

**BENEFITS GUIDE**  
**City of Beaumont**  
**Employees**  
**Effective January 1, 2022 (with**  
**2023 updates)**



*Benefits built for you...Benefits built for life*

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This booklet highlights the main features of many of the benefit plans sponsored by City of Beaumont. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. City of Beaumont reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an employment contract. City of Beaumont reserves the right to modify, amend, or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.

This manual is available on Connect, Benefits Tab and Benefitfocus Portal.



# IMPORTANT BENEFIT CONTACTS

	PHONE	ADDRESS	WEBSITE
<b>City of Beaumont Employee Benefits</b>			
City of Beaumont Finance	(409) 785-4727 Fax (409) 880-3132	801 Main Street, Suite 320 Beaumont, TX 77701	<a href="http://www.cityofbeaumont.com">www.cityofbeaumont.com</a> Intranet: CONNECT
<b>Benefits Enrollment System</b>			
Benefitfocus	1-866-822-8688		<a href="https://BeaumontBenefits.hrntouch.com">https://BeaumontBenefits.hrntouch.com</a>
<b>Medical Benefits</b>			
Blue Cross Blue Shield PPO Group # 67099	1-800-521-2227	P.O. Box 660044 Dallas, TX 75266-0044	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Dental Benefits</b>			
Blue Cross Blue Shield Group # 067100	1-800-521-2227	P.O. Box 660247 Dallas, TX 75266-0247	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Prescription Benefits</b>			
Express Script (ESI) Group # BEAUMNT BIN: 003858 PCN: A4	1-844-526-8319 Fax: 608-741-5475	P.O. Box 2872 Clinton, IA 52733-2872	<a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a>
<b>Voluntary Vision Benefits</b>			
Davis-Vision (Employee Paid)	1-877-923-2847 (Client Code 3125)	P.O. Box 1525 Latham, NY 12110	<a href="http://www.davisvision.com">www.davisvision.com</a>
<b>COBRA Benefits</b>			
WEX Health	1-866-451-3399 option 1	P. O. Box 2079 Omaha, NE 68103-2079	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
<b>Flexible Spending Accounts</b>			
WEX Health	1-866-451-3399	3216 13 <sup>th</sup> Avenue South Fargo, ND 58103	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
<b>Basic Life &amp; AD&amp;D and LTD</b>			
The Standard Policy # 168755	1-800-247-6888		<a href="http://TheStandard.com">The Standard.com</a>
<b>Other Benefits</b>			
MD Live (TeleHealth Benefit)	1-888-680-8646		<a href="http://www.MDLIVE.com/bcbstx">www.MDLIVE.com/bcbstx</a>
<b>Employee Assistance Program (EAP)</b>			
Deer Oaks EAP, Inc.	1-888-993-7650	10370 Richmond Ave Suite 1100 Houston, TX 77063	<a href="http://www.deeroakseap.com">www.deeroakseap.com</a>
<b>Retirement Plan Benefit</b>			
TMRS (Texas Municipal Retirement System) City # 00098	1-800-924-8677	P O Box 149153 Austin, TX 78714-9153	<a href="http://www.tmr.org">www.tmr.org</a>
<b>MissionSquare Retirement Plan</b>			
MissionSquare Retirement Corporation 457 Plan: Deferred Compensation Plan No. 300740 -Tiffani Keeling	1-800-669-7400 1-866-339-8791	777 North Capitol St, NE Washington, DE 20002	<a href="http://www.icmarc.org">www.icmarc.org</a> <a href="mailto:tkeeling@icmarc.org">tkeeling@icmarc.org</a>
<b>Voluntary Plans</b>			
Trustmark Policy Trustmark Claims Client #6689	1-800-918-8877 Opt 6 1-877-201-9373		<a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>
AFLAC Group #21821	1-800-433-3036		<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
ARCH Group Policy #11ADV8332600	1-201-743-4553		
<b>Police Only Dental Benefits</b>			
Ameritas, Cleat Dental Dental Group #10-301539-1	1-800-487-5553		P.O. Box 82520 Lincoln, NE 68501-250
<b>Police Only Voluntary Vision Benefits</b>			
VSP Vision Plan Dental Group #10-301539-1	1-800-877-7195		<a href="http://www.vsp.com">www.vsp.com</a>
<b>Fire Only – Retirement Plan Benefit</b>			
Fireman's Relief & Retirement Fund	409-866-1526	1515 Cornerstone Beaumont, TX 77706	

## OUR BENEFITS PROGRAM

The City of Beaumont is committed to offering its employees a comprehensive benefits package at a competitive cost. As part of this commitment, we provide you with this Benefit Guide to help you make informed benefits decisions. Review this material carefully and become familiar with your benefits. Your rights are governed by the Summary of Plan Documents which may be a plan documents, evidence of coverage, certificate of coverage or contract, and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern.

## BENEFIT OPTIONS AT A GLANCE

### Medical (Self Insured and Administered by Blue Cross Blue Shield)

- PPO Plan (In and Out of Network Benefits)
- Tele Health Benefit – MDLive (1-888-680-8646 or MDLIVE.com/BCBSTX)

### Dental (Self Insured and Administered by Blue Cross Blue Shield)

- BlueCare Freedom Dental Plan

### Prescription Drug (Self Insured and Administered by Express Scripts)

### Vision (Self Insured and Administered by Blue Cross Blue Shield)

- PPO Plan (Exam only)

### Long Term Disability (through The Standard)

### Life Insurance (through The Standard)

- Basic Employee Life Insurance
- Employee Voluntary Life Insurance and Dependent Life Insurance

### Accidental Death & Dismemberment Insurance (through The Standard)

- Basic Employee Accidental Death and Dismemberment (AD&D)
- Voluntary Accidental Death and Dismemberment (AD&D)

### Flexible Spending Accounts (administered by WEX Health)

- Health Care Account (up to \$2,500 per year)
- Dependent Care Account (up to \$5,000 per year)

### Retirement Benefits

- Texas Municipal Retirement System (TMRS)
- Mission Square - 457 Deferred Compensation Plan (ICMA)

### Employee Assistance Program (administered by Deer Oaks)

### Voluntary Non-Sponsored Plans

- Davis Vision
- Arch Municipality Personal Accident Program
- Trustmark Accident Plan
- AFLAC Critical Illness Plan

### Fire Pension and Retirement Benefits

Copies of the benefit booklets or plan documents for the City's Life, Long Term Disability, Employee Assistance, 457 Deferred Compensation plan, and Texas Municipal Retirement System have been provided to you.

## WHAT'S NEW FOR 2023

### 2022-2023 PLAN CHANGES

- Medical and dental premiums you currently pay will be increasing
- Discovery Benefits is now WEX Health
- ICMA is now MissionSquare Retirement
- Cigna/New York life carrier change to The Standard
- Davis Vision is now Versant Health

### 2023 OPEN ENROLLMENT REMINDERS

Medical, dental, voluntary life, long-term disability and medical/dependent care flexible spending account deductions will be deducted over 24 pay periods. These deductions will not be taken on June 30, or December 29, 2023.

City of Beaumont continues to offer the Blue Cross Blue Shield of Texas PPO medical plan.

If you make plan changes, a new BCBS medical insurance card will be mailed to your home address in December 2022. It is important that BCBS have your correct address on file by the end of October. You may obtain an address change form in the Personnel department, City Hall, Room 135. You may log onto [bcbstx.com/member](http://bcbstx.com/member) at any time to request or print additional medical benefits cards.

Please review your January 13, 2023 paycheck to verify your elections/coverages are correct.

Open Enrollment meetings will be held at individual departments and City Hall. Please see page 8 for schedule of meetings.

## WHAT DO I NEED TO DO?

During Open Enrollment you can review your current benefits and make changes. The changes you make will be effective on January 1, 2023. **You must re-elect your Healthcare and Dependent Care Flexible Spending Account amounts by October 31st if you wish to have that benefit for 2023.**

Log into <https://BeaumontBenefits.hrntouch.com> to make benefit changes (adding/dropping dependents/coverages) or to enroll in the Medical and Healthcare Flexible Spending Accounts by October 31st. See log in instructions on page 11.

If you add any new dependents during Open Enrollment, supporting documents must be received by Finance/Benefits by **October 31, 2022** for dependents will not be added.

If you are adding new dependents, provide the dates of birth, copy of social security cards for those individuals along with the required documentation as noted on page 13. Your Open Enrollment elections/changes become effective January 1st, after the open enrollment period. If coverage (LTD and/or Voluntary Life) requires Evidence of Insurability (EOI) and that is not approved by The Standard by January 1st, the coverage will be effective on the EOI approval date. If EOI is denied, the change in coverage will not take effect. If dependent documentation is not received or approved, that dependent's coverage will not take effect.

For e-mail or mailing address or phone number changes, please go to Personnel, City Hall room 135 to complete the necessary form.

You must also update your mailing address and beneficiary information online with the following providers:

- TMRS – [www.tmr.org](http://www.tmr.org)
- MissionSquare – [www.icmarc.org](http://www.icmarc.org)

To update/change beneficiary designations, please go to the Finance/Benefits department, City Hall, Suite 320.

## PAYING FOR YOUR BENEFITS

City of Beaumont pays a portion of the overall cost for your benefits. The amount you pay will depend on the choices you make.

### 2023 Cost per Pay Period (24 pay periods)

2023 Cost per Pay Period	
<b>Medical Plans</b>	
<b>Commit to Health PPO</b>	
Employee Only	\$8.53
Employee + One Dependent	\$122.02
Employee Family	\$172.69
<b>Dental Plan</b>	
<b>Indemnity</b>	
Employee Only	\$5.11
Employee + One Dependent	\$12.76
Employee Family	\$16.53
<b>Police Only – Dental Plan</b>	
<b>CLEAT</b>	
Employee Only	\$12.52
Employee & Children	\$19.64
Employee & Spouse	\$18.39
Employee & Family	\$26.68
<b>Life/Disability Products</b>	
(Late Enrollees are subject to underwriting approval)	
Basic Employee Life/ Accidental Death & Dismemberment	Provided by the City - one times annual salary up to a maximum of \$50,000
Voluntary Employee Life/ Accidental Death & Dismemberment	Employee paid \$.39 per \$1,000 per month- benefit of one-time annual salary up to a maximum of \$50,000
Voluntary Dependent Life	\$1.00 per month
Long Term Disability	Employee paid Based on age and salary Age 0-40    \$0.40 per \$100 of coverage Age 41-49   \$0.99 per \$100 of coverage Age 50+    \$1.23 per \$100 of coverage

#### About Deductions

Your deductions for medical, dental, and flexible spending are made on a pretax basis. This reduces your taxable income and saves on federal and social security taxes.

Your deductions for supplemental life insurance and LTD (if any) are made on an after-tax basis. This way, any benefits paid will not be subject to income taxes when received.

**2023 Cost per Month**

*(All Voluntary Products will be deducted from the first pay period of the month)*

<b>Davis Vision</b>		<b>Monthly Rate</b>	
Employee Only		\$6.48	
Employee + Spouse		\$11.66	
Employee + Children		\$12.31	
Employee Family		\$19.44	
<b>Police Only</b>		<b>VSP Vision Plan</b>	
Employee Only		\$10.76	
Employee + Spouse		\$26.92	
Employee + Children		\$26.92	
Employee Family		\$26.92	
<b>ARCH – Municipality Personal Accident Program</b>			
	<u>Employee Only Plan</u>	<u>Employee and Family Plan</u>	
\$50,000	\$2.25	\$3.25	
\$100,000	\$4.50	\$6.50	
\$150,000	\$6.75	\$9.75	
\$200,000	\$9.00	\$13.00	
\$300,000	\$13.50	\$19.50	
<b>Trustmark – Accident Plan</b>			
Employee Only		\$17.25	
Employee + Spouse		\$25.43	
Employee + Children		\$32.79	
Employee + Family		\$40.98	
<b>AFLAC – Critical Illness Plan* (\$20,000 Employee, \$10,000 Spouse, \$5,000 each child)</b>			
<b>Issue Age – Employee Only</b> <small>(includes eligible children)</small>	<b>Non-Tobacco Rate</b>	<b>Tobacco Rate</b>	
18-29	\$10.90	\$15.90	
30-39	\$17.10	\$26.90	
40-49	\$31.10	\$61.50	
50-59	\$53.37	\$103.50	
60-69	\$83.50	\$163.50	
<b>Issue Age – Spouse**</b>	<b>Non-Tobacco Rate</b>	<b>Tobacco Rate</b>	
18-29	\$7.20	\$9.70	
30-39	\$10.30	\$15.20	
40-49	\$17.30	\$32.50	
50-59	\$28.43	\$53.50	
60-69	\$43.50	\$83.50	

\*Aflac Critical Illness Plan: Rates include \$100 Health Screening Benefit, and no additional riders. Rates also include cancer benefit.

**\*\*If you elect coverage for your spouse, you must elect coverage for yourself.**



## EMPLOYEE OPEN ENROLLMENT MEETINGS FOR 2022 BENEFITS

Mon. Oct. 18, 2021	Tues. Oct. 19	Wed. Oct. 20	Thur. Oct. 21	Fri. Oct. 22
	8:30 am Fire Headquarters	8:30 am Fire Station #1	8:30 am Fire Station #1	6:00 am Solid Waste
	9:30 am Fire Station #1	10:30 am Fire Station #10	10:30 am Fire Station #10	8:30 am Recreation
	11:00m Fire Station #10	1:30 pm Fire Station #4	1:30 pm Fire Station #4	10:00 am Health
	2:00 pm Fire Station #4	3:00 pm Fire Station #8	3:00 pm Fire Station #8	11:00 am Health
	3:30 pm Fire Station #8			2:00 pm Fleet
Mon. Oct. 25	Tues. Oct. 26	Wed. Oct. 27	Thur. Oct. 28	Fri. Oct. 29
6:00 am Police	7:00 am Solid Waste	7:00 am Streets & Transp.	6:00 am Police	
8:30 am City Hall Council Chambers	8:00 am Water	8:30 am Water <b>NEW</b>	8:00 am Building Services	
	10:30 am Water Production	10:30 am Water Reclamation	11:00 am Police	
11:00 am Police				
	1:30 pm Parks	2:30 pm City Hall Council Chambers <b>NEW</b>		
2:30 pm City Hall Council Chambers				
4:00 pm Police	3:30 pm Municipal Court, Emerg Mgt., 911,311	4:00 pm Police		
9:00 pm Police		9:00 pm Police		

## ENROLLING IN CITY BENEFITS

There are three opportunities to select benefit coverages or make changes to your benefits. Please carefully consider the benefit options available to you and your dependent(s).

- **During Open Enrollment (October 17 – October 31, 2022)**

Each year the city offers you an opportunity to review your current benefits and make changes. During this time, you may change your benefit choices, add and/or drop dependents, apply for, or discontinue voluntary life, long-term disability or other voluntary benefits. If you do not make any changes, your current benefits will remain in effect for the new 2023 plan year **except each year you must re-enroll in the Healthcare and Dependent Care Flexible Spending Account (FSA) program if you wish to continue the FSA benefits.**

You must make any changes (adding/dropping dependents/coverages) online by October 31, 2022, and supporting documents must be received by Benefits by October 31st or coverage will not be processed.

- **New Employees**

As a new hire, your benefits begin on the first day of the month following your hire date as a Full-time civilian employee. Fire and Police employee's benefits are effective the date of hire. At new hire orientation, you must log in to <https://BeaumontBenefits.hrntouch.com> (see page 11 for instructions) to enroll in your benefits. You have until the last day of your month of hire to submit supporting documents for any dependents you wish to cover, or you will have to wait until Open Enrollment or have a qualifying life event to make benefit/dependent changes.

- **During the Plan Year (Qualified Life Events)**

During the year, an event such as a marriage or birth may occur, and you may need to change your benefits. The following are qualified life events that allow an employee to make changes to their benefits during the plan year:

- Marriage
- Divorce
- Birth, Adoption
- Death
- Spouse or dependent gains or loses coverage
- Change in Medicare, Medicaid or Chip eligibility status

Life events can be requested through the Benefitfocus portal and will allow the ability to upload documentation. Benefits will review and approve or deny the submission.

**Adding or dropping dependents to/from your plans must be done within 30 days of the qualified life event.**

## New Employees

- If you are a newly eligible employee, you can enroll in the City's benefit plans during your employee orientation. You have a deadline of the end of the month of hire to enroll for benefits. Once enrolled, you cannot change your benefits except at open enrollment or if you have a life event. See page 11 for more enrollment instructions.
- If you have a life event during the year, you may make changes in some benefit areas. You must make the benefit change **within 30 days of the life event**. See page 13 for more information.
- In each benefit area, you choose from several options. This lets you decide if you want coverage and how much coverage you and your family need. You must submit dependent documentation to Finance.
- Some benefit plans require a contribution from you. This guide shows your costs in each benefit area on page 6.
- Each year during open enrollment (Oct-Nov), you can make changes for the upcoming year. If you do not make changes to your coverage during open enrollment, your coverage will typically remain the same from year-to-year. **The primary exception is if you want to continue participating in one or both Flexible Spending Accounts. You MUST re-enroll each year if you want to participate in these accounts. Your Flexible Spending Account elections do not automatically carry over.**
- Keep a copy of your enrollment and check your first paycheck after your benefits effective date to be sure your coverage is correct.
- Your new medical/pharmacy and dental ID cards and if applicable your Flexible Spending Account card should be received in the mail within a few weeks of your effective date.
- Please keep this booklet throughout the year in the event you need to refer to it for coverage information.

Enrollment  
Questions? Benefit  
Questions?

