD&D rate of \$0.028 per \$1,000 of AD&D benefit for your spouse.

Child Life Monthly Premiums*	
Coverage Amount	Premium
\$5,000	1.40
\$10,000	2.80
\$15,000	4.20
\$20,000	5.60

\*Regardless of the number of eligible children covered.

# Long-Term Disability Insurance

The 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. Everyone experiences times when a personal problem or crisis affects the way we function at work or at home. Sometimes it can feel like there is nowhere to turn. The Employee Assistance Program (EAP) is a problem-solving resource available to employees and their household members. A professional counselor will assist in assessing the situation, finding options, making choices or locating further help.

**It's free...** City of Savannah covers the cost of initial assessment, additional problem-solving sessions and referral services. If there is a need for further counseling or treatment, a counselor will help explore various options.

**It's confidential...** EAP is through AllOne Health, an outside counseling resource to assure confidentiality. Nothing concerning an employee's use of EAP will be known by the City or co-workers.

AllOne Health is a phone call away at 888-993-7650 or online at [www.AllOneHealth.com/DeerOaks](http://www.AllOneHealth.com/DeerOaks).

### City of Savannah login information:

- Mobile App: AllOne Connect
- Web: [AllOneHealth.com/DeerOaks](http://AllOneHealth.com/DeerOaks). (Company Code: cos)

# 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 employees' 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.

**Extra leave:** Annually, as of January 1, for each 400 hours of sick leave a 40-hour employee shall have accumulated but not used, he/she shall be granted 8 hours of extra leave to a maximum of 24 hours. For each 600 hours of sick leave, a 56-hour employee shall have accumulated but not used, he/she shall be granted 12 hours of extra leave to a maximum of 36 hours. This leave is awarded by April 1<sup>st</sup> for all eligible employees who met the criteria the prior year.

**Incentive leave:** Annually, as of January 1, for each full calendar year that no sick leave (excluding funeral leave or injury leave) is used by an employee, a 40-hour employee shall be granted 8 hours of incentive leave, and a 56-hour employee shall be granted 12 hours of incentive leave. To be eligible, employees must have been employed with the City during the entire calendar year. This leave is awarded by April 1<sup>st</sup> for all eligible employees who met the criteria the prior year.

**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. AbsenceResources now administers all family medical leave claims. To request family leave or FMLA questions, contact AbsenceResources at 866-365-0353 or visit [www.AbsenceResources.com](http://www.AbsenceResources.com)

## Holidays

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

New Year's Day	Labor Day
Martin Luther King, Jr., Day	Veterans' Day
Presidents' Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Juneteenth	Christmas Eve or Day after Christmas
Independence Day	Christmas Day

# Foundations for Retirement

Financial security at retirement is not something guaranteed. It takes years of planning to build a foundation that provides enjoyment during the golden years. Aside from contributing to Social Security on behalf of employees, the City of Savannah offers other plans that provide special incentives to help 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 to keep the plan funded for current and future retirement benefits. Employees are vested when they have contributed to 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 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 City employees is 57 with five years of credited service.

Early retirement age for uniformed Fire and Police personnel is 50 with ten years of credited service. Early retirement age for all other City employees 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 through MissionSquare Retirement offers favorable tax treatment for retirement savings. Features include:

- Member decides how much to save, subject to the minimum amount which is set by the City and maximum amount set by the federal government. Contributions are deducted from pay and deposited in the 457 account on a pretax basis. This lowers taxable income and saves by paying less in taxes now.
- Increase, decrease or stop contributions at any time.
- Hardship withdrawal is available in emergency situations, outlined by MissionSquare Retirement.
- If employee leaves the City of Savannah, the savings and interest go with them.
- Visit [www.missionsq.org](http://www.missionsq.org) to enroll/change 457 plan contributions.

The City will contribute \$20 per month into the accounts of general employees who set up a MissionSquare Retirement 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 MissionSquare Retirement Corporation. At maturity, invested funds may be spent "tax-free." The City's MissionSquare Retirement representative will assist employees who wish to explore this form of investment option. Visit [www.missionsq.org](http://www.missionsq.org) to enroll/change Roth IRA contributions.

