



2020 Benefits Guide



Dear City of Portland Employee,

The City of Portland strives to effectively manage costs and offer competitive and comprehensive benefits to its employees. We are serious about our commitment to supporting our employees, so we spend a great deal of time each year reviewing our benefit offerings to see how we can improve our programs for you and your family.

Below are the highlights of the changes to your FY 2021 benefits package offering:

- The City of Portland is continuing to partner with the same vendors we have currently.
 - Medical – Aetna
 - Dental – [Northeast Delta Dental](#)
 - Wellness – OMC

Enhancements to Benefit Package for FY 2021

- AETNA Vision is an opportunity for you and your family to have a comprehensive vision benefit.
- AETNA Teledoc is an opportunity for you and your family to receive your medical care from home. You are able to schedule visits with your doctor remotely. You can also have ongoing counseling sessions remotely with the same counselor on a regular schedule from home.
- AETNA EAP provides an opportunity to connect with a specialist 24 hours a day, 7 days a week for Counseling (6 face to face visits with a counselor), Financial, Tax, legal, and so much more.
- AETNA Hearing Aid benefit has now been enhanced to cover \$6,000 per 36 months for both children and adults.

Enrollment Instructions:

- **Read.** Carefully read this guide to review your coverage options.
- **Visit.** Visit [Aetna's microsite for details of your available benefits](#)
- **Plan.** Think about your needs. Consider all the possibilities, both planned and unplanned.- Talk with your family members to determine the best coverage combination to fit your lifestyle and budget. Review other information to help you make an informed decision, such as your spouse's benefits or other insurance you carry.
- **Choose.** Choose the benefits that best meet your needs.
- **Enroll in your benefits!**

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Your Retirement - Which is the Best Option for You?

As a permanent or project City of Portland employee scheduled to work 21 or more hours per week, you have one opportunity to join, or not join, Maine Public Retirement System (MainePERS) Defined Benefit Plan. Your status as an optional member, or non-member, of MainePERS will be your status during all periods of employment with the City of Portland. Visit www.maineopers.org to view the New PLD Employee video for a better understanding of optional membership and the importance of one-time election.

If you elect not to join MainePERS, then you shall participate in the City's alternative pension plan choice, ICMA RC 401(a) Defined Contribution Plan. Federal law requires employees to participate in a qualified pension plan since the City of Portland does not cover employees under Social Security.

You need to decide which pension plan is best for you.

Below is a brief description and comparison of these plans to help you decide. To review further information for MainePERS Defined Benefit Plan, go to <https://www.maineopers.org/PDFs/handbooks/PLD%20Booklet.pdf> and to read more about the ICMA RC 401(a) Defined Contribution Plan, visit [http://www.icmarc.org/products-and-services/401\(a\)-defined-contribution-plans.html](http://www.icmarc.org/products-and-services/401(a)-defined-contribution-plans.html)

	MainePERS Defined Benefit (DB) Plan	ICMA RC 401(a) Defined Contribution (DC) plan
Plan Features	Upon vesting, this plan guarantees you an income after you retire based on your years of service, level of compensation and the age at which you retire. Your membership ends upon retirement, upon your death or if you take a refund of your contributions & accrued interest.	This plan bases your benefits on the total amount of money in your account at retirement or other eligible event. There is no guarantee on the amount of your retirement benefit – you're account will depend on the performance (positive or negative) of your investment choices.
Retirement Benefit	2% of average final compensation (AFC) for each year of service at age 65 or 25 years of service.	Accumulation of Employee and Employer contributions & investment earnings.
Employee Contribution	7.35% of gross weekly salary *contact HR for contribution rates for members in the age 60 plan. Pre-tax federal only.	7.35% of gross weekly salary *contact HR for contribution rates for members in the age 60 plan. Pre-tax federal and state.
City Contribution	Determined on an annual actuarial basis	7.35% of gross weekly salary at this time
Disability Benefits paid by the City	Yes – Disability Retirement	Yes – Administered by UNUM
Survivor Benefits	Lump Sum, Monthly Benefit or Option 2 (Beneficiary's choice)	Employee's & Employer's contributions & investment earnings regardless of years of service
Statements	Upon Request	Quarterly
Investment Choices	No	Yes
Vesting	5 years of creditable service or reaching normal retirement age of 65 with at least 1 year of creditable service	Employee contributions & investment earnings = 100% Employer contributions & investment earnings based on years of service: 1=33%, 2 = 67%, 3 or more = 100% Age 60/Death/disability = 100%
Portability	You take retirement credit with you when moving between employers in the same plan	Not applicable
Cash Refunds/Rollovers on Resignation or Termination	Employee contributions only & accrued interest	Vested account balance

**** Note: Loans and/or hardship withdrawals are not available with either of these pension choices.**

Statement Concerning Your Employment in a Job Not Covered by Social Security

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$396.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ($\$500 - \$400 = \$100$). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.



401(a) Defined Contribution Plans

A 401(a) Money Purchase Plan allows you to save and invest money for retirement with tax benefits.

Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time. No taxes are due, including on earnings, until you make withdrawals.

You may participate in a 401(a) plan and a 457 deferred compensation plan. Both plans work together to help you build a secure retirement.

CONTRIBUTIONS

Contribution rules are generally determined by your employer. A common method combines employer and mandatory employee contributions.

- Contributions you make are mandatory or voluntary. Mandatory contributions are generally pre-tax (picked-up), which reduces your current taxable income. Voluntary contributions are after-tax, up to 25% of your compensation (an IRS limit for total contributions to the plan also applies – see below).
- Contributions your employer makes are typically a fixed dollar or percentage amount, or a match of your contributions. Your employer's contributions may have a vesting schedule, which determines your "ownership" of those contributions and associated earnings and how much of your account may be paid to you when you separate from service. (You always fully own your contributions and associated earnings.)
- IRS rules limit the total contributions made to your account, including both your employer's and your contributions. See [Contribution limits](#) for the current calendar year.

INVESTMENTS

You control how your account is invested, choosing from options selected by your employer. A typical plan includes a wide range of options, from more conservative [stable value funds](#) to more aggressive bond and stock funds. You may choose to build a diversified portfolio of various funds, select a simple yet diversified [target-date](#) or [target-risk](#) fund, or rely on specific investment advice through [Guided Pathways](#).

- To review investment options for your plan, [login](#) to your account.
- To learn more about investing for retirement, visit www.icmarc.org/invest

WITHDRAWALS

When you leave employment, you are eligible to withdraw money from your account as you see fit, but you are generally not required to take payments until after age 70 1/2. You have the flexibility to take money as needed, including the ability to have payments automatically deposited to your bank account every month. Payments are generally subject to taxes and an IRS-imposed 10% early withdrawal penalty may apply to payments taken prior to age 59 1/2.

While you are employed, the available withdrawal options are limited and vary by plan. The available option includes the ability to withdraw voluntary after-tax contributions at any time after you reach age 70 1/2.

Have a plan for taking withdrawals from your account – both to manage the tax bill and to provide for your future needs. For guidance, view [Making a Smart Withdrawal Decision](#) and the [Special Tax Notice Regarding Plan Payments](#).

SURVIVOR BENEFITS

You designate a beneficiary, or beneficiaries, to receive any remaining assets upon your death. Designating beneficiaries can help ensure your assets are paid per your wishes, avoid the potential costs and delays of probate, and allow non-spouse beneficiaries to receive additional tax benefits.

Note: if you are married, most plans require your spouse be your beneficiary for 100% of your account unless your spouse waives this right.



457 Deferred Compensation Plans (In addition to the 401(a) or MainePERS)

A 457 deferred compensation plan allows you to save and invest money for retirement with tax benefits.

[Contributions](#) | [Investments](#) | [Withdrawals](#) | [Survivor Benefits](#)

Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time. A 457 plan is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely enough. Saving to your 457 plan can help you maintain your desired standard of living.

CONTRIBUTIONS

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings and are not subject to tax until you withdraw them. You also may be able to make after-tax [Roth contributions](#) which allow for potentially *tax-free* earnings. See [Contribution limits](#) for the current calendar year.

- [457 Plan Contribution Form](#) – to initiate contributions at time of enrollment, resume contributions if you previously enrolled, or to increase or decrease current contributions.

INVESTMENTS

You control how your account is invested, choosing from options selected by your employer. A typical plan includes a wide range of options, from more conservative [stable value funds](#) to more aggressive bond and stock funds. You may choose to build a diversified portfolio of various funds, select a simple yet diversified [target-date](#) or [target-risk](#) fund, or rely on specific investment advice through [Guided Pathways](#).

- To review investment options for your plan, [log in](#) to your account.
- To learn more about investing for retirement, visit www.icmarc.org/invest

WITHDRAWALS

You can make withdrawals from your account when you leave employment. You have the ability to take payments as needed or request scheduled automatic payments. You maintain control over your investments and continue to benefit from tax deferral even after you leave your employer. During employment, subject to your employer and IRS rules, you may also be able to make withdrawals after age 70 ½ or due to an unforeseeable emergency. Withdrawals are generally taxable but, unlike other retirement accounts, the 10% penalty tax does not apply to distributions prior to age 59 ½ (the penalty tax may apply to distributions of assets that were transferred to the 457 plan from other types of retirement accounts). For detailed tax information, view [Special Tax Notice Regarding Plan Payments](#).