Contact Employee  
Benefits at:  
409-785-4727

During the year, you  
must add or drop  
your dependents  
within 30 days of  
the qualifying life  
event or special  
enrollment period.

## 1. Review Your Benefits

Read this booklet and the other benefit materials thoroughly – they describe City of Beaumont’s benefits program.

## 2. Consider Your Choices Carefully

- New Hires: You have until the end of the month of hire to enroll. You and your eligible dependent’s coverage will be effective first of the month following hire date. After your enrollment period ends, you cannot change your benefits except at Open Enrollment or within 30 days of a qualifying life event or life enrollment period.
- During open enrollment you have until October 31, 2022, to make changes online.

## 3. Getting Ready to Enroll or make changes - It may help to have these items handy:

- Social security numbers and birth dates for yourself and your eligible family members (birth certificates, social security cards and marriage license for dependents on the Medical and Dental Plans).
- Information about other benefit coverage or insurance you or a family member may have.
- Beneficiary designation information, for life insurance and retirement plans.
- Out-of-pocket expense records for your Medical, Dental, Vision, and Dependent Care so you can plan your Flexible Spending Account contribution amounts.

## 4. Enroll - Online Enrollment System available 24 hours a day – Benefitfocus

- <https://BeaumontBenefits.hrintouch.com>
- Login: First name plus last name initial, plus last four digits of social security number (some usernames may be unique)
- Benefitfocus Password: Social security number without dashes
  - Example: John Smith – Social 123-456-789
  - Login: JohnS6788 (some usernames may be unique)
  - Password: Your social security number without dashes
- Trouble Logging on – Contact Benefitfocus 1-409-785-4727
- Benefitfocus online enrollment system is also available on the AppStore or Goggle Play
  - Benefitfocus – Activation Code: beaumontbenefits

## 5. Review and Report!

- Check your first paycheck after your benefits effective date to confirm that your payroll deductions are correct.
- Report any discrepancies or paycheck problems immediately to Finance/Benefits Department at 409-785-4727.
- Review your payroll stub, the PDF emailed biweekly to verify benefits

## 6. Waive Coverage - If you decline/drop medical/ dental coverage for yourself, you must complete the Online Enrollment process and sign a waiver indicating you are aware coverage was declined.

## WHO IS ELIGIBLE?

### Employee Eligibility

If you are a regular full-time employee, you are eligible to enroll in City of Beaumont's benefit program during your first 31 days of continuous employment or during Open Enrollment time.

### Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:

- **Your legal spouse.**
- **Children under the age of 26**  
"Children" is defined as your natural children, stepchildren, legally adopted children, and children under your legal guardianship. If your child is no longer eligible, you must remove the child from your benefit coverage through the online Benefits Enrollment Center for your payroll deduction to cease and contact benefits.
- **Physically or mentally disabled children** of any age who are incapable of self-support. Proof of disability may be requested, and disability must have occurred prior to age 26. Contact the medical and life insurance administrator for information.
- **Unmarried grandchildren** younger than 26 years of age, who reside with subscriber are eligible for coverage with Proof of Legal Guardianship.
- **Ineligible Dependents:** If your dependent becomes ineligible for coverage, you must notify benefits within 31 days of the qualified event. Misrepresentations of benefit eligibility requirements constitute a violation of City Policy. Possible sanctions of such a violation range from a reprimand to a dismissal. In addition, reimbursement may be required for any benefits paid for an ineligible individual. Any ineligible dependents may be terminated from plan participations upon discovery of ineligibility.

### Adding Dependents to Your Coverage

To add a new spouse or child to your benefit coverage, you must add the dependent through the online Benefits Enrollment Center in Benefitfocus within 30 days of the marriage/birth/adoption change along with providing the required supporting documentation (marriage license, birth certificate, etc.). Contact the Finance/Benefits office (409)785-4727 for assistance.

Employees will be locked out of the open enrollment platform for changes after October 31, 2022.

**Important note: Newborns are NOT automatically added to your coverage under City of Beaumont's benefit plans. You must enroll the newborn with the necessary documentation and pay the required premiums. You must complete the enrollment process to add a newborn as a covered dependent, even if you have family coverage.**



## CHANGING YOUR CHOICES

City of Beaumont gives you an opportunity to change your benefit choices during Open Enrollment each year. Open enrollment usually occurs during the months of October and November.

Once you have made your enrollment choices, you generally cannot change them during the year. However, you may make certain changes if you have a life event that affects your benefits. Typical special enrollment events include:

- **Marriage**
- **Divorce**
- **Birth or adoption of a child**
- **Death of a spouse or other eligible dependent**
- **Enrollment in (or loss of) state or federal medical coverage**
- **A change in your dependent’s employment**
- **A child no longer qualifies due to age**

You must make any life benefit changes in the Online Benefits Enrollment Center in Benefitfocus and submit the required supporting documentation (birth certificate, marriage license, divorce papers, etc.) within 31 days of the life event. If you wait longer than 31 days, you will not be allowed to make any coverage changes until the next open enrollment period with the change effective the first of the following year. You can also make changes at the finance/benefits office, Suite 320, City Hall.

### Documents required for qualified life events

Qualifying Event	Required Documentation
Your Marriage	Original or copy of the marriage certificate or Declaration of Informal Marriage, spouse Social Security card
Divorce	Original or copy of the final divorce decree – signed by judge
Birth, Adoption, or Legal Guardianship	Original or copy of certified birth certificate, court order approving final adoption or legal guardianship, Social Security card for dependent
StepChildren	Certified birth certificate, and copy of divorce decree, Social Security card for dependent
Death of Dependent	Original or copy of the death certificate
Spouse/Dependent Gains or Loses Coverage	Documentation from spouse’s employer stating the date coverage began/ended & who is covered/ not covered, Social Security cards
Dependent Child no Longer Qualifies (Age limit or military enlistment)	No documentation required
Qualified Medical Support Order	Original court order or letter from Attorney General’s Office
Loss/gain of Medicare/Medicaid Entitlement	Documentation from Medicare/Medicaid listing names & effective date
Part-time to Full-time	Copy of employer communication reflecting change in hours or loss of coverage; must provide date coverage ended and who was covered

**Social Security cards are required for all dependents.**

## MEDICAL PLAN SUMMARIES

Your medical coverage will become effective on the first of the month following your date of hire. The city offers the Commit to Health PPO plan administered by Blue Cross Blue Shield. The plan is self-insured which means, there is no insurance company's money paying for our claims – we pay our own claims with our funds. The plan covers a wide variety of medical services, including office visits, prescription drugs, and inpatient and outpatient care.

### Preferred Provider Organization (PPO) Plan

Our medical plan is a PPO plan, with in-network and out of network benefits. Care received from network providers is paid at a higher benefit level, and you usually have no claims to file. If you choose to receive care from a non-network provider, medical reimbursements are lower, and your out-of-pocket expenses may be higher.

To find out if a provider is in-network call the number on your ID card 1-800-521-2227 or go to [www.bcbstx.com/members](http://www.bcbstx.com/members).

Visit [bcbstx.com/members](http://bcbstx.com/members) – you can:

- Check claims & account balances
- Review your benefits and who is covered
- Print a temporary ID card or request a replacement card
- Estimate Cost
- Find out if a provider or facility is in-network (Click on “Find a Doctor”)

## IMPORTANT EMPLOYEE INFORMATION

These are general summaries of your benefit designs. Please refer to your benefit booklet for other details and for limitations and exclusions.

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Grandchildren are eligible for coverage with Proof of Guardianship
- Dependent daughters are NOT covered for Maternity. Complications only for maternity are covered for dependent daughters.
- Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 30 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

# BENEFIT HIGHLIGHTS

Prepared

For City of Beaumont

Effective Date: 01/01/2023

Benefit Agreement #: 0009



BlueCross BlueShield  
of Texas

BlueChoice Network

**This is a general summary of your benefits.** Please refer to your Summary of Benefits and Coverage (SBC), or you may request a copy of the policy or plan document for additional details and a description of the plan requirements and benefit design. This plan does not cover all health care expenses. Please carefully review the plan's limitations and exclusions.

Overall Payment Provisions	In-Network Benefits	Out-of-Network Benefits
<b>Deductibles</b>		
Per-admission Deductible	\$100	\$100
Calendar Year Deductible	\$750 Individual / \$1,250 Family	\$2,750 Individual / \$5,250 Family
<i>Applies to all Eligible Expenses except Inpatient Hospital Expenses (unless otherwise indicated)</i>		
Three-month Deductible carryover applies***	No	No
Deductible credit from prior carrier (Applied on initial group enrollment only)	No	No
<b>Out-of-Pocket Maximum</b>		
<b>Standard (2014 forward)</b>	\$5,750 Individual / \$10,750 Family	\$10,750 Individual / \$20,750 Family
Deductible applies to Out-of-Pocket	Yes – no option	Yes**
Copayment applies to Out-of-Pocket	Yes – no option	Yes**
** Copayment amounts and per admission deductibles are applied but will continue to be required after the benefit percentage increases to 100%.	<i>Network Deductible &amp; Out-of-Pocket <b>will only</b> apply toward Network Deductible &amp; Out-of-Pocket Maximum</i>	<i>Out-of-Network Deductible &amp; Out-of-Network Out-of-Pocket <b>will only</b> apply toward Out-of-Network Deductible &amp; Out-of-Network Out-of-Pocket Maximum</i>
<b>Copayment Amounts Required</b>		
Physician office visit/consultation:		
<b>Primary Care Copayment Amount</b> for office visit/consultation when services rendered by a Family Practitioner, OB/GYN, Pediatrician, Behavioral Health Practitioner, or Internist and Physician Assistant or Advanced Practice Nurse who works under the supervision of one of these listed physicians	\$20 Primary Care Copayment	
<b>Specialty Care Copayment Amount</b> for office visit/consultation when services rendered by a Specialty Care Provider <i>Refer to Medical/Surgical Expenses section for more information</i>	\$40 Specialty Care Copayment	
Urgent Care center visit <i>Refer to Urgent Care Services section for more information</i>	\$50 Copayment Amount	
Outpatient Hospital Emergency Room/Treatment Room visit <i>Refer to Emergency Room/Treatment Room section for more information</i>	\$250 Copayment Amount	\$250 Copayment Amount
<b>Maximum Lifetime Benefits</b>		
Per Participant	Unlimited	
<b>Inpatient Hospital Expenses</b>		
<b>Inpatient Hospital Expenses</b>		
<i>All services must be preauthorized</i>		
<i>All usual Hospital services and supplies, including semiprivate room, intensive care, and coronary care units</i>	80% of Allowable Amount after per-admission Deductible (if applicable)	70% of Allowable Amount after per-admission Deductible (if applicable)
Penalty for failure to preauthorize services For Inpatient Facility Services, Blue Cross Blue Shield of TX or the Host Blue's Participating Provider is required to obtain preauthorization. If preauthorization is not obtained, the Participating Provider will be sanctioned based on Blue Cross Blue Shield of TX or the Host Blue's contractual agreement with the Provider, therefore the member will be held harmless for the Provider sanction	None	\$250

<b>Medical/Surgical Expenses</b>	<b>In-Network Benefits</b>	<b>Out-of-Network Benefits</b>
<b>Medical / Surgical Expenses</b>		
Services performed during the office visit/consultation when rendered by a Primary Care Provider, including lab and x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$20 Primary Care Copayment**	70% of Allowable Amount after Deductible
Services performed during the office visit/consultation when services rendered by a Specialty Care Provider, including lab & x-ray (does not include Certain Diagnostic Procedures and surgical services)	100% of Allowable Amount after \$40 Specialty Care Copayment	70% of Allowable Amount after Deductible
Lab & x-ray in other outpatient facilities (excluding Certain Diagnostic Procedures)	100% of Allowable Amount	70% of Allowable Amount after Deductible
-Physician surgical services performed in any setting	80% of Allowable Amount after Deductible	70% of Allowable Amount after Deductible
-Physician inpatient hospital visits	80% of Allowable Amount after Deductible	70% of Allowable Amount after Deductible
-Certain Diagnostic Procedures; such as Bone Scan, Cardiac Stress Test, CT Scan (with or without contrast), MRI, Myelogram, PET Scan.	80% of Allowable Amount after Deductible	70% of Allowable Amount after Deductible
-Home Infusion Therapy (Services must be preauthorized)	80% of Allowable Amount after Deductible	70% of Allowable Amount after Deductible
-All other outpatient services and supplies	80% of Allowable Amount after Deductible	70% of Allowable Amount after Deductible
<b>Virtual Visit MDLIVE (Standard)</b>		
-Virtual Visit Medical	100% of Allowable Amount after \$5 Copayment	NA
In Vitro Fertilization Services	Decline	

### Extended Care Expenses

<b>Extended Care Expenses</b>		
<i>Certain Services will require Preauthorization</i>		
Skilled Nursing Facility	100% of Allowable Amount	70% of Allowable Amount after Deductible
Home Health Care	Limited to 25 day maximum each Year*	
Hospice Care	Limited to 60 visit maximum each Year*	
	Unlimited	

### Special Provisions Expenses

<b>Mental Health (Serious Mental Illness (SMI) included) and Chemical Dependency (Substance Use Disorder)</b>		
<b>Inpatient Services</b>		
<i>Inpatient Chemical Dependency treatment must be provided in a Chemical Dependency/Residential Treatment Center (RTC)</i>		
-Hospital services (facility)	80% of Allowable Amount after per-admission Deductible (if applicable)	70% of Allowable Amount after per-admission Deductible (if applicable)
<b>Penalty for failure to preauthorize services</b>	None	\$250
<i>Preauthorization required for inpatient, residential treatment centers (RTC), partial hospital program admissions, and certain outpatient professional services</i>		
-Physician services	80% of Allowable Amount after Calendar Year Deductible	70% of Allowable Amount after Deductible
<b>Outpatient Services</b>		
-Services performed during office visit/consultation when rendered by a Primary Care Provider (does not include psychological testing)	100% of Allowable Amount after \$20 Primary Care Copayment Amount	70% of Allowable Amount after Deductible
-All outpatient services and psychological testing	80% of Allowable Amount after Deductible	70% of Allowable Amount after Deductible

\* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated  
 \*\* Primary Care/Specialty Care copayments are defined in the Overall Payment Provisions section in this document.

## Special Provisions Expenses, cont.

### In-Network Benefits

### Out-of-network Benefits

#### Emergency Room/Treatment Room

##### Accidental Injury & Emergency Care (Including Accidental Injury & Emergency and Non-Emergency Care for Behavioral Health Services)

- Facility charges
- Physician charges

##### Non-Emergency Care

- Facility charges

- Physician charges

80% of Allowable Amount after \$250 Copayment Amount  
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

80% of Allowable Amount after Deductible

80% of Allowable Amount after \$250 Copayment Amount  
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

80% of Allowable Amount after Deductible

70% of Allowable Amount after \$250 Copayment Amount & Deductible  
(Copayment Amount waived if admitted, Inpatient Hospital Expenses will apply)

70% of Allowable Amount after Deductible

#### Urgent Care Services

Urgent Care center visit, including lab & x-ray services (does not include Certain Diagnostic Procedures and surgical services)

Certain Diagnostic Procedures, such as Bone Scan, Cardiac Stress Test, CT -Scan (with or without contrast), MRI, Myelogram, PET Scan, surgical procedures and all other services and supplies.

100% of Allowable Amount after \$50 Copayment Amount

80% of Allowable Amount after Deductible

70% of Allowable Amount after Deductible

70% of Allowable Amount after Deductible

#### Ground and Air Ambulance Services

80% of Allowable Amount after Deductible

#### Preventive Care

Routine annual physical examinations, well-baby care exams, immunizations 6 years of age & over, and any other preventive health services as determined by USPSTF

Immunizations for Dependent children through the date of the child's 6<sup>th</sup> birthday

100% of Allowable Amount

100% of Allowable Amount

70% of Allowable Amount after Deductible

100% of Allowable Amount

#### Speech and Hearing Services

Services to restore loss of or correct an impaired speech or hearing function

##### Hearing Aid Maximum

Covered same as any other sickness

Hearing aids are subject to 1 per year per 36 month period

Covered same as any other sickness

\* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated

## Special Provisions Expenses, cont.

### In-Network Benefits

### Out-of-network Benefits

#### Physical Medicine Services

Airrosti Services (Unlimited Visits)

Chiropractic Care-Office Services

##### Maximum

100% of Allowable amount after \$40 Copayment

100% of Allowable Amount after Deductible

Limited to 35 Chiropractic Visit Maximum each Year\*  
All other Physical Medicine Services rendered by any other eligible Provider will be allowed on the same basis as any other sickness.

NA

70% of Allowable Amount after Deductible

\* Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated

Effective 1/1/2012 – Telemedicine CPT Codes 98969 and 99444 are covered the same as any other medical expense (in accordance with State Mandate). All other Telemedicine Codes are non-Covered.

This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.

\*Effective 1/1/2019 – Airrosti providers covered 100% of allowable amount after \$30 Copayment, there is no limitation on number of visits per year.

## Employee Information

The following benefits apply to dependent coverage:

- Dependent children are covered to age 26.
- Grandchildren are eligible for coverage with Proof of Guardianship
- Dependent Daughters are NOT covered for Maternity. Complications only for maternity are covered for dependent daughters.

Automatic coverage for newborns for the first 31 days following birth. Infants not enrolled for coverage within the first 31 days after birth will not be eligible for coverage until the following open enrollment period or special enrollment event.

\*Benefits used In-Network and Out-of-Network will apply toward satisfying any Annual Maximum benefits indicated



## DENTAL COVERAGE

The City offers comprehensive dental coverage through BlueCare Freedom Dental Plan administered by Blue Cross Blue Shield. On the BlueCare Freedom Dental Plan, you can visit any dentist. Below is a summary of the BlueCare Freedom Dental Plan. Coverage is effective the first of month following hire date.