## Uniformed Services Retirement Plans

Upon voluntary enrollment\* for 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 (\$35 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 begin only after enrollment is finalized.**



# Voluntary Worksite Benefits

Voluntary benefits can build on the benefits already provided by the City of Savannah, giving additional protection to employees and their families. The premium is paid by payroll deduction. If an employee changes jobs, retires, or loses eligibility for any reason (other than non-payment of premium) coverage may continue by paying the premiums to the carrier within 31 days after separation and setting up direct billing.

**To enroll in voluntary worksite benefits, file a claim, or ask questions about your benefits, contact Creative Worksite Solutions by calling 866-971-9715 or email at [customerservice@creativeworksitesolutions.com](mailto:customerservice@creativeworksitesolutions.com).**

## Hartford Accident Insurance

The Accident plan offers 24-hour coverage for accidents or injuries in addition to your primary medical insurance. It can help cover out-of-pocket expenses associated with an injury and help protect financial savings should an accidental injury occur.

The Accident plan pays a \$50 wellness benefit for each covered person that has an annual wellness checkup. Wellness claims can be filed directly with The Hartford by calling 866.547.4205 or online at [TheHartford.com/benefits/myclaim](http://TheHartford.com/benefits/myclaim) and reference Group #715063. No paperwork is needed.

## Hartford Critical Illness Insurance

Critical Illness coverage pays a lump sum benefit equal to the amount chosen when an employee or family member is diagnosed with a covered critical illness such as a stroke or heart attack. This can help with the financial stress a major illness can cause.

The Critical Illness plan pays a \$50 wellness benefit for each covered person that has an annual wellness checkup. Wellness claims can be filed directly with The Hartford by calling 866.547.4205 or online at [TheHartford.com/benefits/myclaim](http://TheHartford.com/benefits/myclaim) and reference Group #715063. No paperwork is needed.

## TransAmerica Cancer Insurance

While typical health insurance pays the doctor or hospital for cancer care, this supplemental insurance pays the covered member directly. Payable benefits are determined based on diagnosis and treatment received.

The Cancer plan pays an annual wellness benefit of \$100 for each covered person that has an annual wellness checkup. Wellness claims can be filed directly with Transamerica by calling 800-251-7254, option 2. No paperwork is needed.

## Lincoln Financial Short-Term Disability

If you are unable to work due to a covered injury or illness, Short Term Disability (STD) insurance can replace up to 60% of your monthly income. The Lincoln Financial STD plan is guaranteed issue (no medical questions) and your rate is locked in based on your age and yearly wages at the time the policy is issued.

## LegalGuard Plan by LegalEase

LegalGuard Plan by LegalEase can lower the cost of many legal services including document reviews, estate planning, legal document preparation, dispute resolution, home purchases, and landlord disputes. Plan members also receive FREE initial consultations. Contact LegalGuard at [www.legaleaseplan.com/connect](http://www.legaleaseplan.com/connect) or call 800-248-9000.

# How to Make Your Benefit Elections

## New Hire Enrollment:

New hire employees have 30 days from date of hire to enroll in the benefit plans. All elections are in effect for the entire plan year and may only be changed during Open Enrollment in November (effective January 1<sup>st</sup>) or if a qualifying life event occurs. Enrollment instructions are located on [www.savannahga.gov/benefits](http://www.savannahga.gov/benefits).

To complete New Hire Enrollment elections, login to the Lawson Employee Self-Service Portal at <http://lawsonselfservice.savannahga.gov>

- You must be on the City's network to access the Lawson portal.
- You will need your City of Savannah email address and password.

**All new hire enrollment elections must be completed within 30 days from date of hire**

## Open Enrollment:

The annual Open Enrollment is held each year from November 1st – 15th. All elections are in effect for the entire plan year and may only be changed during Open Enrollment in November (effective January 1<sup>st</sup>), or if a qualifying life event occurs. Enrollment instructions are located on [www.savannahga.gov/benefits](http://www.savannahga.gov/benefits).