Have a plan for taking withdrawals from your account – both to manage the tax bill and to provide for your future needs. For guidance, view [Turning your 457 Plan Savings into Income](#) and the [Retirement Education Center](#) website, or contact your ICMA-RC representative.

SURVIVOR BENEFITS

You designate a beneficiary, or beneficiaries, to receive any remaining assets upon your death. Designating beneficiaries can help ensure your assets are paid per your wishes, avoid the potential costs and delays of probate, and allow non-spouse beneficiaries to receive additional tax benefits.

Note: if you are married, most plans require your spouse be your beneficiary for 100% of your account unless your spouse waives this right.



457 The ROTH Contribution Option (In addition to the 401(a) or MainePERS)

In addition to pre-tax deferrals, your employer's 457 plan also permit Roth deferrals, which are made on an after-tax basis. Roth deferrals and associated earnings can be withdrawn tax-free in retirement if the requirements for a "qualified distribution" are met. If the Roth contribution option is available in your 457 plan, you can designate a portion (or all) of your contributions to the plan as Roth.

Qualified "Tax-Free" Distributions

Distributions of Roth assets (contributions and associated earnings) are qualified if:

- A period of five years has passed since January 1 of the year in which the first contribution (including rollovers) was made to your Roth account; and
- You are at least 59 ½ years old (or disabled or deceased)

If the requirements for a qualified distribution are not met, and the assets are not rolled-over to another eligible plan, the earnings portion of the distribution will be taxable.

Benefits of Roth Contributions

In addition to potentially tax-free distributions in retirement, the ability to make Roth contributions to your 457 plan has the following benefits:

- **Higher after-tax contribution limits than Roth IRAs** – 457 plans allow for greater after-tax savings.
- **Eligible at all income levels** – Unlike Roth IRAs, everyone with earned income is eligible to make Roth contributions to their employer's 457 plan.
- **Tax Planning** – Having both pre-tax assets and Roth assets available in retirement can be a valuable benefit, allowing you to choose the source of funds most advantageous to your situation at the time of the distribution.

Which is better: Roth or pre-tax contributions?

Everyone's situation is different and you may want to consult a tax advisor before making a decision. The [Roth Analyzer](#) will help you evaluate the benefit of making Roth contributions to your 457 plan. Ultimately, you may find that contributing a combination of pre-tax and Roth deferrals makes the most sense.

- Begin using the [Roth Analyzer](#)

How do I start making Roth Contributions?

Provided that you have already enrolled in the plan, you can use the [457 Deferred Compensation Plan Amount of Deferral Change form](#) to start making Roth contributions.

- [Introduction to 457 Plan Roth Deferrals](#) – A New Way for You to Save for a Secure Retirement

When can I withdraw Roth assets from my 457 plan?

The same eligibility requirements that apply to other distributions from your 457 plan also apply to Roth assets in the plan. For additional information, please review the [457 Plan Roth Provisions Employee Questions & Answers](#) document or contact ICMA-RC's Investor Services toll-free at 800-669-7400.

Employee Wellness Program

Employees pay 15% of the overall monthly single plan premium. The City's health plan is complemented by our voluntary Employee Wellness Program. You are able to reduce or eliminate this \$28.23 deduction if you participate in the 2020-2021 employee wellness program. Completing one or more wellness incentives by 5/31/2021, provides employees with the opportunity to reduce or eliminate the cost towards the single plan premium.

If you didn't complete any, or only some of the activities, premium adjustment will begin on the first payday in July 2021 and will continue through the last payday in June 2022.

FULL-TIME 30+ Hours (Non -Grandfathered Employees)

Completion of Wellness Activities	Employee Only	Employee & Child(ren)	Employee & Spouse or Domestic Partner	Family
Complete 5 of 5 Activities	\$0.00	\$61.91	\$88.45	\$150.37
Complete 4 of 5 Activities	\$60.11 \$5.65	\$67.56	\$94.10	\$156.02
Complete 3 of 5 Activities	\$11.29	\$73.20	\$99.74	\$161.66
Complete 2 of 5 Activities	\$16.94	\$78.85	\$105.39	\$167.31
Complete 1 of 5 Activities	\$22.59	\$84.50	\$111.04	\$172.96
Complete 0 of 5 Activities	\$28.23	\$90.14	\$116.68	\$178.60

PART-TIME <30 Hours (Non -Grandfathered Employees)

Completion of Wellness Activities	Employee Only	Employee & Child(ren)	Employee & Spouse or Domestic Partner	Family
Complete 5 of 5 Activities	\$62.11	\$167.49	\$212.66	\$318.06
Complete 4 of 5 Activities	\$60.11 \$67.76	\$173.14	\$218.31	\$323.71
Complete 3 of 5 Activities	\$73.40	\$178.78	\$223.95	\$329.35
Complete 2 of 5 Activities	\$79.05	\$184.43	\$229.60	\$335.00
Complete 1 of 5 Activities	\$84.70	\$190.08	\$235.25	\$340.65
Complete 0 of 5 Activities	\$90.34	\$195.72	\$240.89	\$346.29

VISION PLAN WEEKLY RATES EFFECTIVE JULY 1, 2020

Plan	Deduction Amount
Employee Only	\$1.95
Employee + Spouse	\$3.70
Employee + Child(ren)	\$3.90
Family	\$5.70

DENTAL PLAN WEEKLY RATES EFFECTIVE JULY 1, 2020

Plan	Deduction Amount
Employee Only	\$8.99
Two Person	\$21.80
Family	\$26.87

[Medical Plan](#)

Benefits	High-Value Network	Aetna Network	Out-of-Network
Deductible (per Calendar Year)	\$400 Individual \$800 Family	\$1,000 Individual \$2,000 Family	\$1,000 Individual \$2,000 Family
Coinsurance Applies to all expenses unless otherwise stated	90%	70%	70%
Out-of-pocket maximum (per calendar year)	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family
PCP preventive routine visits: <ul style="list-style-type: none"> • Associated preventive labs and x-rays • Flu shots and immunizations • Obesity, tobacco cessation and alcohol/drug preventative counseling 	100% <i>Services must be rendered by a PCMH PCP that is part of the high-value network</i>	70% after Deductible	Not Covered
Primary Care Sick Visits (chronic/non-chronic care, Allergy Testing)	100% <i>Services must be rendered by a PCMH PCP that is part of the high-value network</i>	70% after Deductible	70% after Deductible
Preference-sensitive & supply-sensitive care specialist treatments	90% <i>Services must be rendered by a PCMH PCP that is part of the high-value network</i>	70% after Deductible	70% after Deductible
Walk-in/Urgent Care Visit	\$20 Copay	\$20 Copay	70% after Deductible
Chiropractic Care (limited to 25 visits per calendar year)	\$10 Copay	\$10 Copay	\$10 Copay
Acupuncture (limited to 12 visits per calendar year and up to \$70 per visit max)	\$10 Copay	\$10 Copay	\$10 Copay
Massage Therapy (limited to 12 visits per calendar year and up to \$70 per visit max)	\$10 Copay	\$10 Copay	\$10 Copay
Routine Eye Exam (1 every 2 years)	100%	70% after Deductible	Not Covered
Routine Gynecological Care Exam	100%	100%	Not Covered
Routine Mammograms	100%	100%	Not Covered
Outpatient mental health / substance abuse	100%	100%	70% after Deductible
Hospice Care	100%	100%	70% after Deductible
Specialist Office Visit Including Allergy Testing	\$20 Copay	\$20 Copay	70% after Deductible
Allergy Injections	90% after Deductible	90% after Deductible	70% after Deductible

Physical / Occupational/Speech Therapy	\$10 Copay	\$10 Copay	70% after Deductible
Inpatient or Outpatient Hospital Services Including Health/Substance abuse services	90% after Deductible	90% after Deductible	70% after Deductible
Ambulatory Surgery Center	90% after Deductible	90% after Deductible	70% after Deductible
Diagnostic laboratory & X-Ray	90% after Deductible	90% after Deductible	\$100. Copay *Waived if admitted
Emergency Room Visit	\$100. Copay *Waived if admitted	\$100. Copay *Waived if admitted	Not Covered
Nutritional Counseling for chronic conditions	100%	100%	70% after Deductible
Durable Medical Equipment	90% after Deductible	90% after Deductible	70% after Deductible
Home Health Care (Limited to 90 visits per calendar year)	90% after deductible	90% after Deductible	70% after Deductible
Skilled Nursing Facility	90% after deductible	90% after Deductible	\$10 Generic \$30 Preferred \$60 Non-Preferred
Prescribed Medications (30-day supply)	\$10 Generic \$30 Preferred \$60 Non-Preferred	\$10 Generic \$30 Preferred \$60 Non-Preferred	\$15 Generic \$45 Preferred \$90 Non-Preferred
Prescribed Medications (90-day supply) Mail away or at a Retail Pharmacy	\$15 Generic \$45 Preferred \$90 Non-Preferred	\$15 Generic \$45 Preferred \$90 Non-Preferred	Not Covered
Prescribed Smoking Cessation	\$0 Copay	\$0 Copay	Not Covered
Prescribed medications for chronic care illness (certain maintenance drugs with the Aetna Healthy Actions Rx Savings program) – Asthma, diabetes, high Cholesterol, high Blood pressure 7 heart disease (30-day supply)	\$0 Generic \$15 Preferred \$60 Non-Preferred	\$0 Generic \$15 Preferred \$60 Non-Preferred	Not Covered
Prescribed medications for chronic care illness (certain maintenance drugs with the Aetna Healthy Actions Rx Savings program) – Asthma, diabetes, high Cholesterol, high Blood pressure 7 heart disease (90-day supply)	\$0 Generic \$22.50 Preferred \$90 Non-Preferred	\$0 Generic \$22.50 Preferred \$90 Non-Preferred	\$10 Generic \$30 Preferred \$60 Non-Preferred FDA Approved
Contraceptive Medication (30-Day Supply)	\$0 Generic \$30 Preferred \$60 Non-Preferred FDA Approved	\$0 Generic \$30 Preferred \$60 Non-Preferred FDA Approved	\$15 Generic \$45 Preferred \$90 Non-Preferred FDA Approved
Contraceptive Medication (90-Day Supply)	\$0 Generic \$45 Preferred \$90 Non-Preferred FDA Approved	\$0 Generic \$45 Preferred \$90 Non-Preferred FDA Approved	\$15 Generic \$45 Preferred \$90 Non-Preferred FDA Approved