**Note: Major services and orthodontia will not be covered for the first 12 months you are on the plan.**

Service	Benefit
<b>Annual Deductible</b>	\$50 Individual / \$150 Family Waived for Preventive Services
<b>Maximum Benefit Per Calendar Year</b>	\$1,500 per person
<b>Preventive Services</b> Routine oral exams, full mouth and bitewing x-rays, and fluoride treatments for dependents	Plan pays 100%
<b>Basic Services</b> Oral surgery, periodontics, endodontics, basic fillings, extractions	Plan pays 80%
<b>Major Services</b> Periodontal surgery, installation of crowns, dentures & bridgework	Plan pays 50%
<b>Orthodontia Services</b>	Plan pays 50% with a lifetime maximum of \$1,000 per participant

In-Network Dentist		Out-of-Network Dentist
Blue Care Dentist	Denta Blue Dentist	
<ul style="list-style-type: none"> <li>Your out-of-pocket cost will generally be the least amount because Blue Care Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses</li> <li>You are not required to file claim forms</li> <li>You are not balance billed for costs exceeding the BCBSTX Allowable Amount for Blue Care Dentists</li> </ul>	<ul style="list-style-type: none"> <li>Your out-of-pocket cost may be greater because Dental Blue Dentists have contracted to accept a higher Allowable Amount as payment in full for Eligible Dental Expenses</li> <li>You are not required to file claim forms</li> <li>You are not balance billed for costs exceeding the BCBSTX Allowable Amount for Dental Blue Dentists</li> </ul>	<ul style="list-style-type: none"> <li>Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses</li> <li>You are required to file claim forms. You are balance billed for costs exceeding the BCBSTX Allowable Amount</li> </ul>

**Children may be covered for dental coverage to age 26.**

## POLICE ONLY – CLEAT DENTAL COVERAGE AMERITAS VISION COVERAGE

You, as a Police Officer, are enrolled in the Combined Law Enforcement Associations of TX (CLEAT) Dental Benefit and Vision plans which are administered by Ameritas, Inc. As a participant of the fully-funded Dental plan, you can visit any dentist. Below is a summary of the Dental and Vision Plans.

Ameritas Dental Plan Highlights	Benefit
<b>Annual Deductible</b>	\$50 Individual / \$150 Family Waived for Preventive Services
<b>Maximum Benefit Per Calendar Year</b>	\$2000 per person
<b>Preventive Services</b> Routine oral exams, full mouth and bitewing x-rays, and fluoride treatments for dependents	Plan pays 100%
<b>Basic Services</b> Oral surgery, root canals, endodontics, basic fillings, extractions	Plan pays 80%
<b>Major Services</b> Periodontal surgery, installation of crowns, dentures & bridgework	Plan pays 60%
<b>Orthodontia Services</b>	Plan pays 50% with a lifetime maximum of \$1,500 per participant

**PLEASE REFER TO THE FULL PLAN DOCUMENT FOR DETAILED COVERAGE INFORMATION**

**Children may be covered to age 26.**

Ameritas Vision Plan Highlights	In Network	Out of Network
<b>Deductible</b>	\$10 Exam \$25 Materials	\$10 Exam \$25 Materials
<b>Annual Eye Exam</b>	Covered in full	Up to \$55
<b>Lenses</b> Single Vision Bifocal Progressive	Covered in full	Up to \$30 Up to \$50 Up to \$50
<b>Contact Lens Allowance</b>	\$160	\$160
<b>Frames</b>	\$150	Up to \$70
<b>Frequency – Exam/Lens/Frame</b>	Based on date of service	Based on date of service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: [ameritasgroup.com](http://ameritasgroup.com) or View plan benefit information at: [vsp.com](http://vsp.com) or the VSP Call Center: 1-800-877-7195

## PRESCRIPTION DRUG COVERAGE

Your Prescription drug benefits administered by Express-Scripts. Your prescription drug benefit is designed to bring you quality pharmacy care that will help you save money. Express-Scripts has over 68,000 pharmacies nation wide, including most major chains. You have the choice of purchasing your prescriptions through retail pharmacies or through a mail order program for a 90-day supply.

The retail prescription program utilizes a network of participating pharmacies. To receive the benefit, you must visit a Express-Scripts Network Pharmacy. Prescriptions filled at non-participating pharmacies are covered at the contracted network discount minus applicable copay. This means for non-participating pharmacies you will not receive in reimbursement what you paid minus the copay. You will receive what the City would have paid had you used a participating pharmacy, minus your copay.

	<b>Express Scripts Retail Pharmacy Network</b>	<b>Express Scripts Retail 90 Pharmacy or Home Delivery</b>
<b>Where can I get my prescription drug filled?</b>	Express Scripts Retail Network includes more than 68,000 participating pharmacies nationwide, including independent and chain pharmacies. To find a participating network pharmacy, visit the web site at <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a> or call Express Scripts at 1-844-526-8319; or check with your neighborhood pharmacy.	You have the convenience of obtaining your long-term medications at one of our Retail 90 Pharmacies such as Austin Pharmacy, Birdsong's, Blue Ribbon, Brookshire Brothers, Bridge City Family Pharmacy, Bruce's Market Basket, Better Living Medical, B&B Pharmacy, Budget Chopper, Cleveland, Community, GR Cure, Golden Triangle, Gulf Coast Health Center, Gee Shipman, HEB, Karr, King's, Mauriceville, Newton, Sholar's Medicine Chest, Medicine Shoppe, S and R, Pat Wood Drug, O&M, Vina, St. Augustine, T&T Pharmacy, Vidor, Wilcox, Malley, Lovoi & Sons, McMakin, Peccio, Wellness, MD Pharmacy, Luparello, Triangle; and the major chain pharmacies such as Target, Walgreens, Kroger Walmart or CVS.
<b>Internet /Smart Phone Services Web Services /Smart Phone APP</b>	Register at <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready. For the APP, go to the APP store on your smart phone and search "Express Scripts".	
<b>Customer Care</b>	Visit <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a> or call toll-free at 1-844-526-8319.	

<p><b>Retail Pharmacies</b></p> <p>At retail pharmacies, you need to show the pharmacy your Blue Cross Blue Shield of Texas ID/Prescription Card on any new fill or refill.</p>	<p><b>Mail Order</b></p> <p>If you have a new mail order prescription, you will need to do the following:</p> <ol style="list-style-type: none"> <li>1. Enroll in Express-Scripts Home Delivery Program at <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a>.</li> <li>2. Set up your ID and password and enter credit card or payment information.</li> <li>3. Allow two weeks from the time you mail the prescription.</li> </ol>
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**Schedule of Prescription Drug Benefits**

Copays	Retail 30 Day Supply	Retail 31-90 Day Supply	Mail Order 90 Day Supply
<i>Generic</i>	30% co-share with a minimum copay of \$5	30% co-share with a minimum copay of \$15	30% co-share with a minimum copay of \$10
<i>Brands with no Generics Available</i>	30% co-share with a minimum copay of \$15	30% co-share with a minimum copay of \$45	30% co-share with a minimum copay of \$30
<i>Brands with Generics Available</i>	30% co-share with a minimum copay of \$25	30% co-share with a minimum copay of \$75	30% co-share with a minimum copay of \$60
<i>Specialty Pharmacy</i>	Greater of available Patient Assistance Program or \$100 copay with a 30-day supply limit Must be filled through Express Scripts Specialty Pharmacy (1-800-501-7210)		

*\*Remember, if you or your doctor requests a brand drug when a generic is available, you will pay the applicable brand copay **plus** the difference in cost between the brand and generic.*

## Mail Order Drug Program

The mail order drug program can be used for medication that you take on a regular basis (maintenance medication). The mail order drug program provides up to a 90-day supply. If you are interested in using the mail order drug program, you will need to do the following:

- Get a new prescription(s) from your physician;
- You will need to enroll in Express Scripts' home delivery service by using the website address [www.express-scripts.com](http://www.express-scripts.com) and click on "create an on-line account;"
- Once enrolled, passwords and credit card information entered, you can mail your prescription(s) to Express Scripts for dispensing;
- Please allow an extra 14 days to process and mail your prescriptions back to you on the first fill with Express Scripts;
- You will be able to track your mail order prescriptions on-line with your new account or on a mobile app.

## Specialty Drug Program

Accredo, an Express Scripts specialty pharmacy, is the City of Beaumont's preferred provider of specialty medications. City of Beaumont has chosen Accredo as a way of keeping your benefit affordable and available to you. Specialty medications are drugs that are used to treat complex conditions; such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.

All Specialty medications must be filled through Accredo.

Accredo offers these quality services:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day/7 days a week
- Delivery of your medications with the US, on a scheduled day, Monday through Friday, at no additional charge
- Supplies, such as needles and syringes, provided with medications
- Refill reminder calls

You can call the specialty pharmacy toll-free at 1-800-501-7210 between 8:00 am and 8:00 pm eastern standard time, Monday through Friday.

- Copays for certain specialty medications may be set to the greater of the current plan design or any available manufacturer-funded copay assistance also known as Patient Assistance Programs (PAP).
- Patient Assistance Programs are manufacture programs, state assistance programs, foundational programs, etc. that assist members in paying for high cost specialty medications.
- Any amount known to be paid by any sources of copay assistance will not be considered as true member copay or out of pocket and will not accumulate toward any deductibles or out of pocket maximums.
- Any of the manufacture's programs, state or foundational patient assistance programs are subject to change or can be discontinued.

Please refer to the summary plan document for additional plan details or contact a Express-Scripts representative directly at 1-844-526-8319



**Express Scripts  
Rx Drug Program**



The excluded medications shown below are not covered by your drug plan. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**For questions about your coverage,  
please call the number on your ID Card.**

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives.

Drug Class	Excluded Medication	Preferred Alternatives
<b>Allergies</b>	All brand nasal sprays such as Beconase AQ, Dymista, Nasonex, Nasacort, Omnaris, Qnasl, Rhinocort, Zetonna	All generic nasal sprays and OTC nasal sprays with a prescription that states OTC; this includes Flonase OTC, Nasacort OTC, and Rhinocort OTC; budesonide, flunisolide, mometasone
<b>Antiinfectives</b> <i>[Antibiotic Agents/Vancomycins (oral); Antifungal Agents (oral); Antivirals (oral); Chagas Disease Agents]</i>	Arestin (antibiotic)	gum scraping + minocycline
	Firvanq (antibiotic)	vancomycin capsules
	Lampit (Chagas Disease Agents)	Benznidazole
	Sitavig (antiviral-oral)	acyclovir oral or cream, famciclovir, valacyclovir
Tolsura (antifungal-oral)	itraconazole	
<b>Anti-inflammatory (steroids)</b>	Rayos	prednisone, dexamethasone, methyprednisolone
<b>Autonomic &amp; Central Nervous System</b>		
<i>Alpha-2 Adrenergic Agonists (for Opioid Withdrawal)</i>	Lucemyra	clonidine
<i>Anticonvulsants</i>	Aptiom	carbamazepine, oxcarbazepine, pregabalin, topiramate, Vimpat
<i>Anticonvulsants</i>	Fintepla	Diacomit, Epidiolex
<i>Antidepressants</i>	Forfivo XL	bupropion SR XL
<i>Antidepressants</i>	Spravato	olanzapine/fluoxetine, bupropion, duloxetine, escitalopram, mirtazapine, sertraline
<i>Antidepressants</i>	Drizalma Sprinkle	duloxetine, venlafaxine er, Fetzima
<i>Antidepressants</i>	Pexeva	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
<i>Antidepressants</i>	Pristiq and its generic, desvenlafaxine succinate er	venlafaxine er
<i>Antidepressants</i>	Spravato	olanzapine/fluoxetine, bupropion, duloxetine, escitalopram, mirtazapine, sertraline
<i>Antidepressants</i>	Viibryd	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline
<i>Antimigraine Agents</i>	Vyepti	Aimovig, Ajovy, Emgality
<i>Antimigraine Agents</i>	Zolmitriptan Nasal Spray	sumatriptan nasal spray, Zomig Nasal
<i>Antiparkinsonism Agents</i>	Apokyn	Kynmobi
<i>Antiparkinsonism Agents</i>	Gocovri ER, Osmolex ER	amantadine capsules, amantadine tablets, amantadine oral solution
<i>Antiparkinsonism Agents</i>	Ongentys	entacapone
<i>Antiparkinsonism Agents</i>	Xadago, Zelapar	rasagiline, selegiline
<i>Antipsychotics (Oral)</i>	Caplyta	aripiprazole, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, Latuda
<i>Antispasmodic Agents</i>	Ozobax	baclofen, tizanidine

<i>Central Nervous System Stimulants</i>	Amphetamine ER Suspension	dextroamphetamine er, dextroamphetamine/amphetamine er, Dyanavel XR, Mydayis, Quillichew ER, Quillivant XR, Vyvanse
<i>Duchenne Muscular Dystrophy (DMD) Agents</i>	Amondys 45, Exondys 51, Viltepso, Vyondys 53	No alternatives recommended
<i>Duchenne Muscular Dystrophy (DMD) Agents</i>	Emflaza	prednisone solution, prednisone tablets
<i>Lambert-Eaton Myasthenic Syndrome Agents</i>	Firdapse	Ruzurgi
<i>Long-Acting Opioid Oral Analgesics</i>	Hysingla, Morphabond ER, Nucynta ER, Oxycodone ER, Xtampza ER, Zohydro	hydromorphone ER, morphine sulfate ER, oxycodone ER, Oxycotin
<i>Multiple Sclerosis (Beta Interferons)</i>	Extavia	Avonex Administration Pack, Avonex Pen, Betaseron, Plegridy, Rebif, Rebif Rebidose
<i>Narcotic Analgesics &amp; Combinations</i>	Apadaz, Benzhydrocodone/Acetaminophen	hydrocodone/acetaminophen
<i>Narcotic Analgesics &amp; Combinations</i>	Conzip, Nucynta	hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen
<i>Narcotic Analgesics &amp; Combinations</i>	Primlev	oxycodone/acetaminophen
<i>Narcotic Analgesics &amp; Combinations</i>	Qdolo	tramadol tablets
<i>Neuropathic Agents</i>	Gralise, Horizant	gabapentin, pregabalin
<i>Substance Abuse</i>	Bunavail	buprenorphine/naloxone
<i>Substance Abuse</i>	Naloxone Auto-injector	naloxone syringes, Narcan Nasal Spray
<i>Transmucosal Fentanyl Analgesics &amp; Fentanyl Products</i>	Dsuvia, Fentanyl Citrate Buccal Tablets, Fentora, Lazanda, Subsys	fentanyl citrate lozenges
<b>Cardiovascular</b>	Altoprev, Ezallor Sprinkle	atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, Livalo
	Bystolic	atenolol, carvedilol, metoprolol succinate
	Conjupri	amlodipine, felodipine er, nifedipine er, nisoldipine
	Corlanor	atenolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
	Durlaza	aspirin
<b>Cardiovascular (continued)</b>	Edarbi	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
	Edarbyclor	candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone + valsartan
	Katerzia	amlodipine
	Inderal XL, Innopran XL	propranolol er
	Dutoprol	metoprolol tartrate/hydrochlorothiazide, metoprolol succinate ER + hydrochlorothiazide
	Epaned	enalapril
	Kaspargo Sprinkle	metoprolol succinate
	Niacor	Over-the-counter Niacin
	Pradaxa, Savaysa	Eliquis, Xarelto

	Praluent	Repatha
	Qbrelis	lisinopril
<b>Dermatological</b>		
<i>Agents for Hyperhidrosis</i>	Drysol	Over-the-Counter aluminum chloride containing products
<i>Keratolytics</i>	Bensal HP	No alternatives recommended
<i>Misc Topical Dermatological Agents</i>	Alcortin A, Aloquin, Novacort, Quinja	hydrocortisone, mupirocin
<i>Misc Topical Dermatological Agents</i>	Doxepin 5% cream, Prudoxin 5% cream, Zonalon external cream 5%	hydrocortisone cream, tacrolimus topical
<i>Misc Topical Dermatological Agents</i>	Lidocaine/Tetracaine	lidocaine cream, lidocaine/prilocaine cream
<i>Oral Agents for Acne</i>	Absorica	Amnesteem, Myorisan, Zenatane
<i>Oral Agents for Acne</i>	Doryx Dr 80 mg, Doxycycline Hyclate Dr 80 mg	doxycycline hyclate, doxycycline monohydrate
<i>Oral Agents for Acne</i>	Minocycline ER capsules, Seysara, Ximino and its generic	minocycline er tablets
<i>Rosacea Agents (Oral)</i>	Doxycycline 40 mg capsules	doxycycline hyclate, doxycycline monohydrate
<i>Topical Agents for Actinic Keratosis</i>	Carac, Fluorouracil 0.5% cream, Imiquimod 3.75% cream pump, Klisyri, Zyclara	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream
<i>Topical Agents for Acne</i>	Clindagel, Clindamycin Phosphate 1% Gel (by Oceanside)	clindamycin phosphate gel, erythromycin gel, Amzeeq
<i>Topical Agents for Acne</i>	Epiduo Forte	adapalene/benzoyl peroxide
<i>Topical Agents for Acne</i>	Tazarotene Foam	tazarotene cream, Tazorac Gel
<i>Topical Agents for Acne</i>	Veltin	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Onexton
<i>Topical Agents for Acne</i>	Winlevi	clindamycin phosphate gel, clindamycin/tretinoin, erythromycin gel, tretinoin, Amzeeq, Onexton
<i>Topical Agents for Plaque Psoriasis</i>	Wynzora	betamethasone dipropionate, calcipotriene, calcipotriene/betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, Enstilar
<i>Topical Antifungals</i>	Ecoza, Luliconazole, Sulconazole, Xolegel	ciclopirox, econazole, ketoconazole, naftifine, oxiconazole
<i>Topical Antifungals</i>	Jublia/Kerydin/ Luzu (all brands); Ciclodan kit	Cover Ciclopirox only
<i>Topical Corticosteroids</i>	Clocortolone	betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide
<i>Topical Corticosteroids</i>	Impeklo	betamethasone dipropionate, clobetasol, desonide, desoximetasone, diflorasone, flucinonide, halcinonide, halobetasol, mometasone, triamcinolone
<i>Topical Corticosteroids</i>	Vanos 0.1% cream, fluocinonide 0.1% cream	fluocinonide 0.05% cream
<i>Topical Corticosteroids</i>	Verdeso Foam	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
<i>Vitamin D Analogs (Topical)</i>	Calcipotriene Foam	calcipotriene, calcitriol
<b>Diabetes</b>		
<i>Biguanides</i>	Fortamet and its generic	metformin extended release
<i>Biguanides</i>	Glumetza and its generic	metformin extended release