During Open Enrollment, you can complete the following:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care Flexible Spending Accounts (FSA). To continue your FSA benefits, you must re-enroll each plan year.
- If you do not make your Open Enrollment benefit elections, you will automatically be defaulted to your prior year elections, except for the FSA benefits which will default to zero (\$0) elections.

To complete Open Enrollment elections, login to the Lawson Employee Self-Service Portal at: <http://lawsonselfservice.savannahga.gov>

- You must be on the City's network to access the Lawson portal.
- You will need your City of Savannah email address and password.

**All open enrollment elections must be completed by the deadline of November 15<sup>th</sup>**

**BENEFIT U** 

# 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.

### NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### 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:

City of Savannah  
Benefits Department  
912-651-6484

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

### **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 communication**

- 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 877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- 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/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-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.

## Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information

If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relating the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

## 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/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.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: 01/01/2026
- Contact: Tanya Jones, Benefits Manager
- Address: P.O. Box 1027, Savannah, GA 31402

## SHORT TERM LIMITED DURATION INSURANCE

### **IMPORTANT: The following are fixed indemnity policies, NOT health insurance: Hartford Accident, Hartford Critical Illness, Transamerica Cancer**

These fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

### Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

### Questions about these policies?

- For questions or complaints about these policies, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](http://naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from balance billing for:

#### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed.

#### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

### When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count amounts you pay for emergencies or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact The U.S. Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE (1-800-633-4227) or visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

## 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 MaxorPlus 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 15<sup>th</sup> to December 7<sup>th</sup>.

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?

- You may stay in the City of Savannah plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or
  - If you lose [Insert Name of Plan] creditable coverage.
- You may stay in the City of Savannah plan and also enroll in a Medicare prescription drug plan. The [Insert Name of Plan] will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the City of Savannah plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the [Insert Name of Plan], you are not able to receive coverage

through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

### **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](http://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 (800-633-4227). TTY users should call 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](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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:	10/15/2026
Name of Entity/Sender:	Tanya Jones
Contact--Position/Office:	Benefits Manager
Address:	P.O. Box 1027, Savannah, GA 31402
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](http://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 877-KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call 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 July 31, 2025. Contact your State for more information on eligibility –**

### ALABAMA – Medicaid

Website: <http://myalhipp.com/> Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
 Website: <http://myakhipp.com/> Phone: 1-866-251-4861  
 Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
 Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/> Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>  
 Phone: 916-445-8322 Fax: 916-440-5676  
 Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
 Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
 CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
 CHP+ Customer Service: 1-800-359-1991/State Relay 711  
 Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
 HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**

Website: <https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html>  
 Phone: 1-877-357-3268

**GEORGIA – Medicaid**

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
 Phone: 678-564-1162, Press 1  
 GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
 Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**

Health Insurance Premium Payment Program  
 All other Medicaid  
 Website: <https://www.in.gov/medicaid/http://www.in.gov/fssa/dfr/>  
 Family and Social Services Administration  
 Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website: [Iowa Medicaid | Health & Human Services](#)  
 Medicaid Phone: 1-800-338-8366  
 Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#)  
 Hawki Phone: 1-800-257-8563  
 HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)  
 HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: <https://www.kancare.ks.gov/>  
 Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
 Phone: 1-855-459-6328  
 Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
 KCHIP Website: <https://kynect.ky.gov>  
 Phone: 1-877-524-4718  
 Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

**LOUISIANA – Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
 Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
 Phone: 1-800-442-6003 TTY: Maine relay 711  
 Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
 Phone: 1-800-977-6740 TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>  
 Phone: 1-800-862-4840 TTY: 711  
 Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/health-care-coverage/> Phone: 1-800-657-3739

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm> Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
 Phone: 1-800-694-3084 Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>  
 Phone: 1-855-632-7633  
 Lincoln: 402-473-7000 Omaha: 402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <http://dhcfnv.gov> Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
 Phone: 603-271-5218  
 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
 Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
 Phone: 1-800-356-1561 Medicaid Phone: 609-631-2392  
 CHIP Website: <http://www.njfamilycare.org/index.html>  
 CHIP Phone: 1-800-701-0710 (TTY: 711)

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/) Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/> Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <https://www.hhs.nd.gov/healthcare> Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org> Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**

Website: <http://healthcare.oregon.gov/Pages/index.aspx> Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
 Phone: 1-800-692-7462  
 CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#)  
 CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/> Phone: 1-855-697-4347, or  
 401-462-0311 (Direct RIte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov> Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov) Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

**VERMONT – Medicaid**

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/> Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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)  
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)  
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 1/31/2026)



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMBNo. 1210-0149  
(expires 12/31/26)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### 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 in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

## When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## 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.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## 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.