Copays for pharmacy services (If the total cost of the prescription is less than the stated copay, member will pay the lesser amount.

Medical Plan Notes:

High-Value Network – custom network of the following:

- **Patient-Centered medical home (PCMH) primary care physicians (PCPs) – practices that are either: 1) recognized by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home. Maine Medical practices with this PCMH recognition/designation are reported by the Healthcare Purchaser Alliance of Maine and can be found at <https://purchaseralliance.org/primary-care> or, 2) Aetna Whole Health network physicians employed by or affiliated with: Martin’s Point Healthcare, Intermed P.A., or Maine Health accountable care organizations.**
- **Preference-sensitive care & supply-sensitive care specialists – doctors providing hip/knee replacements, herniated disk surgery, spine surgery, upper GI endoscopy, spinal injections for pain, shoulder/knee arthroscopy, sinus surgery and bariatric surgery who meet nationally recognized standards for both quality and costs.**
- **You may visit www.portlandmaine.gov/312/Health-Plan-Aetna to see if your PCP or specialist is in the high-value network. Click on “Custom link to search for doctors” in the middle of the page. Providers in the high value network are designated by the blue “P” icon.**

Services with visit limits combine Aetna network and out-of-network services.

Out-of-pocket maximum – includes deductibles, coinsurance, medical visit and prescription drug copays. Once your out-of-pocket expenses reach this maximum, the plan pays 100% of covered expenses for the rest of the calendar year.

This material contains only a partial, general description of plan benefits. This plan does not cover all health care expenses and includes exclusions and limitations. You should refer to plan documents to determine which health care services are covered and to what extent.

Dental Plan

DIAGNOSTIC /	BASIC	MAJOR	ORTHODONTICS
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PREVENTIVE	RESTORATIVE	RESTORATIVE	
No Deductible	Calendar Year Deductible \$50. Per person / \$150 Per Family		No Deductible
Delta Dental PAYS 100%	Delta Dental Pays 80%	Delta Dental Pays 50%	Delta Dental Pays 50%
No Waiting Period	6-Month waiting period	12-Month waiting period	24-Month waiting period
Diagnostic <ul style="list-style-type: none"> Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations. X-Rays (complete series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Brush biopsy once in a 12-month period Preventive <ul style="list-style-type: none"> Two cleanings in a 12-month period Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 	RESTORATIVE Amalgam (silver) fillings; Resin restorations (white) ORAL SURGERY Surgical and routine extractions ENDODONTICS Root canal therapy PERIODONTICS Periodontal maintenance (cleaning) Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both. Treatment of gum disease Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: <ul style="list-style-type: none"> Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants 	ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children and adults
Calendar Year Maximum: \$1,500 up to \$3,000 per person with Double Up Max Health through Oral Wellness program included			Lifetime Maximum: \$1,500 per person

You will get the best value from your Delta Dental Plan when you receive your dental care from one of our PPO (greatest savings) or Premier network participating dentists:

- **No Balance Billing:** Because participating dentists accept Northeast Delta Dental's allowed fees for services, you will typically pay less when you visit a participating dentist.
- **No Claims Paperwork:** Participating dentists will prepare and submit claims for you.
- **Direct Payment:** Northeast Delta Dental pays participating dentists directly, so you don't have to pay the covered amount up front and wait for reimbursement check.

To find out if your dentist participates in our PPO or Premier network, you can: call your dentist, visit our website at nedelta.com, or call Customer Service at 1-800-832-5700.

Claim Process for Participating Dentists

Your participating dentist will submit your claim to Northeast Delta Dental (claims for any of your covered dependents should be submitted under your Subscriber ID number). Northeast Delta Dental will produce an Explanation of Benefits (available through our Benefit Lookup site at nedelta.com) detailing what has been processed under your plan's coverage. You are responsible to pay any outstanding balance directly to the dentist.

Non-Participating Dentists

If you visit a non-participating dentist, you may be required to submit your own claim and pay for services at the time they are provided. Claim forms are available by visiting nedelta.com or by calling Northeast Delta Dental. Payment will be made to you, the Subscriber, unless the state in which the services are rendered requires that assignment of benefits be honored and Northeast Delta Dental receives written notice of such assignment. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the dentist's actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services are provided. It is your responsibility to make full payment to the dentist.

Predetermination of Benefits

Northeast Delta Dental recommends that you ask your dentist to submit a pre-treatment estimate for any dental work involving costly or extensive treatment plans. Predetermination helps avoid any potential confusion and enable us to help you estimate any out-of-pocket expenses you may incur.

Coordination of Benefits

When an individual covered under this plan has additional group coverage, the Coordination of Benefits (COB) provision described in your Dental Plan Description booklet will determine the sequence and extent of payment. If you have any questions about COB, please contact our Customer Service Department at 1-800-832-5700.

Identification Cards

Two identification cards will be produced and distributed shortly after your initial enrollment. Both cards are issued in your name but can be used by any family member covered under your plan. Any future cards will be issued electronically via our Benefit Lookup site accessible through nedelta.com. You can also use our smartphone app and enjoy access to dentist search, claims and coverage, and your ID card.

Double-Up Max

This Northeast Delta Dental Plan allows enrollees to double their calendar year maximum by earning an additional \$250. Per year for use in future benefit periods. Here is how it works:

- To qualify for the carryover, an enrollee must have a claim paid for either an oral exam or a cleaning during the calendar year (a focus on prevention), and their total paid claims cannot exceed \$500 during the same calendar year.
- The carryover will accumulate for each year of qualification up to an amount equal to the plan's original calendar year maximum. If, for example, the calendar year maximum is \$2,000, enrollees can ultimately achieve an annual maximum of \$4,000
- This feature does not apply to orthodontic benefits.

Please note: Groups first effective during July – December will begin qualifying for the carryover the following calendar year for benefit dollars that can be used in the subsequent year. The calendar year maximum used in this example may not match your calendar year maximum. Please read your policy carefully.

Health through Oral Wellness (HOW)

A healthy mouth is part of a healthy life, and Northeast Delta Dental's innovative Health through Oral Wellness program (HOW) works with your dental benefits to help you achieve and maintain better oral wellness. HOW is all about YOU because it's based on your specific oral health risk and needs. Best of all, it's secure and confidential. Here's how to get started:

How does the program work?

1. Dentist performs a clinical oral health risk assessment and submits to Delta Dental.
2. Members scoring between 3-5 on a 5-point scale receive enhanced preventive benefits automatically.
3. HOW™ engages members about good oral health.

Certain plan members get additional preventive benefits at no additional cost who are identified as being at-risk for certain diseases. For more information, visit www.healththroughoralwellness.com.

Dental Plan Description Booklet

You will receive a Dental Plan Description booklet shortly after your enrollment. This benefit booklet describes your dental benefits and explains how to use them. Please read it carefully to understand the benefits and provisions of your Northeast Delta Dental Plan.

Who is Eligible?

You, your spouse (or Civil Union Partner in states where applicable), your children up to age 26, regardless of student status, and any incapacitated dependent children, regardless of age. If enrolling one eligible dependent, all of your eligible dependents must be enrolled, unless they are covered under another dental program.

Make Oral Health a Priority

Making oral health a priority in your household can pay dividends in a number of ways, both today and years to come.

We often take our oral health for granted. Good oral health, however, enhances our ability to speak, smile, smell, taste, chew, swallow and show our feelings through facial expressions. All of these things have a big impact on how we perform at work, school or in social situations and influence our quality of life.

We encourage you and your family members to use your Delta Dental plan benefits and visit your dentist regularly.