<i>Blood Glucose Meters &amp; Test Strips</i>	Ascensia (Breeze, Contour) Roche (Accu-Chek) Trivada (Truetest, TrueTrack) All other meters & test strips that are not listed as Preferred	<b>Freestyle Kits/Meters:</b> Freestyle Freedom, Freestyle Freedom Lite, Freestyle Insulinx, Freestyle Lite <b>Freestyle Test Strips:</b> Freestyle, Freestyle Insulinx, Freestyle Lite <b>OneTouch Kits/Meters:</b> Ultra2, Ultramini, Verio, Verio Flex <b>OneTouch Test Strips:</b> Ultra, Verio Precision Xtra Meters, Test Strips, B-Keytone Strips
<i>Dipeptidyl Peptidase-4 (DPP-4) &amp; Combinations</i>	Alogliptin, Nesina, Onglyza, Tradjenta	Januvia
<i>Dipeptidyl Peptidase-4 (DPP-4) &amp; Combinations</i>	Alogliptin/Metformin, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR	Janumet, Janumet XR
<i>Dipeptidyl Peptidase-4 (DPP-4) &amp; Combinations</i>	Alogliptin/Pioglitazone	pioglitazone + Januvia
<i>DPP-4 /SGLT-2 Combinations</i>	Qtern	Glyxambi, Steglujan
<i>Glucagon-Like Peptide-1 Agonists</i>	Adlyxin, Victoza	Bydureon, Byetta, Ozempic, Trulicity
<i>Insulins</i>	Admelog, Afrezza, Apidra, Fiasp, Insulin Aspart, Insulin Aspart Protamine, Insulin Lispro, Novolog	Humalog, Lyumjev
<i>Insulins</i>	Novolin, Relion Novolin	Humulin
<i>Insulins</i>	Semglee	Lantus, Levemir, Toujeo, Tresiba
<b>Ear / Nose</b>	Ciprofloxacin/fluocinolone otic	ciprofloxacin/dexamethasone otic, Otovel
<b>Endocrine (Other)</b>		
<i>Gonadotropin-Releasing Hormone Analogs</i>	Fensolvi	Lupron Depot-ped, Triptodur
<i>Growth Hormones</i>	Humatrope, Nutropin AQ Nuspin, Omnitrope, Saizen, Saizen Prep, Zomacton	Genotropin, Norditropin Flexpro
<i>Misc Endocrine Drugs</i>	Korlym	ketoconazole, Lysodren, Signifor
<i>Somatostatin Analogs</i>	Mycapssa, Sandostatin LAR Depot	Somatuline Depot
<i>Somatostatin Analogs</i>	Signifor LAR	For Acromegaly: Somatuline Depot For Cushing's Disease: Signifor
<b>Endocrine (Other) - continued</b>		
<i>Testosterone Products</i>	Androgens: Brand injectable, nasal inhaled, and topical including Androgel, Aveed, Axiron, Fortesta, Natesto, Testim, Testosterone Gel, Vogelxo and generic testosterone gel and testosterone solution. Also excluded are Jatenzo and Xyosted	generic testosterone injectables or generic orals
<i>Thyroid Replacement Therapy</i>	Levothyroxine capsules, Thyquidity, Tirosint, Tirosint-Sol	Levothyroxine tablets
<b>Erectile Dysfunction</b>	Staxyn	sildenafil, tadalafil
<b>Gastrointestinal</b>		
<i>Antidiarrheal Agents</i>	Mytesi	diphenoxylate/atropine, loperamide
<i>Antiemetics (Oral)</i>	Akynzeo Capsules	granisetron, ondansetron, aprepitant, Varubi Tablets
<i>Antiemetics (Oral)</i>	Emend Powder Packets	aprepitant, Varubi Tablets
<b>Gastrointestinal (continued)</b>		

<i>Bowel Evacuants</i>	Clenpiq, Golytely Packets, Osmoprep, Plenvu, Suprep, Sutab	peg-electrolyte solution
<i>Corticosteroids (Rectal Formulations)</i>	Cortifoam	hydrocortisone enema, Uceris foam
<i>Gallstone Dissolution Agents</i>	Reltone	ursodial
<i>Gastroparesis Agents</i>	Gimoti	No alternatives recommended
<i>H2 Antagonist Combinations</i>	Duexis	ibuprofen PLUS famotidine (Advil + Pepcid AC)
<i>Helicobacter Pylori Agents</i>	Helidac, Pylera	lansoprazole/amoxicillin/clarithromycin, Talcia
<i>Hemorrhoidal Preparations</i>	Proctofoam-IC	pramoxine/hydrocortisone
<i>Inflammatory Bowel Agents</i>	Dipentum	balsalazide disodium, mesalamine dr, meslamine er, sulfasalazine, Pentasa
<i>Irritable Bowel &amp; Chronic Constipation Agents</i>	Amitiza, Lubiprostone	Linzess, Trulance
<i>Pancreatic Enzymes</i>	Pertzye	Creon, Pancreaze, Zenpep
<i>Proton Pump Inhibitors</i>	Aciphex, Aciphex Sprinkle, Dexilant, esomeprazole stronium, Nexium, Nexium Packets, Prevacid, Prilosec, Prilosec Suspension, Protonix, Rabeprazole Dr Sprinkle, Zegerid & its generic, omeprazole sodium bicarbonate	esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole
<i>Proton Pump Inhibitor Combinations</i>	Vimovo and its generic, naproxen esomeprazole	esomeprazole PLUS naproxen sodium (Nexium + Aleve)
<b>Hematological</b>		
<i>Antiplatelet Agents</i>	Aspirin/omeprazole DR, Yosprala DR	aspirin +omeprazole, +esomeprazole, +lansoprazole, +pantoprazole or +rabeprazole
<i>Erythropoiesis-Stimulating Agents</i>	Aranesp, Epogen, Mircera	Procrit, Retacrit
<i>Factor Deficiency Agents &amp; Related Products</i>	Novoseven RT	Sevenfact
<i>Factor Deficiency Agents &amp; Related Products</i>	Nuwiq, Recombinate, Xyntha, Xyntha solofuse	Advate, Adynovate, Afstyla, Eloctate, Esperoct, JIVI, Kogenate FS, Kovaltry, Novoeight
<i>Granulocyte Colony Stimulating Factors</i>	Granix, Neupogen	Nivestym, Zarxio
<i>Granulocyte Colony Stimulating Factors</i>	Neulasta, Udenyca	Fulphila, Nyvepria, Ziextenzo
<i>Iron Replacement Agents</i>	Monoferric	sodium ferric gluconate complex, Venofer
<i>Sickle Cell Disease Agents</i>	Endari	^Over-the-counter glutamine powder or tablets
<i>Sickle Cell Disease Agents</i>	Oxbryta	hydroxyurea, Adakveo, Droxia
<i>Sickle Cell Disease Agents</i>	Siklos	Droxia
<i>Thrombocytopenia Agents</i>	Mulpleta	Doptelet
<i>Thrombocytopenia Agents</i>	Tavalisse	Doptelet, Promacta, Nplate
<b>Hepatitis C</b>	Ledipasvir/Sofosbuvir, Mavyret, Sofosbuvir/Velpatasvir, Sovaldi	Eplclusa, Harvoni, Vosevi, Zepatier
<b>High Cholesterol</b>	Microsomal triglycerides transfer proteins such as Evkeeza, Juxtapid, Kynamro	Repatha; Apheresis process
<b>HIV</b> <i>Antiretrovirals</i> <b>NOTE: current patients established on therapy are allowed to continue therapy</b>	Cabenuva	atazanavir + lamivudine, darunavir + lamivudine, Dovato, Juluca, Kaletra + lamivudine, Tivicay + lamivudine, Tivicay + Edurant
	Complera	Odefsey
	Delstrigo	efavirenz/emtricitabine/tenofovir disoproxil fumarate, Biktarvy, Genvoia, Odefsey, Symfi, Symfi Lo, Symtuza, Triumeq
	Pifeltro	efavirenz, Edurant
	Prezcobix	atazanavir, ritonavir, Kaletra Tablets, Prezista

	Rukobia ER	Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.
	Stribild	Biktarvy, Genvoya
<b>Hypoactive Sexual Desire Disorder</b>	Addyi, Vyleesi	No alternatives recommended
<b>Inflammatory Conditions</b>	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication.	<b>Preferred:</b> Enbrel, Humira, Otezla, Rinvoq ER, Skyrizi, Stelara SC, Taltz, Tremfya, Xeljanz, Xeljanz XR  <b>Preferred after Step through Humira:</b> Actemra  <b>Ulcerative Colitis only preferred after Step through Humira:</b> Simponi 100 mg, Xeljanz, Xeljanz XR  <b>Ulcerative Colitis only preferred after Step through Humira and Stelara:</b> Zeposia
<b>Inflammatory Conditions / Spinal Conditions (nr-axSpA)</b>	Cosentyx	Taltz, Cimzia
<b>Inflammatory Conditions where Cosentyx is indicated</b>	Cosentyx	Taltz, Enbrel, Humira, Otezla, Skyrizi, Stelara SC, Tremfya, Xeljanz, Xeljanz XR
<b>Insomnia</b>	All brand sleep hypnotics plus Belsomra, Doral, Hetlioz, Quazepam, Zolpimist	all oral generic sleep hypnotics are covered
<b>Miscellaneous Agents</b>		
<i>Allergen Immunotherapy</i>	Palforzia	No alternatives recommended
<i>Cushing's Agents</i>	Isturisa	Signifor
<i>Gaucher Disease Agents</i>	Elelyso	Cerezyme
<i>Glucocorticoids</i>	Alkindi Sprinkle	hydrocortisone tablets
<i>Glucocorticoids</i>	Hemady	dexamethasone tablets
<i>Hereditary Angioedema</i>	Berinert	Cinryze, Ruconest
<i>Immune Globulins</i>	Cutaquig	SC: Gammagard liquid, Gamunex-C, Xembify IV: Gammagard liquid, Gammagard S-D, Gamunex-C
<i>Immune Globulins</i>	Gammaked	SC: Gammagard liquid, Gamunex-C, Xembify
<i>Immune Globulins</i>	Hizentra	SC: Xembify
<i>Immunosuppressant Agents</i>	Envarsus XR	tacrolimus
<i>Immunosuppressant Agents</i>	Lupkynis	mycophenolate mofetil + systemic corticosteroid
<i>Immunosuppressant Agents</i>	Otrexup, Reditrex	methotrexate injection, Rasuvo
<i>Immunosuppressant Agents</i>	Xatmep	methotrexate
<i>Neuromyelitis Optica Spectrum Disorder Agents</i>	Uplinza	Enspryng
<i>Nocturnal Polyuria Agents</i>	Noctiva	desmopressin tablets
<i>Overactive Bladder Agents</i>	Gemtesa, Vesicare LS	oxybutynin, oxybutynin er
<i>Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis</i>	Onpattro	Tegsedi
<i>Potassium Binders</i>	Veltassa	Lokelma
<i>Urea Cycle Disorders</i>	Ravicti	buphryl
<i>Vitamins and Supplements</i>	Mebolic, Omnivex, Xyzbac, Zyvit	^Over-the-counter multivitamin combination plus folic acid
<i>Vitamins and Supplements</i>	Nascobal	Vitamin B-12 injections



<i>Vitamins and Supplements</i>	Revesta	^Over-the-counter vitamins
<b>Muscle Spasms</b>	Amrix	Flexeril* 10mg (cyclobenzaprine)
	Fexmid	cyclobenzaprine
<b>Musculoskeletal &amp; Rheumatology</b>		
<i>Gout Therapy</i>	Colchicine Capsules	colchicine tablets, Mitigare
<i>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</i>	Diclofenac 35 mg capsules, indomethacin 20 mg capsules, Ketorolac Nasal Spray, Sprix Nasal Spray	diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam
<i>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</i>	Fenoprofen capsules, Fenortho, Nalfon capsules	fenoprofen calcium tablets, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
<i>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</i>	Naprelan and its generic, naproxen sodium er	naproxen sodium or other NSAIDs
<i>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</i>	Relafen DS	nabumetone, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, oxapeozin
<i>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</i>	Tivorbex	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone
<i>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</i>	Zipsor, Zorolex	diclofenac potassium, etodolac, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone
<i>Topical NSAIDs</i>	Diclofenac Epolamine Patches, Pennsaid 2%	diclofenac sodium topical, Flector Patches, Licart Patches
<i>Topical NSAIDs</i>	Rexaphenac	diclofenac
<b>Nausea</b>	Zuplenz	grandisetron, ondansetron
<b>Neurological</b>	H.P Acthar Gel	many newer therapies and treatments on the market that are clinically more effective
<b>Obstetrical/Gynecological</b>		
<i>Combination Patches</i>	Climara Pro	Combipatch
<i>Contraceptives</i>	Annovera, Balcoltra, Lo Loestrin FE, Natazia, Twirla, Tyblume	generic oral, patch and ring contraceptives
<i>Contraceptives</i>	Phexxi	Barrier methods of contraception such as condoms, diaphragms, spermicides or sponges
<i>Contraceptives</i>	Quartette	levonorgestrel/ethinyl estradiol (91-day)
<i>Contraceptives</i>	Slynd	generic progestin-only oral contraceptives
<i>Estrogen &amp; Estrogen Modifiers for Vaginal Symptoms</i>	Estring, Imvexxy, Intrarosa, Osphena	estradiol cream, estradiol vaginal tablets, yuvafem, Premarin Cream
<i>Estrogen &amp; Estrogen Modifiers for Vaginal Symptoms</i>	Femring	estradiol cream, estradiol patches, estradiol tablets, yuvafem, Premarin Cream
<i>Estrogen/Progestin Combinations (Oral)</i>	Bijuva, Premphase, Prempro	estradiol/norethindrone acetate, ethinyl estradiol/norethindrone acetate
<i>Estrogens (Oral)</i>	Menest, Premarin Tablets	estradiol tablets
<i>Human Chorionic Gonadotropin</i>	Pregnyl	Novarel, Ovidrel
<i>Ovulatory Stimulants (Follitropins)</i>	Follistim AQ	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-Ject
<i>Prenatal Vitamins</i>	Pregenna, Trinaz	generic prenatal vitamins
<i>Topical Estrogen Agents</i>	Divigel, Elestrin, Estrogel, Evamist	estradiol patches
<i>Vaginal Progesterones</i>	Crinone 4%	medroxyprogesterone, megestrol, norethindrone, progesterone
<i>Vaginal Progesterones</i>	Crinone 8%	Endometrin
<b>Oncology</b>		
<i>Acute Myeloid Leukemia (AML) Agents</i>	Onureg	azacitidine, decitabine

<i>Bevacizumab-Containing Agents</i>	Avastin	Mvasi, Zirabev
<i>Breast Cancer Agents</i>	Kisqali, Kisqali Femara co-pack, Piqray	Ibrance, Verzenio
<b>Oncology (continued)</b>		
<i>Chronic Lymphocytic Leukemia (CLL) Agents</i>	Calquence	Imbruvica, Venclexta
<i>Multiple Myeloma Agents</i>	Blenrep, Xpovio	Darzalex, Kyprolis, Ninlaro, Pomalyst, Revlimid, Thalomid, Velcade
<i>Myelodysplastic Syndrome Agents</i>	Inqovi	decitabine
<i>Myelofibrosis Agents</i>	Inrebic	Jakafi
<i>Non-Small Cell Lung Cancer Agents</i>	Tepmetko	Tabrecta
<i>Prostate Cancer Agents</i>	Orgovyx, Trelstar	Eligard, Firmagon
<i>Rituximab-Containing Agents</i>	Riabni, Rituxan, Rituxan Hycela, Truxima	Ruxience
<i>Trastuzumab-Containing Agents</i>	Herceptin, Herceptin Hylecta, Herzuma, Ogivri, Ontruzant	Kanjinti, Trazimera
<i>Trastuzumab-Containing Agents</i>	Phesgo	Perjeta + Kanjinti or Trazimera
<i>Tyrosine Kinase Inhibitors</i>	Qinlock	imatinib, Nexavar, Sprycel, Stivarga, Sutent, Tasigna, Votrient
<b>Ophthalmic</b>		
<i>Antiglaucoma Agents (Beta-Adrenergic Blockers)</i>	Betimol	timolol drops, betaxolol drops, levobunolol drops, Alphagan P 0.1%, Combigan
<i>Antiglaucoma Agents (Other)</i>	Rhopressa, Rocklatan	betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops
<i>Antiglaucoma Drugs (Ophthalmic Prostaglandins)</i>	Durysta, Xelpros	bimatoprost drops, latanoprost drops, travoprost drops, Lumigan, Zioptan
<i>Blepharoptosis Agents</i>	Upneeq	No alternatives recommended
<i>Dry Eye Syndrome</i>	Restasis	OTC drops & ointment; Viva; Xiidra
<i>Ophthalmic Agents - Other</i>	Cystadrops	Cystaran
<i>Ophthalmic Anti-Allergic</i>	Alocril, Alomide, Lastacraft, Pazeo	azelastine drops, cromolyn drops, epinastine drops, olopatadine drops, Zerviate
<i>Ophthalmic Anti-Inflammatory</i>	Flarex, FML Forte, FML S.O.P., Maxidex, Pred Mild	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, Inveltys, Lotemax gel/ointment
<i>Ophthalmic Combinations</i>	Tobradex ST, Zylet	tobramycin/dexamethasone drops, Tobradex Ointment
<i>Ophthalmic NSAIDs</i>	Acuvail, Bromsite, Nevanac	bromfenac drops, diclofenac drops, ketorolac drops
<i>Ophthalmic Quinolone Antibiotics</i>	Besivance, Ciloxan ointment	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops
<b>Osteoarthritis</b>	Durolane, Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz FX, Synvisc/Synvisc-One, Triluron, Trivisc, Visco-3	Euflexxa, Monovisc, Orthovisc
<b>Osteoporosis</b>	Evenity, Prolia	alendronate, ibandronate, risendronate, zoledronic acid, Forteo, Tymlos
<b>Pain Relief</b>	Qroxin Patch	many other topical local anesthetics available by prescription or ^over-the-counter pain relieving patches
<b>PKU</b>	Kuvan, Palynziq	PKU Diet