Employer City of Savannah	EIN 58-6000660	
Address P.O. Box 1027	Phone 912-651-6484	
City Savannah	State GA	Zip Code 31402
Contact Human Resources		
11. Phone number (if different from above)	Email tjones01@savannahga.gov	

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

- With respect to dependents:

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.

# Important Contacts

## Carrier and Vendor Customer Service

Additional information regarding benefit plans can be found on the City of Savannah's BenefitU employee benefits website [www.savannahga.gov/benefits](http://www.savannahga.gov/benefits). Contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical POS (2-Tier)	Care Coordinators at Quantum Health	866-360-7926	<a href="http://www.CityofSavannahHealthPlan.com">www.CityofSavannahHealthPlan.com</a>
Pharmacy Benefits	Care Coordinators at Quantum Health VytOne	866-360-7926 800-687-0707	<a href="http://www.CityofSavannahHealthPlan.com">www.CityofSavannahHealthPlan.com</a>
Dental PPO	The Standard	800-547-9515	<a href="http://www.standard.com">www.standard.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D	Standard Insurance Company	City Employee Benefits Dept.	N/A
Long Term Disability (LTD)	Standard Insurance Company	City Employee Benefits Dept.	N/A
Voluntary Life and AD&D	Standard Insurance Company	800-368-1135	<a href="https://Login.standard.com">https://Login.standard.com</a>
Employee Assistance Program (EAP)	AllOne Health	888-993-7650	<a href="http://www.AllOneHealth.com/DeerOaks">www.AllOneHealth.com/DeerOaks</a>
Wellness Program	Quantum Health, Inc.	866-360-7926	<a href="http://www.CityofSavannahHealthPlan.com">www.CityofSavannahHealthPlan.com</a>
Voluntary Worksite Benefits (Accident, Critical Illness, etc.)	Creative Worksite Solutions	866-971-9715	N/A
457 Savings Plan	MissionSquare Retirement	866-328-4673	<a href="http://www.missionsq.org">www.missionsq.org</a>
Flexible Spending Account	Benefit Resource, Inc. (BRI)	866-996-5200	<a href="http://www.benefitresource.com">www.benefitresource.com</a>
Family Medical Leave (FML)	AbsenceResources	866-365-0476	<a href="http://www.AbsenceResources.com">www.AbsenceResources.com</a>

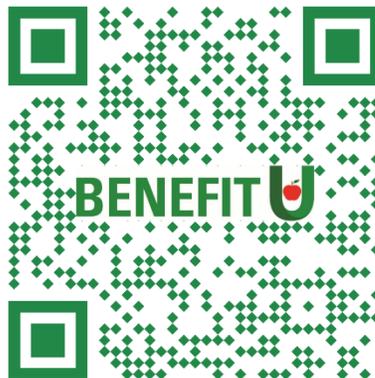
This brochure summarizes the benefit plans that are available to City of Savannah eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your 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.

Contact the City of Savannah's  
Human Resources Benefits Division at 912-651-6484  
with any questions or assistance with the enrollment process.

To complete your enrollment elections, login to the Lawson Employee Self-Service Portal at: <http://lawsonselfservice.savannahga.gov>

- You must be on the City's network to access the Lawson portal.
- You will need your City of Savannah email address and password.

For all your benefit needs, visit **BenefitU** at  
[www.savannahga.gov/benefits](http://www.savannahga.gov/benefits)  
or view on your mobile device by scanning the QR code.



Benefit guide provided for the City of Savannah employees by  
our Benefit Consultants at USI Insurance Services.