Aetna VisionSM Preferred

www.aetnavision.com

Summary of Benefits for City of Portland

Effective Date: 7/1/2020
Frequency: 12/12/24

In Network

Out of Network*

Exam

Aetna Vision Network

Use your Exam coverage once every calendar year

	In Network	Out of Network*
Routine/Comprehensive Eye Exam	\$0 Copay	\$35 Reimbursement
Standard Contact Lens Fit/Follow Up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered

Eyeglass Lenses / Lens options

Use your Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

	In Network	Out of Network*
Standard Plastic Single Vision Lenses	\$0 Copay	\$30 Reimbursement
Standard Plastic Bifocal Vision Lenses	\$0 Copay	\$45 Reimbursement
Standard Plastic Trifocal Vision Lenses	\$0 Copay	\$75 Reimbursement
Standard Plastic Lenticular Vision Lenses	\$0 Copay	\$75 Reimbursement
Standard Progressive Vision Lenses	\$65 Copay	\$45 Reimbursement
Premium Progressive Vision Lenses ¹	20% Discount off retail minus \$120 plan allowance plus \$65 Copay = member out-of-pocket	\$45 Reimbursement
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid and Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of \$15	Not Covered
Standard Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Standard Polycarbonate Lenses - Child to age 19	Member pays discounted fee of \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Photochromic/Transitions Plastic	Member pays 80% of retail	Not Covered
Polarized and Other Lens Add Ons	Member pays 80% of retail	Not Covered

Contact Lenses

Use your Contact Lens coverage once every calendar year to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses

	In Network	Out of Network*
Conventional Contact Lenses	\$140 Allowance** Additional 15% off balance over the allowance	\$100 Reimbursement
Disposable Contact Lenses	\$140 Allowance	\$100 Reimbursement
Medically Necessary Contact Lenses	\$0 Copay	\$200 Reimbursement

Frames

Use your Frame coverage once every 2 calendar years

	In Network	Out of Network*
Any Frame available, including frames for prescription sunglasses	\$140 Allowance** Additional 20% off balance over the allowance.	\$70 Reimbursement

Affordable Care Act – Fees and Assessments

This rate quote includes, as applicable, an estimated proportionate allocation of expense associated with the ACA Health Insurance Provider Fee. The fee is due for 2018 and 2020 but has been suspended for 2019. Aetna reserves the right to modify these rates, or otherwise recoup such fees, based on future regulatory guidance, subsequent state regulatory approval, or if estimates are materially insufficient.

Commissions

0% commissions have been included in our rates.

Rate Guarantee

Our quoted rates are guaranteed for the first 48 months of the policy period and are valid as of the plan effective date.

Customer/Employee Contributions & Participation

There is no minimum participation requirement for the first year. Beginning with the first renewal we will require a minimum participation level of 25% of eligibles.

In Network Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands

Additional pairs of eyeglasses or prescription sunglasses ²	Up to a 40% discount
Non-covered vision items ³	20% discount
Lasik Laser Vision Correction or PRK from U.S. Laser Network ⁴ only. Call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price
Retinal Imaging ⁵	Member pays a discounted fee up to \$39
Hearing Discounts ⁶ - two ways to save Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more

Partial list of exclusions and limitations

Exclusions and limitations for vision include: any charges in excess of the benefits, dollar or supply limits listed above; special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses. Other exclusions and limitations may also apply.

*You can choose to receive care outside the network. Simply pay for the services up front and then submit a claim form to receive an amount up to the out of network reimbursement amounts listed above. Reimbursement will not exceed the providers actual charge. Claim forms can be found at www.aetnavision.com or by calling customer service Monday-Sunday at 877-973-3238. Submit completed claim form with receipts to Aetna, PO Box 8504 Mason, OH 45040-7111.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

¹Premium progressives and premium anti-reflective brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information.

²Additional pair discount applies to purchases made after the plan allowances have been exhausted.

³Non covered discounts may not be available in all states.

⁴Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁵Retinal Imaging available at participating locations. Contact your eyecare provider to verify if available.

⁶Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

Providers participating in the Aetna Vision network are contracted through EyeMed Vision Care, LLC. EyeMed and Aetna are independent contractors and not employees or agents of each other. Participating vision providers are credentialed by and subject to the credentialing requirements of EyeMed. Aetna does not provide medical/vision care or treatment and is not responsible for outcomes. Aetna does not guarantee access to vision care services or access to specific vision care providers and provider network composition is subject to change without notice.

Vision insurance plans are underwritten by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

This quote is based on a contract situs of Maine. Extraterritorial state requirements may apply to members residing in specific States. If your plan covers members in other states, impacts to your plan of benefits and rates adjustments (if any) will be evaluated and communicated to you at the point of sale.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.



Anytime support

Aetna Resources For LivingSM

Employee Assistance Program

To access services:

1-888-238-6232, TTY: 711

resourcesforliving.com

Username: City of Portland

Password: EAP

City of Portland

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional well-being support



You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always here to help with a wide range of issues including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse and more
- Self-esteem and personal development

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more

We also offer carekits related to growing families, child care, caregiving and more.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services



Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General
- Family
- Criminal law
- Elder law and estate planning
- Divorce
- Wills and other document preparation
- Real estate transactions
- Mediation services

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services



Simply call for a free 30-minute consultation for each new financial topic related to:

- Budgeting
- Retirement or other financial planning
- Mortgages and refinancing
- Credit and debt issues
- College funding
- Tax and IRS questions and preparation

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Aetna Resources For Living™ is the brand name used for products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC and in California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.

All calls are confidential, except as required by law. EAP instructors, educators and participating providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Discount services are provided and managed by Lifecare, an independent third party. Aetna does not oversee or control the services provided by or recommended by Lifecare and does not assume any liability for their services. For more information about Aetna plans, refer to aetna.com.



Your Teladoc Membership

24/7 access to doctors by phone or video.



000001 000001
Sam Sample
123 Any Lane
AnyTown, AZ 99999

made available through
 aetna™

Sam,

Welcome to Teladoc®, a benefit made available to you through Aetna. As a physician, providing patients with the highest quality healthcare has always been a priority for me. Now, as the Chief Medical Officer of Teladoc, my colleagues and I bring that quality healthcare to you anytime, anywhere — at work, in the comfort of your home or while traveling.

As a new Teladoc member, you now have access to our national network of U.S. board-certified physicians, licensed in your state.

With an average of over 20 years of clinical experience, our doctors can diagnose, treat and prescribe medication for your non-emergency conditions. This includes treatments for the flu, eye infections, bronchitis, and much more.

Whenever you need our care, we are available within minutes, by phone or video. We look forward to serving you.

Sincerely,

Lewis Levy, MD
Teladoc, **Chief Medical Officer**
Primary care physician
30 years of experience

YOUR AVAILABLE BENEFITS

General Medical \$00 / visit

Treatment for flu, allergies, bronchitis, and more

Caring for extended family? \$45 / visit

You can add your loved ones not covered by your health plan to your Teladoc account and have two- or three-way visits with a doctor

Dermatology \$20 / visit

Treatment for psoriasis, eczema, acne, and more

Mental Health \$00. / Session

Support for stress, anxiety, depression, and more

Appointments available by video only to members and eligible dependents 18 and older

Therapist, Psychologist \$20 / session

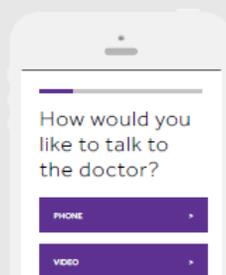
Psychiatrist \$190 or less / evaluation
(ongoing sessions) \$20 / session

Less than an urgent care/ER visit, your cost is never more than a doctor visit!

Set up your account today!

Teladoc.com/Aetna | 1-855-TELADOC (835-2362)

- 1 Get Started**
Call, download the app or visit the URL above.
- 2 Set up**
Enter your information and complete your medical history.
- 3 Request a Visit**
A Teladoc doctor is now just a call or click away.



Download the app



"The service is incredible! Being able to get a visit wherever you are and whenever you need it is beyond convenient. On top of that, **the doctors always make me feel very confident in their diagnoses and recommendations.**"

Sam Y. - Teladoc Member Since 2016

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When should you use Teladoc?



Teladoc

Use Teladoc anytime, anywhere for non-emergency conditions like the flu, bronchitis, stress, psoriasis, and more.

Wait only:

Cost:



Family Doctor

Your primary care physician (PCP) is ideal for annual exams and ongoing medical conditions needing regular monitoring.

Travel/Wait:

Cost:



Urgent Care

Use an urgent care clinic when you need an in-person visit for conditions like earaches, sprains, or minor cuts.

Travel/Wait:

Cost:



ER

Go to the ER if you need emergency medical care for severe conditions like chest pain, burns, or broken bones.

Travel/Wait:

Cost:

Learn more about Teladoc:

Teladoc.com/Aetna

Download the app

1-855-TELADOC (835-2362)

*Teladoc is not available internationally.

Teladoc complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Para obtener ayuda en su idioma, llame sin costo alguno al número que aparece en su tarjeta de identificación. (TTY: 1-855-636-1578)

T'áá shi shizzaad k'ehjí shiká a' doowol nínizingo naaltsoos bee atah nínigíí nanitínigíí béesh bee hane'é bikáá' áájí' hodíilmih. (TTY: 1-855-636-1578)



The Maine Municipal Employees Health Trust

Income Protection Plan

The MMEHT Income Protection Plan is a short-term disability plan that provides income benefits to employees who are unable to work due to a non-job related accident, injury or illness.