<b>Renal Disease</b>	Procysbi	Cystagon
	Fosrenol powder packets	lanthanum, sevelamer carbonate, sevelamer hcl, Phoslyra, Velphoro
<b>Respiratory</b>		
<i>Epinephrine Auto-Injector Systems</i>	Auvi-Q, Epinephrine Auto-Injector (by A-S Medication, Amneal Pharma, Avkare)	Epinephrine Auto-Injector (by Mylan, Teva), EpiPen, EpiPen Jr
<i>Immunological Agents for Asthma</i>	Cinqair	Dupixent, Fasentra, Nucala
<i>Long-Acting Beta Agonist Inhalers</i>	Striverdi Respimat	Serevent Diskus
<i>Long-Acting Muscarinic Antagonist Inhalers</i>	Tudorza Pressair	Incruse Ellipta, Spiriva Handihaler, Spiriva Respimat
<i>Long-Acting Muscarinic Antagonist/ Long-Acting Beta-Agonist Combination Inhalers</i>	Duaklir Pressair	Anoro Ellipta, Bevespi Aerosphere, Stiolto Respimat
<i>Pulmonary Anti-Inflammatory Inhalers</i>	Armonair Digihaler, Pulmicort Flexhaler	Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, Flovent Diskus, Flovent HFA, QVAR Redihaler
<b>Respiratory (continued)</b>		
<i>Pulmonary Anti-Inflammatory/ Beta-Agonist Combination Inhalers</i>	Airduo Digihaler, Airduo Respiclick, Budesonide/Formoterol, Fluticasone/Salmeterol (by A-S Medication, Teva)	fluticasone/salmeterol (by Prasco, Proficient Rx), Advair HFA, Breo Ellipta, Dulera, Symbicort
<i>Respiratory Agents - Other</i>	Daliresp	fluticasone/salmeterol (by Prasco, Proficient Rx), Advair HFA, Anoro Ellipta, Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, Bevespi Aerosphere, Breo Ellipta, Dulera, Flovent Diskus, Flovent HFA, Incruse Ellipta, Perforomist, Qvar Redihaler, Serevent Diskus, Spiriva Handihaler, Spiriva Respimat, Stiolto Respimat, Symbicort
<i>Short-Acting Beta-Agonist Inhalers</i>	Albuterol Sulfate HFA (by A-S Medication, Prasco), Levalbuterol HFA, Proair Digihaler, Proair Respiclick, Ventolin HFA, Xopenex HFA	albuterol sulfate hfa (by Cipla, Lupin, Par, Perrigo, Proficient Rx, Sandoz, & Teva)
<b>Skeletal Muscle Relaxant</b>	Lorzone, Chlorzoxazone 250mg, 375mg, 750mg	chlorzoxazone 500mg
<b>Weight Loss</b>	Not covered by the Plan	No alternatives recommended

**NOTE:** If you or your physician request a brand when a generic is available, you will pay the brand copay plus the cost difference between the brand and generic. Alternatives means a brand with a generic or an alternative brand that has a generic that could be used to effectively treat the same condition; Generics are the bioequivalent of a brand name drug. This information is provided for educational purposes only. Decisions regarding your care are the responsibility of you and your doctor. Talk to your doctor before beginning any medication therapy or discontinuing any prescription drug--including "over-the-counter" products. **\*Prescriptions are required for a covered over-the-counter product and must state on the prescription "OTC"**  
**^The over-the-counter alternatives are not covered by the drug plan**

## BASIC LIFE AND AD&D INSURANCE

The city provides basic life insurance and basic accidental death and dismemberment (AD&D) insurance for all eligible full time employees at no cost. The Standard administers the life insurance plan, which is designed to provide financial protection to your beneficiaries in the event of your death.

	Coverage	Provided By
<b>Basic Life Insurance</b>	1X annual salary rounded to the next highest \$1,000 up to a maximum of \$50,000	City of Beaumont
<b>Basic AD&amp;D Insurance</b>	1X annual salary rounded to the next highest \$1,000 up to a maximum of \$50,000	City of Beaumont

You MUST designate a beneficiary for your life and AD&D insurance when you become eligible for coverage. Your “beneficiary” is the person (or people, estate, trust, etc.) who will receive your life insurance benefits if you die.

- You may change your beneficiary at any time in Finance/Benefits, City Hall, Suite 320.
- If you do not name a beneficiary, or if your beneficiary dies before you, benefits will be paid to your estate.

Under this plan, coverage will be reduced by 33% at age 70.

## VOLUNTARY LIFE AND AD&D INSURANCE

Voluntary life insurance coverage for yourself, your spouse and/or eligible children is available. If you elect to cover your spouse and/or eligible children, you must elect coverage for yourself.

Eligible children, through age 26, would include natural child, adopted child, step child (as long as employee and natural parent are married). Grandchildren are not eligible. It is your responsibility to drop ineligible dependents from the dependent life insurance.

If you and your spouse are both employed by the City, both of you can elect dependent life insurance coverage for your eligible dependent children.

If you and your spouse are both employed by the City, spouse dependent life insurance coverage is not available.

You may buy voluntary life insurance for you and your eligible dependents, as follows:

Benefit	Coverage*
Employee	1 times annual salary rounded to the next highest \$1,000 up to a maximum of \$50,000
Spouse	\$5,000
Child(ren)	\$2,000

**\*Medical Health Statements are required when applying for Voluntary Life/Dependent life as a late enrollee.**

Submit statements to the Benefits Office, Suite 320, City Hall.

Voluntary AD&D insurance coverage (one times annual salary up to a maximum of \$50,000) is available only for you the employee. The Standard administers the Voluntary AD&D insurance plan, which is designed to provide financial protection in the event you suffer any injury or death from an accident.

### Beneficiary Designation

When you enroll or make a change, you MUST designate your life insurance beneficiary. Benefits will be paid to your beneficiary when you die. You are automatically the beneficiary for any voluntary life insurance you elect for your spouse or children. You may make beneficiary changes anytime.

### Special Note:

You will be required to complete a health statement if you wish to apply for Voluntary Life/AD&D or dependent life insurance coverage if you do not elect the coverage when originally eligible as a new hire. Late entrant health statements forms must be returned to Benefits for processing.

## Voluntary Life/AD&D Insurance Rates

The monthly rates for employee per \$1,000 of voluntary life/AD&D coverage are listed below.

Benefit	Coverage	Employee Monthly Cost
Employee	Voluntary Life/AD&D – Each equal to 1 times annual salary rounded to next highest \$1,000 up to a maximum of \$50,000	\$0.39 per \$1,000
Dependents	Spouse – \$5,000 Child(ren) – \$2,000 each	\$1.00 (Combined rate for spouse and child(ren))

To calculate your monthly cost for voluntary life & AD&D insurance, use the following formula:

$$\text{Your Voluntary Coverage Amount} \div \$1,000 \times \text{Your Monthly Rate}$$

Follow these steps to calculate your monthly voluntary life/AD&D insurance coverage cost:

1. Enter your salary rounded to the next highest \$1,000 (max. \$50,000)
2. Divide #1 by 1,000.
3. Your answer
4. Multiply #3 by .39
5. This is your **monthly** cost for your voluntary life/AD&D coverage  
*To get you bi-weekly payroll deduction*
6. Multiply your result of #5 by 12 months
7. Your answer
8. Divide the result of #6 by 24 pay periods
9. Your cost per pay period for voluntary life/AD&D coverage

Here is an example of how to calculate your voluntary life insurance premiums.

\$50,000	(1)
$\div 1,000$	(2)
\$50	(3)
$\times \$0.39$	(4)
\$19.50 per month	(5)
\$19.50 x 12 mo	(6)
\$234.00	(7)
$\div 24$ pay periods	(8)
\$9.75 per pay period	

Your Voluntary Life & AD&D payroll deduction, which is based on your annual salary, may change during the year if your life insurance benefit changes due to an increase in salary.



## LONG TERM DISABILITY CIVILIAN AND POLICE ONLY

The City offers employees long term disability (LTD) coverage. In the event you become disabled, the plan will pay 60% of your Annual Base Earnings. The LTD program is administered by The Standard.

### How LTD Coverage Works

- Benefits begin after 90 calendar days of continuous disability (your “elimination period”).
- LTD benefits replace 60% of your basic monthly earnings (depending on your category) to a maximum monthly benefit of \$10,000.
- To qualify for benefits, you must provide satisfactory proof that you are totally disabled due to an injury or illness.

Benefit payments will continue until age 65 provided you continue to meet the criteria set forth by the insurance company.

Your disability payments will be combined with and offset by other disability income you receive (social security, worker’s compensation, retirement benefits, etc.) so that your monthly payments total your elected percentage of your “basic earnings.”

### Life/Disability Products (Employee paid) (Late Enrollees are subject to underwriting approval)

Long Term Disability Based on age and salary	Age 0 – 40	\$ .40 per \$100 of coverage
	Age 41 – 49	\$ .99 per \$100 of coverage
	Age 50+	\$ 1.23 per \$100 of coverage

#### Special Note:

If you do not enroll when originally eligible as a new hire, you will be required to complete a health statement if you wish to apply for Long Term Disability coverage.

Late entrant health statements forms must be returned to Benefits for processing.  
Standard.com



## Texas Municipal Retirement System

It is never too early to start planning for retirement. As a City of Beaumont employee, you are automatically enrolled in the Texas Municipal Retirement System (TMRS). Full-time employees contribute 7% of their gross pay and City matches the employee deposits at a ratio of 2 to 1.

### Vesting

You are considered “vested” when you have 5 years of service credit. Once vested, you may stop working for the City of Beaumont but keep the right to a future retirement benefit at age 60.

Your TMRS account will keep earning interest each year until your membership ends.

Another way to get service time is through the Proportionate Retirement Program that lets you use service credit from any of the systems listed below to qualify for retirement benefits:

- Texas County & District Retirement System
- City of Austin Employees’ Retirement System
- Employees Retirement System of Texas
- Judicial Retirement System of Texas
- Teacher Retirement System of Texas

If you would like more information about the Proportionate Retirement Program, please contact TMRS.

### Retirement

Qualified employees may retire at age 60 with at least 5 years of service credit with TMRS or have 20 years of service credit with TMRS regardless of age. You may contact Texas Municipal Retirement System at 1-800-924-8677, or you may make an appointment with the Benefits office to complete your retirement forms.

## Beaumont Can Provide You With Long-Term Financial Security

One of the great benefits of working for the City of Beaumont is that you can earn a monthly retirement income for life. As a Beaumont employee, you become a Member of the Texas Municipal Retirement System (TMRS). TMRS administers Beaumont's pension plan, and here's what that means for you:

- If you are 35 and your starting salary is \$36,000/year (with 3% annual raises) and:
  - ▶ You work until 55, your lifetime monthly retirement benefit will be **\$1,846**.
  - ▶ You work until 60, that lifetime monthly retirement benefit will be **\$3,104**.
- If you are 45 and your starting salary is \$60,000/year (with 3% annual raises) and:
  - ▶ You work until 60, your lifetime monthly retirement benefit will be **\$2,010**.
  - ▶ You work until 65, that lifetime monthly retirement benefit will be **\$3,675**.

You also can elect to leave a portion of your benefit to a beneficiary, like your spouse or children.

And this lifetime retirement benefit is **in addition to** Social Security benefits and Beaumont's IRS Section 457 deferred compensation retirement plan.

How many other employers can offer you this long-term financial security?

### Member Service Center

800-924-8677  
Fax • 512-476-5576

### Website

tmrs.com

### Mailing Address

P.O. Box 149153  
Austin, TX 78714-9153

Revised July 2022



## **MissionSquare (457 Deferred Compensation plan & Roth IRA) - Voluntary**

You also have the option to enroll in a 457 deferred compensation plan to invest additional monies for your retirement. The money goes into your account before taxes come out of your check. When you make withdrawals from your account as a retiree, taxes will be withheld. You also can contribute to a Roth IRA. You pay taxes on the monies that go into the plan; however, withdrawals and earnings can be tax free during retirement if certain conditions are met.

Contact MissionSquare at 1-866-339-8791 or 1-800-669-7400 for more information.

# FIRE RETIREMENT PLANS

- **Beaumont Firemen's Relief & Retirement Fund**

Firefighters are eligible for a normal service retirement benefit after attainment of age 50 and completion of 20 years of service. A firefighter who qualifies for a normal service retirement will receive a monthly retirement benefit equal to the sum of a standard benefit equal to 63.15% of the highest 60-month average salary plus \$123 per month for each whole year in excess of 20 years of service.

As a Beaumont firefighter you will make contributions of 16.5% of your pay. The contribution rate may be changed by vote of the firefighters in accordance with Section 29 of TLFRA. The City of Beaumont contributes 16%. The city contribution rate is determined as a part of the collective bargaining agreement between the city and the firefighters. There is no participation in Social Security retirement.

Contact the Fire Pension office at 409-866-1526 for additional details.

For Pension calculation, you may call the Fire Pension office or run one at your convenience online at [www.beaumontfirepension.com](http://www.beaumontfirepension.com). Call the Pension office for your user id and password.



## **MissionSquare (457 Deferred Compensation plan & Roth IRA) - Voluntary**

You also have the option to enroll in a 457 deferred compensation plan to invest additional monies for your retirement. The money goes into your account before taxes come out of your check. When you make withdrawals from your account as a retiree, taxes will be withheld. You also can contribute to a Roth IRA. You pay taxes on the monies that go into the plan; however, withdrawals and earnings can be tax free during retirement if certain conditions are met.

Contact MissionSquare at 1-866-339-8791 or 1-800-669-7400 for more information.

## FLEXIBLE SPENDING ACCOUNTS

### You must enroll every year for this benefit during open enrollment.

Flexible Spending Accounts (FSAs) let you save taxes on the money you spend for out-of-pocket health care or dependent care expenses. The FSA plan is administered by WEX Health. For questions contact WEX Health at 1-866-451-3399.

If you enroll, you choose an annual amount you want to contribute. Your contributions are taken from your paycheck each pay period throughout the plan year and deposited in your flexible spending account. Since this money is taken out of your check *before* you pay taxes, you pay less tax on your paycheck.

There are two types of FSAs: the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account. You can choose to participate in only one of the accounts, both of the accounts, or decline enrollment in either.

**For questions concerning the HealthCare or Dependent Care Flexible Spending Accounts, contact WEX Health at 1-866-451-3399.**

To be eligible for reimbursement, you must incur the eligible expenses during the plan year (January 1 through December 31). However, you have a grace period that will allow you to use remaining funds from your 2022 election to pay for expenses incurred through December 31, 2022. You will have until March 2023 to submit claims for reimbursement. Money remaining in the FSAs after March 31, 2023 will be forfeited.

The elections you make to the health care and dependent care FSAs will remain in effect until December 31, of the plan year. You cannot change or stop your deductions during the year unless you have a qualifying event.

To enroll in a Flexible Spending account, you must enroll online at: <https://beaumontbenefits.hrntouch.com>

After completing your online enrollment, contact WEX Health at 1-866-451-3399 to confirm your enrollment. To enroll in direct deposit, complete the direct deposit form on the WEX Health website.



## Flexible Spending Debit Card

If you elect to participate, WEX Health will mail to your home address a debit card for your medical and dependent care flexible spending account. You can use this debit card for eligible medical expenses such as medical deductibles and copayments. You can also use the debit card for your dependent care if the provider is IIAS compliant.

**Be sure that Personnel has your correct home mailing address! If you need to update your home address, please come to Personnel, City Hall, Room 135 to make the necessary changes.**

Please visit <https://www.wexinc.com/discovery-benefits/> for a list of compliant vendors.

If your medical provider accepts the FSA debit card, you can pay the provider directly from your FSA account. You can also submit your medical and dependent care expenses online, via email or submit paper claims using WEX Health's toll-free fax number or by mailing the paper claims in the mail. (See reimbursement contact information below)

There are times that you will need to provide documentation to WEX Health even though you have used your debit card. The IRS requires substantiation for services received at hospitals, clinics, doctor's office, vision stores and dental offices. WEX Health will let you know when you need to submit documentation for your transactions. The first notice will be sent to you via email or mail seven (7) days after the transaction. Be sure to hold on to your itemized receipt so that you can submit it to WEX Health!