BENEFIT OPTIONS

Employee may select from three options: 40%, 55% or 70% of Salary

Rate schedule – Annual gross salary and round up to nearest dollar, then

multiply by: .00017 for 40% \$

.00023375 for 55% \$

.0002975 for 70% \$

BENEFITS BEGIN

1st day of an accident

8th day of an illness

BENEFITS

- Benefits are paid regardless of sick leave or other income the employee may receive. Benefits will, however, be offset by the amount of any disability income payments received from the Maine State Retirement System, or under U.S. Social Security, if such payments are made as the result of the same disability that the IPP benefit is covering.
- Benefits are paid on a weekly basis.
- Partial benefits are paid if an employee returns to work for less than the employee's normal work schedule.
- The maximum benefit an employee may receive is \$1,000 per week.
- Benefits will be paid for a maximum of 52 weeks for each separate period of disability.

EXCLUSIONS/LIMITATIONS

- Any period when not under the care of a physician.
- Any disability which may be covered by a third party liability claim.
- Any disability covered by any Workers' Compensation Act or any similar local, state or federal statute.
- Any disability sustained or resulting from duty as a member of the armed forces.
- ***No benefits are payable for claims submitted more than 90 days following the onset of total disability.***

ELIGIBILITY

The MMEHT Income Protection Plan is available to employees of employers who participate in this Plan providing the employee works an average of at least twenty (20) hours per week on a year round basis.

This description is intended only as a summary of the MMEHT Income Protection Plan.

All benefits are subject to the terms of the Plan Document.



Group Life Insurance Program

All permanent employees working 18.75 hours or more per week (project employees are ineligible) are eligible to purchase group term life insurance through Maine Public Employees Retirement System (underwritten by AETNA). Employees have **31 days** from their date of hire to enroll without providing evidence of insurability (EOI). To enroll or upgrade coverage, an EOI application must be forwarded to MainePERS. Coverage is effective upon approval. To decrease or cancel coverage, a cancellation/reduction MainePERS form needs to be completed.

Coverage is purchased in increments of the employee's annual salary rounded up to the nearest \$1,000. Employees may purchase basic life and then either an additional one times, two times, or three times their salary. The cost for basic is \$.115 per \$1,000 coverage per week. Rates for supplemental insurance for all participants are "age-based."

Dependent coverage is available with the purchase of basic coverage. There are two plans:

Plan A @ \$.49 per week which provides \$5,000 for spouse, \$5,000 for children 6 months or older, \$1,000 for children 0-6 months.

Plan B @ \$.85 per week which provides \$10,000 for spouse, \$5,000 for children 6 months or older, \$2,500 for children 0-6 months.

Payroll deductions are on a pre-tax federal, state, and medicare basis, taken out 4 weeks of each month (months in which there are 5 pay-dates, no deduction on the fifth pay-date).

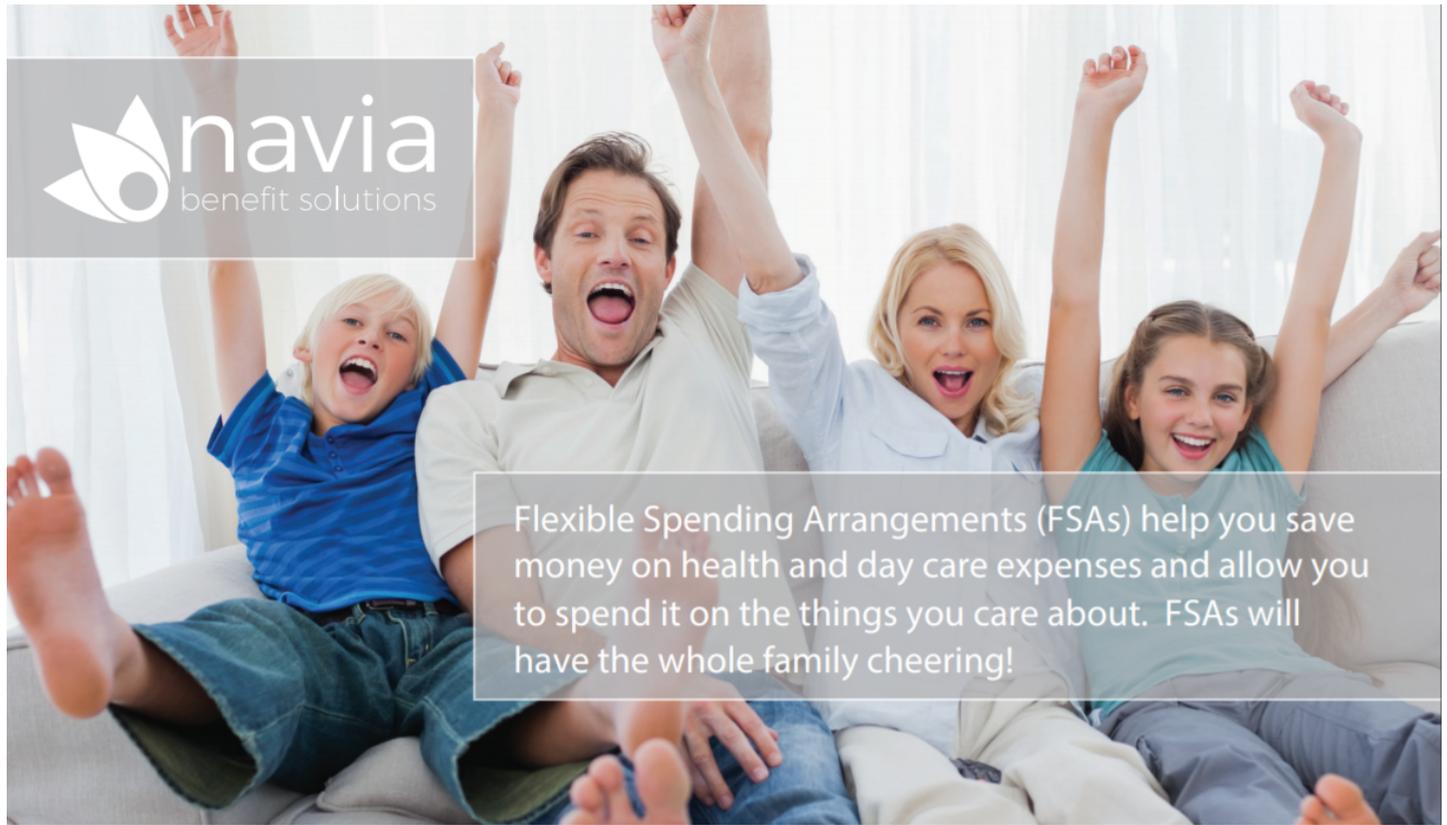
Cost is \$.115 per \$1,000 for basic coverage per week

Supplemental coverage depends on age per week

Age less than or equal to 34	\$.0100 per \$1,000 coverage
Age 35-44	\$.0175 per \$1,000 coverage
Age 45-49	\$.0275 per \$1,000 coverage
Age 50-54	\$.0375 per \$1,000 coverage
Age 55-59	\$.0750 per \$1,000 coverage
Age 60-64	\$.1075 per \$1,000 coverage
Age greater than 64	\$.2175 per \$1,000 coverage

Dep Plan A: \$.49 per week (\$5,000/spouse, \$5,000 child)

Dep Plan B: \$.85 per week (\$10,000/spouse, \$5,000 child)



Flexible Spending Arrangements (FSAs) help you save money on health and day care expenses and allow you to spend it on the things you care about. FSAs will have the whole family cheering!

Taxes 101

The federal government takes about 30% of each dollar you earn in FICA and federal income taxes, and you take home the remaining 70% to use for your living expenses. When you use an FSA, you set aside money before it is taxed, so you spend the entire 100% of your earned income on your health care expenses.

How much could you save?

Let's look at an example: Employees A and B both earn \$55,000 per year. They each have \$2,000 in out of pocket health care expenses.

Employee A and Employee B have the same earnings and tax bracket, but Employee B saves \$600 per year by contributing to an FSA!

Employee A	
Annual gross income	\$55,000
Estimated taxes (30%)	-\$16,500
Annual net income	<u>\$38,500</u>
Out-of-pocket health care expenses	-\$2,000
Actual take home pay	\$36,500
Employee B	
Annual gross income	\$55,000
Out-of-pocket health care expenses	-\$2,000
Adjusted gross income	\$53,000
Estimated taxes (30%)	-\$15,900
Actual take home pay	\$37,100

How does it work?

- During your open enrollment estimate your expenses for the plan year and enroll in the plan.
- Your annual election amount will be evenly deducted pre-tax from your paycheck throughout the plan year.
- You cannot change your annual election amount after the plan start unless you have a qualified change in status. For example, birth, death, marriage or divorce.
- Check out your Navigate My Benefits and Pre-Tax Solutions pages for more details on how your plan works.

Visit or contact us:

www.naviabenefits.com
 customerservice@naviabenefits.com
 (800) 669-3539 | (425) 452-3500

Spend less on health care expenses and more on the things you love. Enroll now!