WEX Health may request the Explanation of Benefits (EOB) from the carrier to substantiate the "out of pocket" expense. Only the "patient's portion" can be reimbursed through WEX Health.

### **WEX Health/Discovery Benefits Reimbursement Contact Information:**

**866-451-3399**

**Or contact online at <https://www.wexinc.com/discovery-benefits/>**

# Health Care Reimbursement Account

## Annual Contribution Amount

The maximum amount you can contribute to this account is \$2,500 per year; the minimum is \$100 per year.

## What Is Covered?

The Health Care Reimbursement Account is used to pay for eligible out-of-pocket expenses, such as:

- Deductibles, co-insurance and copays for medical or dental
- Retail and mail-order prescription co-insurance/copays
- Certain over-the counter medicines
- Any IRS deductible expense not covered by a health plan

## How Does My Debit Card Work?

You may no longer need to submit documentation for eligible purchases made at retailers that are IAS compliant. A list of compliant vendors can be found at [wexinc.com/Discovery-Benefits/](http://wexinc.com/Discovery-Benefits/) (“IAS Merchants”). These merchants will approve eligible expenses at the point of purchase. When using your FSA debit card at these merchants, you will swipe your card for the entire purchase. Those items that are eligible expenses will be auto-substantiated, and the merchant will then ask for a secondary form of payment for the ineligible items. **Documentation may be required if eligible items are not autosubstantiated at the point of sale.**

## How Will I be Reimbursed If I do Not Use a Debit Card?

You can choose FREE direct deposit or reimbursement by check. To enroll in direct deposit, simply complete the direct deposit form found in the printable forms section at [wexinc.com/discovery-benefits/](http://wexinc.com/discovery-benefits/). You may also enroll in direct deposit online at the conclusion of your open enrollment period. Once enrolled in direct deposit, you may update or change your bank account information online through your account login.

Use the worksheet below to estimate your annual out-of-pocket medical/dental/vision/hearing expenses.

ELIGIBLE HEALTH CARE EXPENSES	ESTIMATED EXPENSES
Copays (doctor visits, prescriptions, vision)	\$
Deductibles (medical, dental)	\$
Out-of-pocket hospital expenses	\$
Out-of-pocket physician expenses (e.g., lab work)	\$
Out-of-pocket dental expenses	\$
Out-of-pocket vision and eye care expenses	\$
Out-of-pocket chiropractic and physical therapy expenses	\$
Out-of-pocket mental health care expenses	\$
Out-of-pocket prescription drug expenses	\$
Approved over-the-counter medication expenses	\$
Other eligible health care expenses	\$
<b>Annual Total*</b>	<b>\$</b>

\* Divide your total estimated annual expenses by 24 pay periods to determine your bi-weekly payroll deduction.

## Dependent Care Reimbursement Account

The Dependent Care Account can reimburse your eligible day care expenses for a dependent who lives with you, and who is under age 13 (or disabled and any age). You must claim this person as a dependent on your income tax return.

### **What Is Covered?**

You may be reimbursed only for care that enables you to work or look for work on a full-time basis. You can't be reimbursed for care provided by your spouse, your child under age 19, or someone you claim as a dependent.

**Remember that your pay is reduced each pay period to fund your contribution amount.**

### **Annual Contribution Amount**

The maximum amount you can contribute to the Dependent Care Account is \$5,000; the minimum is \$100 per year.

### **Filing Claims for Reimbursement**

When you file a Dependent Care Account claim, you are only reimbursed up to the amount in your account at the time you file your claim. For instance, if you have incurred \$300 in expenses, but you have only \$200 in your account, you will be reimbursed only \$200.

### **Reimbursement Options**

Eliminate the need to submit substantiation throughout the year for dependent care expenses by enrolling in Automatic Dependent Care. This process only requires you to submit one form per year for each daycare provider used during the year. If your daycare expenses exceed your payroll deduction, reimbursement will automatically be sent to you as your payroll contributions are received. If your daycare expenses do not exceed your payroll deductions, reimbursement is made monthly for the expenses incurred during that month. You can also elect to direct deposit or reimbursement by check.

### DEPENDENT CARE REIMBURSEMENT ACCOUNT WORKSHEET

Weekly cost of care	\$
Times the number of weeks your dependents receive day care	×
Annual total*	\$

\* Divide your total estimated annual expenses by 24 pay periods to determine your bi-weekly payroll deduction.

# FSA Debit Card Requirements



## For medical expenses, the IRS requires you to substantiate:

- Date service was received or purchase made
- Description of service or item purchased
- Dollar amount
- Provider or store name
- In some cases, a Medical Necessity Form or physician letter may be required

NOTE: In some cases, the plan's design requires that your health insurer's explanation of benefits (EOB) is provided as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay." If not, ask your provider to write "copay" on your receipt before leaving the office.

Vague or missing information causes your reimbursements to be held up or become ineligible. Hang on to your receipts and documentation.

### A few of you use your FSA to purchase over-the-counter medications...

Because of Health Care Reform, the IRS will require a prescription for OTC medication to be eligible for reimbursement. This change is for medicine purchased on January 1, 2011 or later. Go to [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com) for other reform updates.



## For dependent care expenses, the IRS requires you to substantiate:

- Dates of service
- Dollar amount incurred
- Day care provider name
- Day care

NOTE: Day care expenses must be incurred (not just paid) in order to receive reimbursement. Registration fees cannot be reimbursed until the services are actually incurred. You will be required to report your dependent care provider's Tax ID (TIN) or SSN on IRS Form 2441 when you file your federal income tax return.

Vague or missing information causes your reimbursements to be held up or become ineligible. Hang on to your receipts and documentation.

## Verifying your WEX Health Debit Card

For both medical and dependent care purchases made on your WEX Health Debit Card, the IRS requires the expense be verified.

Some of those purchases can be verified electronically right at the point of purchase, so there's no need for additional substantiation.

- Look for pharmacies and drug stores that have the Inventory Information Approval System (IIAS) or meet the IRS 90% rule.
- Find current lists of IIAS merchants and "90%" drug stores online at [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com).
- In some cases, a Medical Necessity Form may be required if the expense is considered both a medical expense and a general use item.
- Hang on to receipts in case you are later asked for verification of the purchase.
- You can upload and save receipts in your online account.

Other card purchases will require additional substantiation because the providers don't typically have the IIAS in place. They include:

- Doctor's offices
- Dental providers
- Hospitals
- Vision/optical facilities
- Clinics
- Pharmacies and drug stores without an IIAS

## Helpful hint on using your card:

*Don't use the card for amounts that still need to be processed by insurance, such as deductibles and coinsurance. When you receive your final statement from the provider showing insurance has been paid, write your Discovery Benefits Debit Card number on the statement and mail it to your provider.*

# Examples of Eligible Medical Expenses



Acupuncture  
 Alcoholism treatment  
 Ambulance  
 Artificial limbs  
 Artificial teeth  
 Birth control  
 Braces  
 Braille books and magazines  
 Special car hand controls/special car equipment for a disability  
 Chiropractor's fees  
 Christian Science practitioners' fees  
 Contact lenses  
 Contact lens solution  
 Crutches  
 Dental fees (not cosmetic)  
 Diagnostic fees  
 Drug addiction  
 Eyeglasses  
 Eye exams  
 Guide dog  
 Health club membership dues\*\*  
 Health institute  
 Hearing aids  
 Hearing aid batteries  
 Hospital services  
 Immunizations

Insulin  
 Laboratory fees  
 Lead-based paint removal  
 Learning disability treatment  
 Medical services  
 Nursing services  
 Operations  
 Osteopathic physician appointments  
 Over-the-counter medications\*\*  
 Oxygen  
 Prescription drugs  
 Psychiatric care  
 Psychoanalyses  
 Psychologist visits  
 Sterilization  
 Telephone for hearing impaired  
 Television for hearing impaired  
 Therapy\*\*  
 Transplants (organ)  
 Transportation  
 Vitamins\*\*  
 Weight loss programs\* (not food)  
 Wheelchair  
 X-ray  
*\*\*These expenses may require documentation of medical necessity*

## Medical expenses—a list of items typically ineligible\*

Babysitting and childcare  
 Bleaching teeth (cosmetic)  
 Cosmetic surgery  
 Dancing lessons  
 Diaper service  
 Electrolysis  
 Face lifts  
 Feminine hygiene products  
 Food  
 Funeral expenses  
 Hair transplants  
 Household help  
 Illegal operations or treatments  
 Insurance premiums  
 Laetrile  
 Liposuction  
 Marijuana used medically  
 Maternity clothes  
 Prescription drugs considered cosmetic  
 Rogaine  
 Swimming lessons  
 Any expense not considered "medically necessary" by IRS  
 Expenses for general health, even if doctor-prescribed

### Keep this in mind:

- The date of your medical services – not the billing date – determines the plan year from which the expense can be reimbursed. The Plan Year is January 1, 2023 through December 31, 2023.
- Your full annual election amount for the Health FSA is available at any time during the plan year, regardless of how much you've contributed to date.

To access a current list of expenses eligible for the medical or dependent care flexible spending accounts go online to [wexinc.com/discovery-benefits/](http://wexinc.com/discovery-benefits/):

- Under "Participants"- click on "How to Guides".
- Click on "Eligible Expenses"
- Click on "Flexible Spending Accounts"
- Click on #3 "Eligible Medical Expenses" (near the bottom of screen)
- At the very bottom of the screen click on "here"  
 (For details on common expenses and their eligibility click [here](#))

Choose the way you submit your documentation.

## FSA - Submitting A Claim



- Enter claim information online.
- Upload your receipt.
- Reimbursement will be processed once your substantiation is received.



- Download and print Reimbursement Request form.
- Complete and fax the form along with your substantiation to:  
866-451-3245.



- Download and print Reimbursement Request form.



- Download and print Reimbursement Request form.
- Complete and mail form along with your substantiation to:  
WEX Health  
PO Box 2926  
Fargo, ND 58108-2926

### Choose your reimbursement method

- Direct deposit
- Check  
You will automatically receive a check unless you enroll in direct deposit.



- Mobile apps give participants access anywhere, anytime.



## EMPLOYEE ASSISTANCE PROGRAM

The city is contracted with Deer Oaks (1-888-993-7650) to provide an Employee Assistance Program Benefit for employees, their spouses and eligible dependents. Interface EAP provides free confidential counseling by experienced licensed counselors. You can easily access a comprehensive network of providers with experience in the following:

- Marriage & Family Issues
- Adolescent Counseling
- Social Workers
- Therapists
- Legal and Financial Professionals
- Substance Abuse

Issues commonly addressed through your EAP benefit include:

- Stress Management
- Depression/Anxiety
- General Wellness
- Family/Parenting
- Financial Issues

Employees and their immediate family members have access to six free face-to-face counseling sessions per problem, per plan year. If longer-term care is needed, Deer Oaks will assist individuals to access community referrals and available mental health network. Information is also available at [www.deeroakseap.com](http://www.deeroakseap.com)

**Legal Services** under your benefit include a free 30-minute consultation with an attorney and up to a 25% discount off an attorney's normal rate.

**Financial counseling** and planning are also available with access to community resources that can assist in consolidating debts and licensed Financial Planners. You have access to three 30-minute consultations per family, per year with a financial advisor telephonically or face-to-face.

**Online Work/Life and Wellness Resources** are available to all covered family members.

Employees and their families can access the best in health and wellness programs and providers through the latest online technology. To access these services, simply log on to [www.deeroakseap.com](http://www.deeroakseap.com).

All services are free and confidential. We cannot obtain any information about anyone accessing his or her EAP benefits without that individual's written consent. Interface follows all State and Federal Guidelines pertaining to confidentiality. Confidentiality is a key aspect of the program.



## EMPLOYEE ASSISTANCE PROGRAM

Discover  
Your  
EAP + Work-Life  
Benefit

### Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

- ✔ **Program Access:** You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- ✔ **Telephonic Assessments & Support:** In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- ✔ **Short-term Counseling:** Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- ✔ **Referrals & Community Resources:** Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- ✔ **Advantage Legal Assist:** Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- ✔ **Advantage Financial Assist:** Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- ✔ **Alternate Modes of Support:** Your EAP offers support alternatives in addition to traditional short-term counseling including telephonic life coaching, AWARE stress reduction sessions, and virtual group counseling. During your call with one of our counselors, ask if these programs would be right for you.
- ✔ **Work-life Services:** Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- ✔ **Child & Elder Care Referrals:** Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- ✔ **Take the High Road Ride Reimbursement Program:** Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of \$45.00 (excludes tips).

 **CONTACT US:**  
Toll-Free: (888) 993-7650  
 Website: [www.deeroakseap.com](http://www.deeroakseap.com)  
Email: [eap@deeroaks.com](mailto:eap@deeroaks.com)

# VOLUNTARY VISION PLAN



davisvision.com | 1 (877) 923-2847, 3125

City of Beaumont  
your vision plan

Client code: 3125

### Frequency

Exam: January 1  
Lenses & lens upgrades: January 1  
Frame: January 1  
Contacts, evaluation & fitting: January 1



Sign up during  
open enrollment

For more details about the plan, visit [davisvision.com/member](https://davisvision.com/member) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



### Exams & Services

Eye Exam copay:  
**\$10**

Contacts evaluation, fitting & follow-up:

Conventional lens <b>\$25 copay</b>	Specialty lens <b>\$25 copay</b> <b>\$60 allowance</b> <b>plus 15% savings<sup>2</sup></b>
--	---



### Frame

Other locations <b>\$130</b>	Visionworks <sup>1</sup> <b>\$180</b>
---------------------------------	--

+Additional 20% off any overage.<sup>3</sup>

or

The Exclusive Collection copay:

Fashion Covered in full	Designer Covered in full	Premier <b>\$25</b>
----------------------------	-----------------------------	------------------------

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](https://davisvision.com/member) to locate a provider near you including Visionworks.



### Lenses

Lens copay:  
**\$25**



### Contacts<sup>3</sup> in lieu of glasses

Allowance:  
**\$130**

+Additional 15% off any overage.<sup>2</sup>

or

The Exclusive Collection  
of Contact Lenses:<sup>4</sup>

Covered in full

Collection Contact lens evaluation,  
fitting & follow-up care copay:

**\$25**

### Using your client code

Log in using your client code (listed above) at [davisvision.com/member](https://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.

### The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

### Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.





## Copays for options & upgrades

### Lens options

Clear plastic single-vision, bifocal, trifocal or

lenticular lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 or \$30
High-Index Lenses 1.67.....	\$55
High-Index Lenses 1.74.....	\$120
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra/ Ultimate).....	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate).....	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating.....	\$12
Tinting of Plastic Lenses (Solid / Gradient).....	\$0
Plastic Photochromic Lenses (Transitions® Signature™).....	\$85
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	\$30
Scratch-Protection Plan (Single-Vision   Multifocal).....	\$20   \$40
Digital Single Vision Lenses.....	\$30
Trivex Lenses.....	\$50
Blue Light Filtering.....	\$15

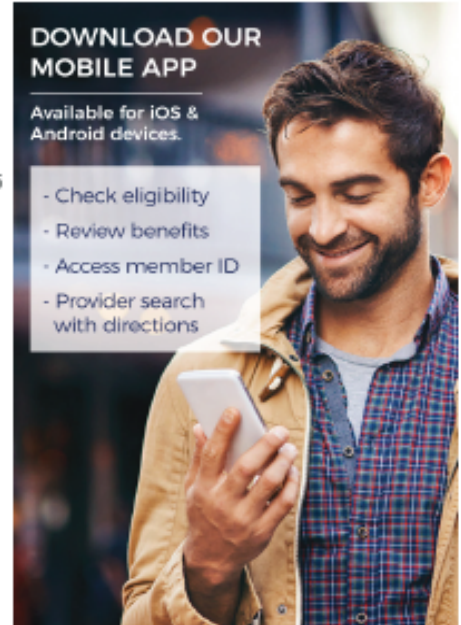
### Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	30% discount <sup>2</sup>

### DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Employee rates	Monthly Deduction *
Employee	\$6.48
Employee + Spouse	\$11.66
Employee + Child(ren)	\$12.31
Employee + Family	\$19.44

(\*Deducted first pay day of each month)

### Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

1. Excludes Maui Jim® eyewear. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

# FIX PAIN FAST!

## 2019 HEALTH PLAN BENEFIT

For all employees and dependents on the BCBSTX medical plan offered by  
**City of Beaumont**

**Airrosti is just a \$30 copay!**

**Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury.**

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within 3 visits (based on patient-reported outcomes).



**Over 40 Houston-area locations!**

**Schedule Your Appointment Today!**



**3.2**

visits average to complete injury resolution\*

\*Based on patient reported outcomes



**10,500+**

SURGERIES AVOIDED



**40%**

THE AVERAGE COST OF OTHER CARE

**(800) 404-6050 | AIRROSTI.COM**



## On-Site Musculoskeletal Treatment for the City of Beaumont

### Experiencing Pain? NCS Can Help

NCS resolves injuries and conditions that cause pain, limit activity, and disrupt your everyday life. Our doctors are experts in identifying the root-cause of pain and use a blend of soft-tissue techniques to safely and effectively address the injury.