How do I access my benefits?

Accessing your benefits couldn't be easier, just swipe your Navia Benefit Card to pay for eligible health care expenses. Funds come directly out of your FSA and are paid to the provider. Some swipes require us to verify the expense, so hang on to your receipts! If we need to see it, we will send you an email or notification via our smartphone app.

You can also submit claims online, through our smartphone app for Android and iPhone, email, fax or mail. Claims are processed within a few days and reimbursements are issued according to your employer's reimbursement schedule. Be sure to include documentation that clearly shows the date, type and cost of the service.

Submitting claims is easier than ever using FlexConnect

The FlexConnect feature connects your FSA to your insurance plans and seamlessly creates a claim with proper documentation direct from your insurance carrier! All you have to do is click "reimburse me" and the claim is expedited for payment. Sign up for FlexConnect today!

Get more with the MyNavia mobile app

The MyNavia app is free to download on both iPhone and Android. You can manage your benefits and view important details right from the convenience of your phone.



Benefits made so simple...
anyone can do it!



Show me my pre-tax solutions:

Health Care FSA

The Health Care FSA (HCFSA) allows you to pay for out-of-pocket medical expenses with tax-free dollars. Think of the HCFSA as a tool to pay for all your regular medical expenses throughout the plan year.

- Expenses for you, your spouse and tax-dependents are eligible for reimbursement, regardless of if they are covered on your medical plan.
- The Health Care FSA is a pre-funded benefit. This means you have access to your full annual election amount at any time during the plan year.
- Estimating future expenses is an important step as you prepare to enroll in an FSA. The more accurate you are in estimating your expenses the better the plan will work for you!

Common Eligible Expenses

- Prescription drugs
- Copays and coinsurance
- Deductibles
- Office visits
- Dental work
- Orthodontia
- Glasses
- Contacts
- Chiropractic
- Massage

NOTE: Expenses that are cosmetic in nature are not eligible

Day Care FSA

Child care can be one of the single largest expenses for a family with children. A Day Care FSA (DCFSA) can be used to pay for your qualified day care expenses with pre-tax dollars which can save you up to \$1,700 per year!!

- The DCFSA limit is set by the IRS and is a calendar year limit of \$5,000 per household, \$2,500 if married and filing separately. If your plan year is not on a calendar year, take extra care in calculating your annual election.
- Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be enabling you to work, actively look for work or be a full-time student.

Common Eligible Expenses

- Child Care
- Preschool
- Before and after school care
- Day Camps

NOTE: Expenses for school tuition and overnight camps are not eligible

Election and Claim Filing Period

Open Enrollment period is a great time to look at your benefits and estimate your out-of-pocket expenses. Be sure to only elect an amount that you know you will use during your plan year. At the end of the plan year you will have a claim filing period to turn in any leftover claims for your benefits. Money left in the plan after the end of the claim filing period is subject to the Use-or-Lose rule and cannot be refunded to you.

Navia Benefits Card

Rather than filing a claim and waiting for reimbursement, you can use the debit card to pay your provider directly for qualified health care expenses. The card is accepted at participating merchants using the Inventory Information Approval System (IIAS) and at medical care merchants using the Master-Card® system. Be sure to hang on to your receipts in case we need to see them to verify the expense eligibility. If we need to see a receipt, you will notice an alert on your mobile app and we will send you an email reminder.

Accessing Your Benefits

Navia wants to make accessing your benefits as simple and efficient as possible.

- Online Account Access: Order additional debit cards, update bank and address information and see up to date details of your benefits.
- Online Claims Submission: Upload your documentation, complete the online wizard, and voila! a reimbursement will be on its way within a few days!
- Mobile App: MyNavia allows you to simply snap a photo and submit for reimbursement direct from your mobile device.
- Flexconnect: Sync your various medical, dental and vision benefits with your FSA plan for a quick and easy reimbursement. No need to submit documentation, we'll get it from the insurance carrier!

DOMESTIC PARTNER COVERAGE

What is a domestic partner? Also known as a "spousal equivalent", a domestic partner is a person of the same or the opposite sex with whom an employee has a long-term intimate and committed relationship. Both parties must be 18 years of age, competent to contract and be each other's only mate. Neither partner can be married to anyone else and cannot be blood-related to the degree that legally prohibits marriage. Domestic partners must live together at the same permanent residence, be jointly responsible for each other's common welfare, and be financially interdependent.

How would I qualify for domestic partner benefits? In order to qualify for benefits you must be benefit eligible, satisfy the criteria listed above and have been in this relationship for 6 continuous months or more. The employee must not have signed a domestic partner affidavit with any other partner within the last 6 months. Both you and your partner would need to sign an affidavit to this effect and be able to provide proof of a financially interdependent relationship such as a joint bank account, joint lease or mortgage or joint ownership of property.

What benefits are available for domestic partners? Coverage for domestic partners and children of domestic partners are on the same terms as for other City employees: Health Insurance, Dental Insurance, Vision Insurance, Family and Medical Leave, and Sick and Bereavement Leave.

What is the cost of the coverage? The cost for health and dental insurance will be consistent with our current 2-person and family rates; however, because domestic partners are not recognized by the Internal Revenue Service, the weekly deductions for domestic partners and their children must be taken on a *post-tax basis*. If you currently carry pre-tax benefits for your children, that portion of the benefits would remain pre-tax.

The City's contribution to health insurance for the domestic partner and children of the domestic partner is considered imputed income and will be calculated into the employee's gross earnings as taxable wages.

How to Enroll: First complete the Domestic Partner Affidavit and attach the completed enrollment forms for which you are requesting coverage. Return them to the Benefits Department in Human Resources. If you meet the domestic partner criteria, the benefits staff will approve your request and process the enrollment forms for coverage effective the first of the following month after approval of the affidavit.

Misrepresentation of information given in the affidavit may result in disciplinary action and domestic partners and the child/children of the domestic partner will not be offered continuation of coverage under COBRA.

Discount on Professional Development Program – University of Southern Maine (USM) Non-Credit Classes

Affiliate Discount – benefits – eligible City of Portland employees regularly working 18.75 hours or more per week are eligible to receive a 20% discount on the workshop fee for any USM Professional Development (PDP) course(s) described at usm.maine.edu/pdp

- 1) **If you are an eligible City of Portland employee who wants to take a course of personal interest and pay for it on your own:**
 - a. You will receive a 20% discount when you enroll and pay for the PDP class.
 - b. Call Human Resources at (207) 874-8624 to confirm eligibility and to receive the 20% discount code.
 - c. To enroll, set up a [Customer Profile](#) on PDP and enroll in the class of your choice, <https://www.enrole.com/usmmaine/jsp/login.jsp>
 - d. When prompted, apply the discount code that HR provided you to the shopping cart.
 - e. You must pay with a credit card before checking out to secure your seat in class.

- 2) **If you are an eligible City of Portland employee and want to take an approved career-related course and your department has agreed to pay for this course:**
 - a. The employee or department manager begins by contacting Human Resources for approval and coordination, Diane Doane or Kathy Vosmus can be reached at hrinfo@portlandmaine.gov or (207) 874-8624.
 - b. The HR Department coordinates registration of the employee directly with USM.
 - c. Once the employee is registered, USM will send an email to the employee confirming enrollment.
 - d. If the City of Portland employee does not complete the course, with completion defined by USM, he or she will be responsible for repaying the City of Portland the cost of the PDP within 60 business days of the last scheduled class in the PDP course.

Q. Where can I find an Annual Open Enrollment form?

A. Visit the City of Portland's website www.portlandmaine.gov.

Select: Government→Departments→Human Resources→Benefits→Health Plan or Dental Plan

Q: Outside of annual enrollment, when can I add or drop a spouse/domestic partner or child to health and dental plans?

A: You need to have a **Qualifying Event** – You have 60 days from the date of the event to make your change(s). The coverage will be effective the first day of the following month. It's very important to complete necessary change forms as soon as possible to avoid delays. In the case of dropping a spouse following a divorce, or dropping a domestic partner upon ending the domestic partnership, notify your Principal Administrative Officer (PAO) immediately so that COBRA coverage can be offered.

Q: Are there any waiting periods for dental insurance?

A: Yes. Waiting periods apply for services that are not considered as diagnostic/preventative (oral exams and cleanings). Newly enrolled members have waiting periods of six months for Basic Restorative Services, 12 months for Major Restorative Services, and 24 months for Orthodontic Services.

Q: How long do I have to add my child to the dental plan from date of birth or adoption?

A: A child may be added any time between birth or date of adoption up to 30 days following the child's 3rd birthday. If the child is not added by 30 days following the 3rd birthday, the child may be added at the next annual enrollment period.

Q: Aetna left a voice mail message asking me to call them. Why has Aetna called me unexpectedly as I didn't call them?

A: As Aetna processes medical claims for payment, they are able to determine various diagnoses based on the claims received. When a claim reaches Aetna where they can see that a member might benefit from additional services that are included in the City's plan, an outreach call will be made to the employee. Additional services may be available for certain **health conditions** like cardiac events, diabetes, for certain **behavioral conditions** like depression or substance abuse, or for **life challenges** such as bereavement or post-partum depression. These types of additional services can be covered under either the Disease Management program, or the Able To program. Should you receive such a call from Aetna, know that the caller ID will indicate "Aetna" and we encourage you to take the call.

Q. How do I change my Primary Care Physician (PCP) and/or order a replacement medical ID card?

A. Both can be done by simply calling Aetna at 1-877-602-3862. If you registered for Aetna on-line services, you can change your PCP, order a replacement medical ID card and more. Please also notify the Benefits Department so we can update our system.

Q. How do I check to see if my doctor participates with Aetna?

A. To provide high-value network and Aetna network doctors and providers, visit www.portlandmaine.gov (Departments>Human Resources>Benefits>Health Plan). Doctors and providers in the high-value network are denoted with "P Employer Preferred Network" in blue under the column Plan information. If you have registered for online services, log into your secure member website (Aetan Navigator), at www.aetna.com. On the left hand side "I want to" menu, click "Find a Doctor, Dentist or Facility."

Q. What does the health plan offer so that I can improve my health?

A. The health plan has features to assist employees in improving their health such as:

- **Fitness Reimbursement:** Covered programs improve cardiovascular condition, muscular strength/endurance and flexibility (for example, health clubs, gyms, yoga, martial arts, pilates, swim programs). The benefit is administered by the City's Benefits Division, not by Aetna.
- **Smoking Cessation:** Prescription medication & over-the-counter (OTC) filled at a pharmacy payable at 100% administered by Aetna. Hypnosis: benefits are payable at 100% after a \$10 therapy visit copayment administered by the City's Benefits Division, not by Aetna. Smoking Cessation classes: payable at 100% administered by the City's Benefits Division, not by Aetna.
- **Nutrition Counseling:** The health plan provides benefits for nutritional counseling when required for a diagnosed medical condition at \$0 co-payment.

Q. How long may I keep my child on the health/dental/vision plan?

A. Children may be covered by the City's health plan if they are not eligible for another employer's plan. They do not have to be dependent on the parent/subscriber for tax purposes; they do not have to be students; they do not have to be unmarried and living in the same home as the parent/subscriber. Children will remain on the City's health plan until the end of the month in which they turn 26 unless you complete paperwork to remove them from the plan.

Q. When can I add or drop a spouse/domestic partner or child to health and dental plans?

A. There are two ways this can be done:

- **Qualifying Life Event:** You have 60 days from the date of the event to make your change(s). The coverage will be effective the first day of the following month. You will be required to complete a Qualifying Life Event change form and provide verification of the Life Event and the date of the Life event is within 60 days.
- **Annual Enrollment:** Each June for an effective date of July 1st. No qualifying event is needed to make a change during this period.

The federal Women’s Health and Cancer Rights Act requires all health plans to provide benefits related to breast cancer surgery and reconstructions and to notify its participants annually. City health plan members are eligible for benefits for mastectomies and subsequent breast reconstructive surgery which includes:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications in all states of mastectomy, including lymphedema.

Benefits available under this mandate are subject to the same terms and conditions as all other benefits under the City’s health plan.

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

Offer Free or Low-Cost Health Care Coverage to Children and Families:

- If you are eligible for health coverage from the City of Portland, but are unable to afford the premiums, you may want to contact the State of Maine Medicaid office to find out if premium assistance is available.
- If you or your child(ren) aren’t eligible for Medicaid, you won’t be eligible for this premium assistance program but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.
- If you or your dependent(s) are already enrolled in Medicaid, you can contact the State Medicaid office to find out if premium assistance is available.
- If you or your dependent(s) are NOT currently enrolled in Medicaid, and you think you or any of your dependents might be eligible for this program, you can contact the State Medicaid office. Dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free **1-866-444-EBSA (3272)**. You should contact State of Maine Medicaid for further information on eligibility: Website – www.maine.gov/dhhs/ofi/public-assistance Phone: **1-800-977-6740**

Notice of Privacy Practices

Employee Group Health Plan and the Medical Reimbursement Plan Notice of Privacy Practices available upon request by calling **874-8624** or at the City of Portland’s website www.portlandmaine.gov. Select: Government→Departments→Human Resources→Benefits→Privacy Practices.

Benefit Summaries

Health and Dental Benefit summary documents and enrollment/change forms are available upon request by calling **874-8624** or at the City of Portland’s website www.portlandmaine.gov (select Government→Departments→Human Resources→Benefits→Health Plan or Dental Plan) or on the Munis portal at <https://selfservice.portlandmaine.gov> (select Benefits then click on the Resources icon at the top of the page).

Healthcare Purchaser Alliance of Maine

The City of Portland is a member of the Healthcare Purchaser Alliance of Maine (HPA of Maine), a non-profit organization made up of private and public employers, benefit trusts, hospitals, health plans, doctors & consumer groups working together to measure and report health care value. The HPA of Maine helps employers and their employees use this information to purchase higher quality, more affordable healthcare. To view physician and hospital ratings, visit www.getbettermaine.org.

WHO TO CONTACT

City of Portland Human Resources
389 Congress Street
Portland, ME 04011
MainePERS (Retirement, Disability and Group Life Insurance)
46 State House Station
Augusta, ME 04333-0046
Employer Code: P0002/PLD unit
ICMA Retirement Corporation
P.O. Box 96220
Washington, DC 20090-6220

Phone: 874-8621
www.portlandmaine.gov
Select: Human Resources>Benefits
Phone: 1-800-451-9800
Ask for PLD Unit
www.maineopers.org

Phone: 1-800-669-8216
Fax: 202-682-6439
www.icmarc.org

Phone: 1-866-266-7311
Email: bcota@cmarc.org

Brenda Cota, Retirement Plans Specialist
401(a) Plan Number: 109126
457 Deferred Comp Plan Number: 300592
Payroll Deduct Roth IRA Plan Number: 705813
Aetna
P.O. Box 981106
El Paso, TX 79998-1106

Phone: 1-877-602-3862
Fax a claim form to: 1-859-455-8650
www.aetna.com

<https://www.aetnaresource.com/p/CoP-July-2020-Open-Enrollment>

Aetna EAP

Phone: 888-238-6232
www.resourcesforliving.com
User Name: City of Portland
Password: EAP

Aetna VISION

Phone: 877-973-3238
www.aetnavision.com

Aetna TELEDOC

Phone: 855-835-2362
www.teledoc.com/aetna

Northeast Delta Dental
One Delta Dental Drive
P.O. Box 2002
Concord, NH 03302-2002
UNUM (Disability Claims)
The Benefits Center
P.O. Box 100158
Columbia, SC 29202-3158

Phone: 1-800-832-5700
Fax: 1-603-223-1199
www.nedelta.com

Maine Municipal Employeres Health Trust
60 Community Drive
Augusta, ME 04330-9486

Phone: 1-800-858-6843
Fax: 1-800-447-2498

AFSCME Maine Membership Benefit Fund
P.O. Box 1279
Portland, ME 04104
Navia Benefit Solutions
P.O. Bo 53250
Bellevue, WA 98015-3250

Phone: In Maine 1-800-452-8786
Phone: (207) 623-8423
www.mmeht.org

Phone: (207) 939-7087
Fax: 508-457-9994
Email: MyAFSCME@ppandb.com
Phone: 1-800-669-3539
Fax: 1-866-535-9227
www.naviabenefits.com



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.HealthReformPlanSBC.com or by calling 1-877-602-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-877-602-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Preferred: Individual \$400 / Family \$800. In-Network Non-Preferred: Individual \$1,000 / Family \$2,000. Non-Preferred: Individual \$1,000 / Family \$2,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Emergency care; plus in-network office visits & preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	Preferred: Individual \$1,500 / Family \$3,000. In-Network Non-Preferred: Individual \$2,500 / Family \$5,000. Non-Preferred: Individual \$2,500 / Family \$5,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.aetna.com/docfind or call 1-877-602-3862 for a list of tier 1 providers.	You pay the least if you use a provider in Preferred Provider. You pay more if you use a provider in the In-Network Non-Preferred Provider. You will pay the most if you use an out-of-network Non-Preferred provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	In-Network Non-Preferred Provider (You will pay more)	Out-of-Network Non-Preferred Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No charge	30% coinsurance	30% coinsurance	None
	Specialist visit	\$20 copay/visit, deductible doesn't apply	\$20 copay/visit, deductible doesn't apply; no charge for lab & x-ray's without office visit	30% coinsurance	None
	Preventive care /screening /immunization	No charge	30% coinsurance, deductible doesn't apply for child immunizations	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	10% coinsurance	30% coinsurance	None
	Imaging (CT/PET scans, MRIs)	10% coinsurance	10% coinsurance	30% coinsurance	None
If you need drugs to treat your illness or condition	Generic drugs	Copay/prescription: \$10 for 30 day supply (retail), \$15 for 31-90 day supply (retail & mail order)	Not applicable	Copay/prescription: \$10 for 30 day supply (retail)	Covers 30 day supply (retail), 31-90 day supply (retail & mail order). Includes contraceptive drugs & devices obtainable from a pharmacy, oral fertility drugs. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your formulary for prescriptions requiring precertification or step therapy for coverage.
	Preferred brand drugs	Copay/prescription: \$30 for 30 day supply (retail), \$45 for 31-90 day supply (retail & mail order)	Not applicable	Copay/prescription: \$30 for 30 day supply (retail)	
More information about prescription drug coverage is available at					