- Reduce pain and discomfort
- Sessions are only 15 minutes long
- 90% of injuries resolved under 4 visits

### What Do We Treat?

NCS addresses the conditions listed below and many others:

- Hip Pain
- Ankle Pain
- Carpal Tunnel Syndrome
- Neck Pain
- Shoulder Pain
- Knee Pain
- Back Pain
- Foot Pain
- Leg Pain
- Tension Headaches/Migraines
- Tennis Elbow
- TMJ

### When and Where is the Program?

**When:** Tuesday 1pm-2:30pm  
Wednesday 8am-12pm  
Thursday 1pm-5pm

Tuesday 3pm-5pm

**Where:** Beaumont City Hall  
801 Main Street  
Suite 135 1<sup>st</sup> Floor Conference Room)  
Beaumont, TX

Water and Sewer - Maintenance and Operations  
1350 Langham Rd  
Beaumont, TX

### Eligibility:

- Must be an employee, retiree, or dependent (12+ years) and enrolled in the City of Beaumont BCBS Medical Plan
- Must bring a copy of your Driver's License or government issued ID and BCBS Insurance Card.
- Missed appointments without notifying NCS may be subject to a \$50 no-show fee, through a payroll deduction.

### Make an Appointment:

Go to [www.nmcsonline.com/beaumont](http://www.nmcsonline.com/beaumont)

- Select "Create New Account" and complete the on-screen form
- Complete your medical questionnaire (first time only)
- Select "Appointment" and choose your preferred day among the green highlighted options.
- Please schedule 4 appointments for your area of concern (preferably twice a week)
- **you may be required to use your break or accrued time in order to take advantage of this free benefit**

If you have any questions regarding managing or rescheduling your appointment, please use the online tool. Should you need additional assistance, please contact NCS directly at (817)380-4183.

**Got Pain?**  
**Get NCS**





## FAQs for NCS Treatment Program for the City of Beaumont

### Why is this program being offered?

The NCS program is a solution to help address musculoskeletal injuries and pain. The treatment is designed to help wherever you hurt: neck, shoulder, elbow, knee, or back pain, carpal tunnel, headaches, or any other problems with soft tissue, nerves, muscles, or ligaments. We use proven methods to identify and target the root cause of pain in 15-minute sessions.

### What is NCS Treatment?

Using hands-on application, our providers use a blend of a specialized soft-tissue techniques and other treatment methodologies to safely and effectively address injuries. Through manual technique, providers manipulate the fascia to eliminate pain and discomfort. If the condition or injury is something we can't address- we will give you direction of where to go.

### What are your sessions like?

Prior to your appointment, you will need to set up your NCS account, complete your personal health information, and details about your injury while scheduling your appointment. Sessions are only 15 minutes long. During the session the provider will conduct pre-session, and verbal assessments before providing manual therapy, as well as a post-session assessment.

### What should I wear?

We recommend you wear something comfortable that enables you to move. If you have knee or hip pain, it is recommended you wear athletic shorts.

### Does the treatment hurt?

The treatment is hands-on- similar to a very deep tissue massage. It can be uncomfortable; however, it is short-lived during the appointment and our providers communicate and work with you to ensure it is not intolerable. If the discomfort becomes too much, please let our providers know.

### Am I limited to only 4 visits?

No, there aren't limits on how many visits you have; however, we recommend that you schedule your first 4 visits for each injury to ensure that you are seen at the time you want without too much time lapsing between each appointment. We recommend twice a week whenever possible, with at least 1-2 days between each session.

### How do I schedule?

Visit <https://www.nmcsonline.com/beaumont>  
New patients should select "Create New Account"  
For questions contact NCS at (817) 380-4183

### Who is eligible?

The City of Beaumont employees, retirees, AND dependents (12 years +) who are enrolled in the BCBS Plan.

### How much does it cost?

Sessions are FREE for those eligible. Missed appointments without notifying NCS may be subject to a \$50 no-show fee, through a payroll deduction. Must bring a copy of your Driver's License or government issued ID and BCBS Insurance Card.



## TOOLS TO ASSIST YOU

### Blue Access for Members (BAM)

It's easy to get started with Provider Finder by registering for BAM:

- Go to [www.bcbstx.com](http://www.bcbstx.com).
- Click the "Log in" tab, and then click the "Register Now" link.
- Use the information on your BCBSTX ID card to complete the process and log in to BAM.

### Your Online Resource

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? BAM, the secure member portal from Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, can help. Get immediate online access to health and wellness information, and:

- Check the status of a claim and your claims history
- Confirm the family members who are covered under your plan
- View and print an Explanation of Benefits (EOB) statement for a claim
- Select an option to stop receiving EOBs by mail
- Set your preferences to receive notifications for claims status and wellness updates through emails or text alerts.
- Locate a doctor or hospital in the network
- Request a new or replacement member ID card or print a temporary member ID card
- Join My Blue Community®, a social network for BAM members

### Provider Finder® Choice. Costs. Access

Provider Finder from Blue Cross and Blue Shield of Texas (BCBSTX), a division of Health Care Service Corporation, is an innovative tool for helping you choose a provider, plus estimate and manage health care costs. By logging in to Blue Access for Members (BAM) you can use Provider Finder to:

- Estimate the cost of hundreds of procedures, treatments and tests and help estimate your out-of-pocket expenses.
- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions from Google Maps.
- Make an appointment to consult with a provider in select geographic areas.
- Determine if a Blue Distinction Center is an option for treatment.
- Review providers' certifications and recognitions or add your review for a provider.
- View clinical quality ratings from Blue Cross and Blue Shield as well as independent third parties.

### Blue Access Mobile

Go to [www.bcbstx.com](http://www.bcbstx.com) and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive health tips via text messages.

Healthy Tips by Text offer a variety of convenient and secure reminders and tips to help you improve your health, including: Diabetes diet tips, Coronary artery disease diet and basic care management tips, Fitness and exercise tips

To use texting features, you must be registered for Blue Access for MembersSM (BAM) and elect to participate through your BAM User Profile. Visit [bcbstx.com/mobile](http://bcbstx.com/mobile) for more information.

Download the app:  
Text BCBSTXAPP to 33633 or visit the app store.



BlueCross BlueShield of Texas



# VIRTUAL VISITS:

Powered by  
**MDLIVE**

**Provide your employees with 24/7/365 access to online doctor visits from anywhere**

The virtual visits benefit provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE enables your employees to consult with a board-certified doctor by online video, mobile app, online video or phone, anytime, anywhere.

Virtual visits can address a variety of non-emergency care issues, ranging from cold and flu to pink eye to behavioral health concerns.

## Employer benefits include:

- Cost savings realized when employees use virtual visits instead of primary care, urgent care, and emergency rooms
- Potential for lower employee absenteeism due to illness and improved workforce productivity
- Convenience for employees, with independently contracted, board-certified doctors available 24/7/365 or by appointment
- Full integration with BCBSTX transparency products
- Educational and promotional marketing materials to encourage employee participation
- Seamless access to the virtual visits portal from Blue Access for Members<sup>SM</sup>

***Convenience for employees,  
with independently contracted,  
board-certified doctors available  
24/7/365 or by appointment.***



**For more information or to schedule a demonstration,  
contact your BCBSTX Account Representative.**

Virtual visits may not be available on all plans. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video only (video only) for initial consultation.

MDLIVE is a separate company that operates and administers the virtual visits program for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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# Live Well with the Well onTarget Member Wellness Portal

The Well onTarget Member Wellness Portal provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

### EXPLORE YOUR WELLNESS WORLD

When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-directed Courses
- Health trackers
- Trusted news and health education content

### SEE YOUR STATS IN A FLASH

Everything you want to see quickly is on your dashboard. The dashboard shows all of your Well onTarget programs. You can see where you are today compared with where you were when you started. You can also read the latest health news, check your activity progress and more.

### TAKE A SNAPSHOT OF YOUR HEALTH

The HA asks you questions about your health and habits. You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.





### **BLUE POINTS<sup>SM</sup> PROGRAM\***

Small rewards might motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points. You can also earn points when you achieve milestones in the Self-directed Courses. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.

### **HEALTH TOOLS AND TRACKERS**

Knowing what you eat and how much you work out can help you reach your goals. But keeping track of all you do can be time-consuming. To make it easy, the portal has an interactive food and exercise diary. You can record all of your nutrition and fitness information in one place. The diary will track your progress toward your goals. For example, you can list how many glasses of water you drink every day.

Other trackers let you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels.

The portal also offers a symptom checker. When you don't feel well, this tool can help you decide if you should see a doctor.

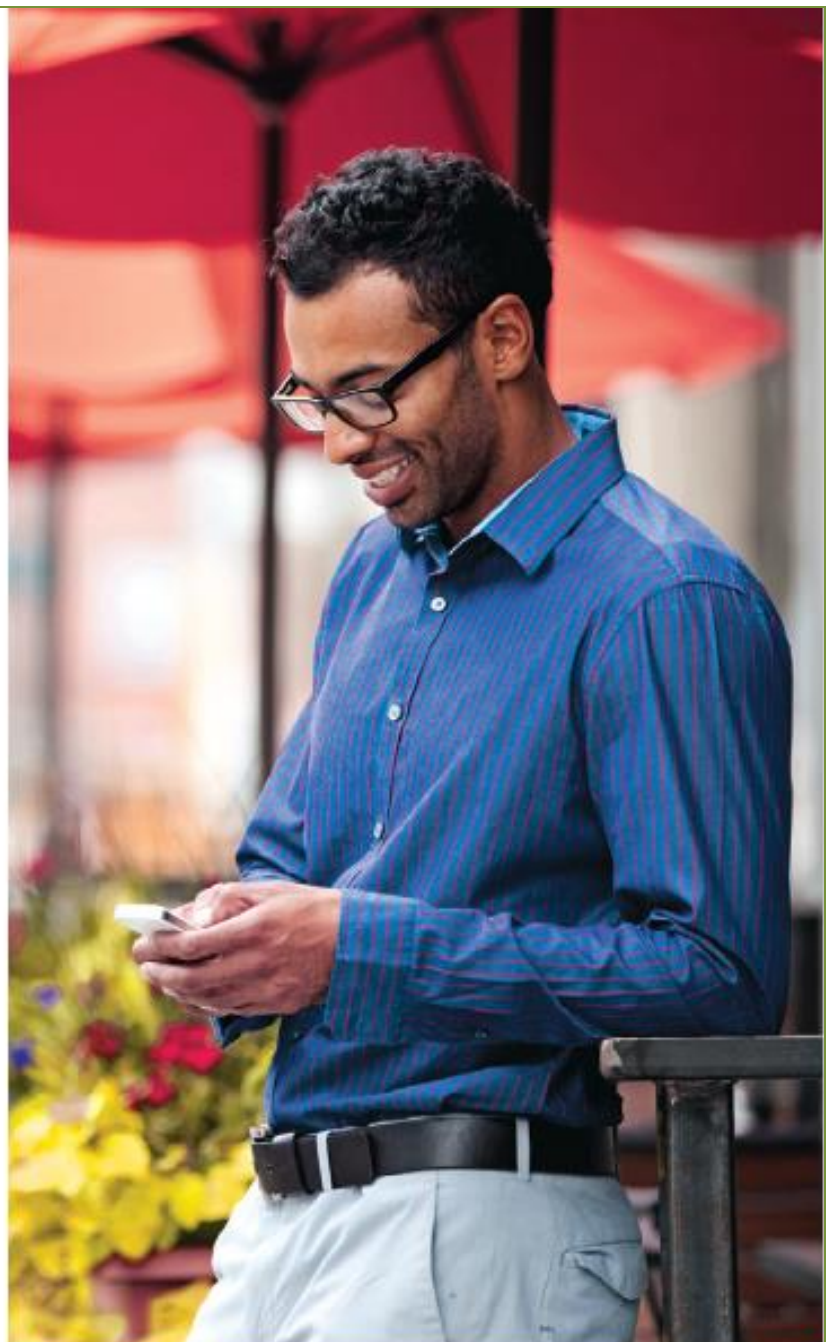
### **SELF-DIRECTED COURSES**

These 12-week courses allow you to study on your own time. Taking these courses can help you get to the next level of wellness. Course topics are nutrition, weight management, physical activity, stress management and tobacco cessation. You can enroll in up to three courses at a time.

### **FITNESS TRACKING**

Earn Blue Points for tracking your fitness activity using popular fitness devices and mobile apps.

\* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.  
91631.0016



## **Take Wellness on the Go**

Check out the Well onTarget mobile app, available for iPhone<sup>®</sup> and Android<sup>™</sup> smartphones. It can help you work on your wellness goals — anytime and anywhere.



**Accident and Health**

# Arch Insurance Personal Accident Program

Arch Insurance Company is offering a customized Personal Accident program specifically designed to suit the unique needs of the City of Beaumont Municipal Employees and their families. In order to help you make a decision if this coverage is needed for you and your family, commonly asked questions about the coverage are answered on the following pages.

### What is covered under this program?

ACCIDENTAL DEATH AND DISMEMBERMENT	Available in limits up to \$300,000 principle sum
BEREAVEMENT AND TRAUMA COUNSELING	\$2,500   \$100 per session
BURIAL AND CREMATION	\$10,000
CHILD CARE BENEFIT	\$10,000 per year   to age 13
COMA BENEFIT	Equal to Principal sum (not in addition to)
FAMILY PLAN BENEFIT	50/40/10/15% Plan
FELONIOUS ASSAULT AND VIOLENT CRIME	25% of principal sum up to max \$75,000
OCCUPATIONAL HIV AND HEPATITIS BENEFIT	50% of principal sum up to max \$100,000
SAFETY DEVICE	25% of principal sum (subject to max limit by device)
SEATBELT AND AIRBAG	20% of principal sum up to \$50,000 max
SPECIAL EDUCATION	5% of principal sum up to \$25,000

## What is the monthly cost?

AD&D Limit	Employee Only Plan	Employee/Family Plan
\$50,000	\$3.25	\$3.25
\$100,000	\$6.50	\$6.50
\$150,000	\$9.75	\$9.75
\$200,000	\$13.00	\$13.00
\$300,000	\$19.50	\$19.50

Monthly premiums as of 8/2021 but are subject to change.

## Do I have to pay per Dependent Child?

The monthly rate for the Family Plan covers all Dependent children.

## Are there any policy exclusions or limitations?

This Policy does not cover any loss or Injury resulting or caused, in whole or part, from:

- Suicide or attempted suicide; self-destruction or attempted self-destruction; while sane or insane.
- War or any act of war or invasion; declared or undeclared.

## How much coverage can I buy?

Your decision to purchase this voluntary coverage is up to you and you can purchase employee coverage in increments of \$50,000, up to a maximum of \$300,000.

## What's the maximum coverage I can purchase?

You may purchase AD&D limits up to \$300,000 in Employee coverage.

## Can you explain how the Family Plan works?

If the Family Plan chosen during annual enrollment, benefits are payable for covered accidents suffered by dependent family members. Dependent Benefits are calculated as a percentage of the enrolled employees benefit (Principal Sum) and payable as follows. This example assumes that the employee has purchased \$100,000 in coverage.

- **If Dependent Spouse Only:** 50% of Employee amount (\$50,000)
- **If Dependent Spouse and Children:** Spouse 40% of Employee amount(\$40,000) and Children 10% of Employee Amount (\$10,000)
- **If Dependent Children Only:** 15% of Employee Amount (\$15,000)

## What age are my Dependent children covered up to?

Dependent Children are covered up to the age of 25 if they are unmarried, unless a different age is specified by benefit.

Insurance coverage described is underwritten by Arch Insurance Company, NAIC #11150, a member company of Arch Insurance Group Inc. The policy contains reductions, limitations, and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the policy, the policy shall govern. Not all coverages are available in all jurisdictions. Please refer to your policy for detailed terms and conditions.

21-08-AH04



# TRUSTMARK ACCIDENT INSURANCE



## Are you prepared to deal with an injury?



About **40 million** visits to the US emergency rooms each year are injury-related.<sup>1</sup>

<sup>1</sup>National Center for Health Statistics, 2014.

### Additional advantages

- **Apply for coverage for family members:** spouse, children, and dependent grandchildren.
- There are **no medical questions to enroll**, though spouses will need to answer a disability question if they choose to enroll.
- **Keep your coverage if you leave your job** with no change in premium or benefits.
- **Convenient payroll deduction**, or pay via direct bill, bank draft or credit card if you leave your employer.

### More flexible features

- **Get paid** for health screening tests.
- **Receive a lump sum payment** in the event of the death of an insured person by a covered accident.
- **Receive a lump sum payment** if you completely lose your sight, hearing, speech, or the use of two or more limbs in a catastrophic accident.