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	In-Network Non-Preferred Provider (You will pay more)	Out-of-Network Non-Preferred Provider (You will pay the most)	
www.aetnapharmacy.com/standard	Non-preferred brand drugs	Copay/prescription: \$60 for 30 day supply (retail), \$90 for 31-90 day supply (retail & mail order)	Not applicable	Copay/prescription: \$60 for 30 day supply (retail)	
	Specialty drugs	Applicable cost as noted above for generic or brand drugs	Not applicable	Applicable cost as noted above for generic or brand drugs	None
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	10% coinsurance	30% coinsurance	None
	Physician/surgeon fees	10% coinsurance	30% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	\$100 copay/visit, deductible doesn't apply	\$100 copay/visit, deductible doesn't apply	\$100 copay/visit, deductible doesn't apply	No coverage for non-emergency use.
	Emergency medical transportation	10% coinsurance	10% coinsurance	10% coinsurance	Non-emergency transport: not covered, except 10% coinsurance if pre-authorized.
	Urgent care	\$20 copay/visit, deductible doesn't apply	\$20 copay/visit, deductible doesn't apply	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	10% coinsurance	30% coinsurance	Penalty of \$500 for failure to obtain pre-authorization for out-of-network care.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	30% coinsurance	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office & other outpatient services: no charge	Not applicable	Office & other outpatient services: 30% coinsurance	None
	Inpatient services	10% coinsurance	10% coinsurance	30% coinsurance	Penalty of \$500 for failure to obtain pre-authorization for out-of-network care.
If you are pregnant	Office visits	No charge	No charge	30% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Preferred Provider (You will pay the least)	In-Network Non-Preferred Provider (You will pay more)	Out-of-Network Non-Preferred Provider (You will pay the most)	
	Childbirth/delivery professional services	10% coinsurance	10% coinsurance	30% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) Penalty of \$500 for failure to obtain pre-authorization for out-of-network care may apply.
	Childbirth/delivery facility services	10% coinsurance	10% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	10% coinsurance	30% coinsurance	90 visits/calendar year. Penalty of \$500 for failure to obtain pre-authorization for out-of-network care.
	Rehabilitation services	\$10 copay/visit, deductible doesn't apply	\$10 copay/visit, deductible doesn't apply	30% coinsurance	Includes outpatient hospital evaluation services.
	Habilitation services	\$10 copay/visit, deductible doesn't apply	\$10 copay/visit, deductible doesn't apply	30% coinsurance	Includes outpatient hospital evaluation services.
	Skilled nursing care	10% coinsurance	10% coinsurance	30% coinsurance	Penalty of \$500 for failure to obtain pre-authorization for out-of-network care.
	Durable medical equipment	10% coinsurance	10% coinsurance	30% coinsurance	Limited to 1 durable medical equipment for same/similar purpose. Excludes repairs for misuse/abuse.
	Hospice services	No charge	No charge	30% coinsurance	Penalty of \$500 for failure to obtain pre-authorization for out-of-network care.
If your child needs dental or eye care	Children's eye exam	No charge	No charge	30% coinsurance	1 routine eye exam/2 calendar years.
	Children's glasses	Not covered	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> • Cosmetic surgery • Dental care (Adult & Child) • Glasses (Child) 	<ul style="list-style-type: none"> • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private-duty nursing • Routine foot care • Weight loss programs - Except for required preventive services.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> • Acupuncture & Massage Therapy - 12 visits to \$70 maximum/visit/calendar year for each of these services. • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic care - 25 visits/calendar year. • Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition. Artificial insemination, ovulation induction & advanced reproductive technology: \$20,000 maximum/lifetime. 	<ul style="list-style-type: none"> • Routine eye care (Adult) - 1 routine eye exam/2 calendar years. • Hearing aids - \$6,000 maximum/36 months, no age restrictions.

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- For more information on your rights to continue coverage, contact the plan at 1-877-602-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or : <https://www.dol.gov/agencies/ebsa>
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-877-602-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa>
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact information is at: <http://www.aetna.com/individuals-families-health-insurance/rights-resources/complaints-grievances-appeals/index.html>.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

- Preference-Supply-sensitive care specialists: hip/knee replacements, herniated disk surgery, spine surgery, upper GI endoscopy, spinal injections for pain, shoulder/knee arthroscopy, sinus surgery and bariatric surgery.

What You Will Pay

Common Medical Event	Services You May Need	Preferred provider (You will pay the least)	In-Network Non-Preferred Provider (You will pay more)	Non-Preferred Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you have outpatient surgery	Physician/surgeon fees	10% <u>coinsurance</u> High-Value Network	30% <u>coinsurance</u> Aetna Network	30% <u>coinsurance</u> Out of network	Applies to services rendered by Preference-Supply-sensitive care specialists.
If you have a hospital stay	Physician/surgeon fees	10% <u>coinsurance</u> High-Value Network	30% <u>coinsurance</u> Aetna Network	30% <u>coinsurance</u> Out of network	Applies to services rendered by Preference-Supply-sensitive care specialists.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$400
■ Specialist copayment	\$20
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$400
Copayments	\$0
Coinsurance	\$1,100
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,560

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$400
■ Specialist copayment	\$20
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$400
Copayments	\$1,100
Coinsurance	\$10
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,530

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$400
■ Specialist copayment	\$20
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$400
Copayments	\$300
Coinsurance	\$20
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$720

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-877-602-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 1-860-262-7705),

Email: CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Hindi -	हन्दिी में भाषा सहायता के लिए, 1-877-602-3862 पर मुफ्त कॉल करें।
Hmong -	Yog xav tau kev pab txhais lus Hmoob hu dawb tau rau 1-877-602-3862.
Ibo -	Maka enyemaka asusu na Igbo kpoo 1-877-602-3862 na akwughi ugwo o bula
Ilocano -	Para iti tulong ti pagsasao iti pagsasao tawagan ti 1-877-602-3862 nga awan ti bayadanyo.
Italian -	Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente 1-877-602-3862.
Japanese -	日本語で援助をご希望の方は、1-877-602-3862 まで無料でお電話ください。
Karen -	လၢတၢ်မၤစၢၤတၢ်ကတိၤကိၣ်အကိၣ် ကိၣ် ကိ: 1-877-602-3862 လၢတၢ်အိၣ်ဒီးတၢ်လၢတိၣ်တၢ်ဒုၤတၢ်
Korean -	한국어로 언어 지원을 받고 싶으시면 무료 통화번호인 1-877-602-3862 번으로 전화해 주십시오.
Kru-Bassa -	Be'm'ké gbo-kpá-kpá dyé pidyi dé Bāsóó-wuḍuūn wēē, dá 1-877-602-3862
Kurdish -	برای راهنمایی به زبان فارسی با شماره 1-877-602-3862 به خورایی یه یومندی بکمن.
Laotian -	ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາລາວ, ກະລຸນາໂທຫາ1-877-602-3862 ໂດຍບໍ່ເສຍຄ່າໂທ.
Marathi -	तीलभाषा (मराठी) सहाय्यासाठी 1-877-602-3862 क्रमांकावरकोणत्याहीखर्चाशिवायकॉलकरा.
Marshallese -	N̄an bōk ijpañ ilo Kajin Majol kallok 1-877-602-3862 ilo ejjelok wōnān.
Micronesian -	
Pohnpeyan -	Ohng palien sawas en soun kawewe ni omw lokaia Ponape koahl 1-877-602-3862 ni sohte isais.
Mon-Khmer, Cambodian -	សម្រាប់ជំនួយភាសាជា ភាសាខ្មែរ សូមទូរស័ព្ទទទា ៧កាន់លេខ 1-877-602-3862 ដោយឥតគិតថ្លៃ។
Navajo -	T'áá shi shizaad k'ehjí bee shíká a'doowol nínizingo Diné k'ehjí koji' t'áá jíik'e hólné' 1-877-602-3862
Nepali -	(नेपाली) मा निःशुल्क भाषा सहायता पाउनका लागि 1-877-602-3862 मा फोन गर्नुहोस् ।
Nilotic-Dinka -	Tēn kuony ē thok ē Thuonjān col 1-877-602-3862 kecin ayōc.
Norwegian -	For språkassistanse på norsk, ring 1-877-602-3862 kostnadsfritt
Panjabi -	ਪੰਜਾਬੀ ਵਿੱਚ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਲਈ, 1-877-602-3862 'ਤੇ ਮੁਫਤ ਕਾਲ ਕਰੋ।
Pennsylvania Dutch -	Fer Hefle in Deitsch, ruf 1-877-602-3862 aa. Es Aaruf koschtet nix.
Persian -	برای راهنمایی به زبان فارسی با شماره 1-877-602-3862 بدون هیچ هزینه ای تماس بگیرید. انگلیسی
Polish -	Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer 1-877-602-3862.
Portuguese -	Para obter assistência linguística em português ligue para o 1-877-602-3862 gratuitamente.
Romanian -	Pentru asistență lingvistică în românește telefonați la numărul gratuit 1-877-602-3862