*A waiting period may apply before benefits are payable. Feature availability may vary by state.*

**You care.  
We listen.**

*This is a brief description of benefits under A-607 and applicable riders WB-607, HS-12000R, and LCWP-5/01. This is an accident only policy with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Please refer to your policy/group certificate and outline of coverage, if applicable, for complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/ACC/\(A112-2216-ACC\)](http://www.trustmarksolutions.com/disclosures/ACC/(A112-2216-ACC)).*

*<sup>2</sup>An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).*

ACC\_24-HSR-ADB-CAT

Underwritten by Trustmark Insurance Company  
Rated A- (EXCELLENT) A.M. Best<sup>2</sup>  
[trustmarksolutions.com](http://trustmarksolutions.com)   

  
**Trustmark**  
benefits beyond benefits

## Schedule of Benefits

### Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
<b>Initial Care</b>	
<b>Hospital Benefits</b>	
Admission Benefit (per admission)	\$2,000
Confinement Benefit (per day up to 365 days)	\$400
ICU Benefit (per day up to 15 days)	\$600
Emergency Room Treatment	\$200
<b>Ambulance</b>	
Ground	\$200
Air	\$1,000
Initial Doctor's Office Visit	\$100
Lodging (per night up to 30 days per accident)	\$200
<b>Surgery Benefit</b>	
Open, abdominal, thoracic	\$2,000
Exploratory	\$200
Blood, Plasma and Platelets	\$600
<b>Emergency Dental Benefit</b>	
Extraction	\$100
Crown	\$300
<b>Follow-Up Care</b>	
Accident Follow-Up Treatment	\$100
<b>Physical Therapy</b>	
Up to six visits per person per accident	\$50
Appliance	\$200
<b>Transportation</b>	
100+ miles, up to three trips	\$475
<b>Prosthetic Device or Artificial Limb</b>	
More than one	\$2,000
One	\$1,000
Skin Grafts	25% of applicable burn benefit
<b>Accidental Death</b>	
Employee	\$50,000
Spouse <sup>1</sup>	\$20,000
Child	\$10,000
<b>Accidental Death – Common Carrier</b>	
Employee	\$100,000
Spouse <sup>1</sup>	\$40,000
Child	\$20,000
<b>Catastrophic Accident</b>	
Employee	\$100,000
Spouse <sup>1</sup>	\$50,000
Child	\$50,000

Benefit	Amount
<b>Injuries</b>	
<b>Fractures</b>	
Open reduction	Up to \$10,000
Closed reduction	Up to \$5,000
Chips	25% of applicable closed reduction
<b>Dislocations</b>	
Open reduction	Up to \$8,000
Closed reduction	Up to \$4,000
Laceration	Up to \$800
<b>Burns</b>	
Flat amount for:	
Third-degree 35 or more sq. in.	\$15,000
Third-degree 9-34 sq. in.	\$2,250
Second-degree for 36% or more of body	\$1,125
Concussion	\$200
<b>Eye Injury</b>	
Requires surgery or removal of foreign body	\$400
Herniated Disc	\$800
<b>Loss of Finger, Toe, Hand, Foot or Sight</b>	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or one toe	\$750
<b>Tendon/Ligament/Rotator Cuff Injury</b>	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory surgery without repair	\$200
Torn Knee Cartilage	\$1000
Exploratory surgery	\$200
<b>Health Screening Benefit</b>	
One Per Person Per Year	\$50
Routine health screening tests	

<sup>1</sup>Benefits are payable only as the result of a covered accident. Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. <sup>3</sup>In some states, spouse, domestic partner or civil union partner.

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## Get Paid for Common Preventive Tests

**The way people pay for their healthcare is changing.** Many employers are offering new and different health insurance plans, including high-deductible options. Whatever you choose, the Health Screening Benefit included in your Trustmark plan can pay you for getting one screening test per calendar year.

**Here's how it works:** when you file a claim for one of the screening tests listed below, Trustmark will send you a check even if your insurance covers these tests at no cost as part of your employee wellness program. No waiting period from the effective date of this benefit.

### File Your Claim

To file a claim, simply visit the following website:  
**[www.trustmarksolutions.com/file-claim](http://www.trustmarksolutions.com/file-claim)**

You will find a fillable Health Screening Rider claim form, which you can submit by email to [RiderClaims@trustmarkins.com](mailto:RiderClaims@trustmarkins.com) or by fax to 508.471.3208.

During enrollment, a benefit counselor will be available to answer any additional questions you may have. If you have questions after you receive your policy, call us at **800.918.8877**.

- Fasting blood glucose test
  - Blood test for triglycerides
  - Serum cholesterol test to determine levels of HDL and LDL
  - Routine mammogram
  - Pap smear (for women over age 18)
  - Prostate Specific Antigen (PSA) for prostate cancer
  - Colonoscopy
  - Flexible sigmoidoscopy
- Cardiac stress test
  - Bone marrow testing
  - Chest x-ray
  - Hemocult stool specimen
  - CA 15-3 blood test for breast cancer
  - CA 125 blood test for ovarian cancer
  - CEA blood test for colon cancer
  - Serum Protein Electrophoresis (SPEP) blood test for myeloma
  - Thermography

**You care.  
We listen.**



## VOLUNTARY CRITICAL ILLNESS - AFLAC

### Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help but notice the strain it's placed on the person's life-both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that just aren't covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over out-of-pocket cost. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)-giving you the flexibility to help pay bills related

### The Aflac group Critical Illness plan benefits include:

.Critical Illness Benefits payable for:

○ Cancer	100%
○ Heart Attack (Myocardial infarction)	100%
○ Major Organ Transplant	100%
○ End-Stage Renal Failure	100%
○ Coronary Artery Bypass Surgery	25%
○ Carcinoma In Situ	25%
○ Health Screening Benefit	25%

### Features:

.Benefits are paid directly to you unless you choose otherwise.

.Coverage is available for you, your spouse, and dependent children.

.Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

.Fast claims payments. Most claims are processed in about four days

.If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase spouse coverage.

#### **Health Screening Benefit** *(Employee and Spouse only)*

You may receive a maximum of \$100 for any one covered health screening test per calendar year. We will pay this benefit regardless of the result of the test. Payment of this benefit will not reduce the critical illness benefit payable under the plan. There is no limit to the number of years you can receive the Health Screening Benefit; it will be payable if coverage remains in force. This benefit is only payable for health screening test performed as the result of preventative care, including test and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse. **This benefit is not paid for dependent children.**

## Covered Health Screening Tests Include:

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest x-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- CA 15-3 (blood test for breast cancer)
- Serum cholesterol test to determine level of HDL and LDL
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Blood test for triglycerides
- Thermography
- Fasting blood glucose test
- Bone marrow testing
- Serum protein electrophoresis (blood test for myeloma)

### Limitations and Exclusions (also applies to optional benefits)

The date of diagnosis of a Critical Illness must be separated from the date of diagnosis of a subsequent different Critical illness by at least 6 months. The date of diagnosis of a Critical Illness must be separated from the date of diagnosis of a subsequent same Critical Illness by 12 months, or 12 months Treatment Free for Cancer. Cancer that has spread (metastasized) even though there is a new tumor will not be considered an additional occurrence unless the Insured has been Treatment Free for 12 months.

The applicable benefit amount will be paid if the date of diagnosis occurs while coverage is in force and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss

6. Intentionally self-inflicted injury or action.
5. Suicide or attempted suicide while sane or insane.
4. Illegal activities or participation in an illegal occupation.
7. War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.
3. Substance abuse.
2. Pre-Existing Conditions
1. No benefits will be paid for diagnosis made or Treatment received outside the United States

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustration purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions. For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com)

# Required Health Coverage Notices

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## For Your Files

*This brochure contains several legal notices that are required to be distributed to participants in group health plans sponsored by The City of Beaumont.*

The notices included are:

- **Notice of Privacy Practices** that explains how the City group health plans protect your personal medical information
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the City health care plans is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the City health plans if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of a child.
- **Women’s Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Patient Protection Disclosure** that explains who you and your family can designate as a primary care provider under the health plans and rules around access to obstetrical/gynecological care.
- **Expanded Coverage for Women’s Preventive Care** that explains how the City covers women’s preventive care, including contraceptives, under the **Affordable Care Act**.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the plan due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.
- **USERRA Continuation of Coverage**
- **Governing Plan**
- **Marketplace Coverage Notice**



# CHIP NOTICE

## 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 City of Beaumont, TX, 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 on the following page, 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, dial **1-877-KIDS NOW**, or visit [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 **1-866-444-EBSA (3272)**.

**If you live in one of the States listed on the following page, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of July 31, 2019. Contact your State for further information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor  
Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, ext. 61565**



State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhipp.com">http://www.myalhipp.com</a>	1-855-692-5447
Alaska (Medicaid)	<i>Premium Payment Program:</i> <a href="http://myakhipp.com">http://myakhipp.com</a> <i>Medicaid Eligibility:</i> <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> <i>E-mail:</i> <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
Colorado (Medicaid and CHIP)	<i>Medicaid:</i> <a href="http://www.healthfirstcolorado.com/">http://www.healthfirstcolorado.com/</a> <i>CHIP:</i> <a href="http://www.colorado.gov/pacific/hcpf/child-health-plan-plus">http://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>	1-800-221-3943 1-800-359-1991 State relay 711
Florida (Medicaid)	<a href="http://www.flmedicaidtprecovery.com/hipp/">http://www.flmedicaidtprecovery.com/hipp/</a>	1-877-357-3268
Georgia (Medicaid)	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>	678-564-1162 ext 2131
Indiana (Medicaid)	<i>Healthy Indiana Plan for low-income adults 19-64:</i> <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> <i>All other Medicaid:</i> <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	1-877-438-4479 1-800-403-0864
Iowa (Medicaid)	<a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>	1-800-257-8563
Kansas (Medicaid)	<a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>	1-785-296-3512
Kentucky (Medicaid)	<a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	1-800-635-2570
Louisiana (Medicaid)	<a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>	1-888-695-2447
Maine (Medicaid)	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>	1-800-442-6003 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>	1-800-862-4840
Minnesota (Medicaid)	<a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>	1-800-657-3739
Missouri (Medicaid)	<a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcnp.nv.gov/">http://dhcnp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	<i>Medicaid:</i> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> <i>CHIP:</i> <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	<i>Medicaid:</i> 609-631-2392 <i>CHIP:</i> 1-800-701-0710
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1-800-699-9075
Pennsylvania (Medicaid)	<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>	1-800-692-7462
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493
Utah (Medicaid and CHIP)	<i>Medicaid:</i> <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> <i>CHIP:</i> <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<i>Medicaid:</i> <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> <i>CHIP:</i> <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>	<i>Medicaid:</i> 1-800-432-5924 <i>CHIP:</i> 1-855-242-8282
Washington (Medicaid)	<a href="http://www.hca.wa.gov/">http://www.hca.wa.gov/</a>	1-800-562-3022, Ext. 15473
West Virginia (Medicaid)	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-855-699-8447
Wisconsin (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>	1-800-362-3002
Wyoming (Medicaid)	<a href="http://wyequalitycare.acs-inc.com/">http://wyequalitycare.acs-inc.com/</a>	307-777-7531

## CITY OF BEAUMONT NOTICE OF PRIVACY PRACTICES

*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.*

### **Our Company's Pledge to You**

This notice is intended to inform you of the privacy practices followed by the **PPO Medical Plan** (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. The plan has been effective since **December 2013**.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. *The City* requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

### **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or required by law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

**To Business Associates.** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

**To the Plan Sponsor.** We may disclose protected health information to certain employees of *the City* for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Your Rights

**Right to Inspect and Copy.** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

**Right to an Accounting of Disclosures.** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

**Right to Request Restrictions.** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to be Notified of a Breach.** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

**Right to Receive a Paper Copy of this Notice.** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

City of Beaumont  
Finance Department  
801 Main Street, Suite 320  
Beaumont, TX 77701  
(409)785-4727  
Cob.benefits@beaumonttexas.gov

## **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

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# New Health Insurance Marketplace Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## Options and Your Health Coverage

### PART A: General Information

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

#### What is the Health Insurance Marketplace?

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

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact CITY OF BEAUMONT FINANCE DEPARTMENT at 409-785-4727.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://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> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name CITY OF BEAUMONT		4. Employer Identification Number (EIN) 74-6000278	
5. Employer address 801 MAIN ST STE 320		6. Employer phone number 409-785-4727	
7. City BEAUMONT	8. State TX	9. ZIP code 77701	
10. Who can we contact about employee health coverage at this job? CITY OF BEAUMONT FINANCE DEPARTMENT			
11. Phone number (if different from above)		12. Email address COB.BENEFITS@BEAUMONTTEXAS.COM	

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:

Eligible employees are: all full-time employees and auxiliary employees that meet the requirements as reflected in the Patient Protection and Affordable Care Act. Refer to plan document for eligibility questions.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

You lawful spouse; and any child of yours who is less than 26 years old.

\*26 or more years old, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this plan. Proof of the child's condition and dependent must be submitted within 31-days after the date the child ceases to qualify above. See plan document for details.

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



## Rights Notice

You are receiving this notice because you have recently become eligible for coverage under the City of Beaumont's group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the City of Beaumont's Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review your Summary Plan Description or contact the Finance Department.

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

### What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of group health plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Under the plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than your gross misconduct;
- Your spouse dies;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- Your parent-employee's hours of employment are reduced;
- Your parent-employee's employment ends for any reason other than your gross misconduct;
- Your parent-employee dies;
- Your parent-employee becomes entitled to Medicare benefits (under Part A, Part B or both);
- Your parents become divorce or legal separation; or
- The dependent stops being eligible for coverage under the Plan as a "dependent child."

### When Is COBRA Coverage Available?

The City of Beaumont will offer COBRA continuation coverage to qualified beneficiaries only after it has been notified that a qualifying event occurred. For the following qualifying events, The City of Beaumont will notify the administrator for COBRA continuation coverage, of the qualifying event:

- Your hours of employment are reduced;



- Your employment ends;
- Your death; or
- Your entitlement to Medicare benefits (under Part A, Part B or both).

### **You Must Give Notice of Some Qualifying Events**

For the following qualifying events, you or a family member must notify The City of Beaumont's Finance Department within 60 days after the qualifying event occurs:

- Your divorce or legal separation; or
- Your dependent's loss of eligibility for coverage as a "dependent child."

You must notify City of Beaumont of the qualifying event by calling the City's Finance Department at (409)785-4727.

### **How Is COBRA Coverage Provided?**

Once the COBRA administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. You may elect continuation coverage on behalf of your spouse and dependent children. Your spouse may also elect continuation coverage on behalf of your dependent children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage:

- Your death;
- Your divorce or legal separation;
- Your dependent stops being eligible for coverage under the plan as a "dependent child";
- You were entitled to Medicare benefits prior to the qualifying event

There are two ways in which an 18-month period of COBRA continuation coverage can be extended.

### **Disability Extension of 18-Month Period of Continuation Coverage**

COBRA coverage may be available for you and your family up to a total of 29 months at a higher premium if:

- You, your covered spouse or your covered dependents (including newborn and newly adopted children) are determined to be disabled, as defined by the Social Security Act, prior to the qualifying event or during the first 60 days of COBRA coverage;
- The Social Security Administration's disability determination is received within the disabled individual's 18 months of COBRA coverage;
- The disability lasts at least until the end of the 18-month period of continuation coverage; and
- The City is notified of the Social Security Administration's disability determination within 60 days of the disabled individual's receipt of a Social Security Disability award. If the disability determination occurred before COBRA coverage started, you're required to notify the City within the first 60 days of COBRA coverage.

You, your covered spouse or your covered dependents must notify the City within 60 days of receipt of the disability determination and prior to the end of the initial 18-month continuation period in order to receive the coverage extension. To notify the City of the disability determination, call the City's Finance Department at (409)785-4727.

You, your covered spouse or your covered dependents must notify the City within 30 days of the date the disability ends by calling the City's Finance Department at (409)785-4727.

### **Second Qualifying Event Extension of 18-Month Period of Continuation Coverage**

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months. Additional continuation coverage is available only if the event would have caused your spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. These events include:

- Your death;
- Your entitlement to Medicare (under Part A, Part B or both);
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a "dependent child."

You, your covered spouse or your covered dependents must notify the City within 60 days after the event occurs in order to receive this additional coverage. To notify the City of the qualifying event, call the City's Finance Department at (409)785-4727.

### **Are There Other Coverage Options Besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **Events That May Change Continued Coverage**

Once your COBRA coverage begins, you may be able to change your COBRA coverage elections based on plan rules if you experience a qualified change in status. You, your covered spouse or your covered dependents must notify the City by calling the City's Finance Department at (409)785-4727 within 60 days of the qualified change in status to change your COBRA coverage. See your Summary Plan Description for detailed information on allowable changes in status. Adding family members to COBRA coverage may result in a higher premium for this additional coverage.

You may also change COBRA coverage if a child is born to the covered employee or placed for adoption with the covered employee during the 18-, 29- or 36-month continuation period. In such case, you must notify the City by calling the City's Finance Department at (409)785-4727 within 60 days of the birth or placement to cover the new dependent as a qualified beneficiary under COBRA. There may be a higher premium for this additional coverage.

### **Events That End Continued Coverage**

COBRA coverage will end automatically upon the expiration of the 18-, 29- or 36-month continuation periods described on the previous pages. In addition, COBRA coverage will end automatically if any of the following situations occur:

- The City stops providing group health benefits;
- Premiums are not paid within 30 days of the due date (with the exception of the initial premium which is due within 45 days of your election date); or
- A person eligible for continued benefits becomes covered under any other group health plan (unless the health plan has an enforceable pre-existing condition clause) or becomes entitled to Medicare.

If your coverage ends because of expiration of the 18-, 29- or 36-month limit, you may be able to convert coverage to an individual policy if this right currently exists in the Plan.

### **Address Information**

Be sure to keep your current address information up to date with the City. Doing so is the only way to ensure that important benefit information will reach you.

### **Your Rights Under ERISA**

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### **For More Information**

If you have any questions about COBRA continuation coverage, call the City's Finance Department at (409)785-4727.



### **Patient Protection Disclosure**

The City of Beaumont generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating providers, go to the BCBS website at [www.bcbstx.com](http://www.bcbstx.com). Or contact the City's Finance Department at (409) 785-4727.

For children, you may designate a pediatrician as the primary care provider.

## **Governing Plan**

Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage, or contract), and not by the information in this guide. If there is a conflict between the provisions of the plan you selected and this guide, the terms of the plan govern. City of Beaumont employees have access to benefits approved by the city council as part of the budget process. The benefits and services offered by the city may be changed or terminated at any time. These benefits are not a guarantee of your employment with the city.

## **Expanded Coverage for Women's Preventive Care**

Under the Affordable Care Act, the City provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=2>

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*2022 Benefits Guide (with 2023  
updates)*