



LAWRENCEVILLE

GEORGIA

Employee Benefits Guide

Plan Year January 1, 2021 thru December 31, 2021



Enroll online at www.eElect.com
Enrollment ID = **104831**
Then Follow On-Screen Instructions

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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available in the Human Resources department. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

You may view copies of all certificates of coverage, plan documents and summaries at:

www.msibg.com

Username: lawrencevilleEE

Password: Benefits123

ELIGIBILITY

Newly hired full-time employees are eligible for benefits on the 31st day of employment. Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Eligible dependents are generally your spouse, a dependent you can claim on your tax Return and/or adult child(ren) up to the end of the month of their 26th birthday. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. You will need to provide all dependents' (spouse and children) social security numbers and dates of birth at the time of your enrollment in order to cover them under your plan.

CHANGES

You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until the next open enrollment unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse). ***If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.*** Please contact Human Resources at (678) 407-6566 if you have any questions regarding the open enrollment period or changes.

MESSAGE FROM THE CITY MANAGER



The City of Lawrenceville appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

This handbook is provided to you as a quick reference tool for information regarding many features of the various benefit plans offered to our employees. You will find answers to many of your benefit questions in this handbook as well as contact information for a variety of resources.

Thank you for all of your hard work!



Chuck Warbington
City Manager
City of Lawrenceville
Phone: 678-407-6650
Email: chuck.warbington@lawrencevillega.org

CITY COUNCIL MEMBERS



David Still
Mayor

Email: david.still@lawrencevillega.org

Victoria Jones
Post 2

Email: victoria.jones@lawrencevillega.org

Glenn Martin
Post 1

Email: glenn.martin@lawrencevillega.org

Bob Clark
Mayor Pro Tem—Post 3

Email: bob.clark@lawrencevillega.org

Keith Roche
Post 4

Email: Keith.roche@lawrencevillega.org

The City of Lawrenceville will now be offering three medical plan options. Our plan administrator is HealthEZ and we utilize the Cigna PPO network (claims and eligibility verification go through HealthEZ). If you elect the Option C with HSA you will also automatically be enrolled in the City funded HSA through HealthEquity. See details below:

IN-NETWORK (Cigna PPO)	Option A PPO	Option B PPO	Option C HDHP w/HSA
Employee Deductible	\$800	\$1,000	\$1,400
Employee + One Dependent Deductible	\$1,000	\$1,250	\$2,800
Employee + Family Deductible	\$1,500	\$2,000	\$2,800
Coinsurance (<i>after deductible has been met</i>)	Member Pays 20% Plan Pays 80%	Member Pays 20% Plan Pays 80%	Member Pays 10% Plan Pays 90%
Employee Out-of-Pocket Maximum	\$1,250	\$1,450	\$1,900
Employee + One Dependent Out-of-Pocket Maximum	\$2,000	\$2,250	\$3,800
Employee + Family Out-of-Pocket Maximum	\$3,000	\$3,250	\$3,800
Preventive Care (<i>not subject to deductible</i>)	100% Covered	100% Covered	100% Covered
Primary Care Physician Co-pay	20% after Deductible	20% after Deductible	10% after Deductible
Specialist Physician Co-pay	20% after Deductible	20% after Deductible	10% after Deductible
Urgent Care Center Co-pay	20% after Deductible	20% after Deductible	10% after Deductible
Emergency Room	20% after Deductible	20% after Deductible	10% after Deductible
OUT-OF-NETWORK	Option A	Option B	Option C w/HSA
Employee Deductible	\$1,600	\$2,000	\$2,800
Employee + One Dependent Deductible	\$2,000	\$2,500	\$5,600
Employee + Family Deductible	\$3,000	\$4,000	\$5,600
Coinsurance	Member Pays 30% Plan Pays 70%	Member Pays 30% Plan Pays 70%	Member Pays 30% Plan Pays 70%
Employee Out-of-Pocket Maximum	\$2,500	\$3,080	\$3,800
Employee + One Dependent Out-of-Pocket Maximum	\$4,000	\$4,500	\$7,600
Employee + Family Out-of-Pocket Maximum	\$6,000	\$6,500	\$7,600
PRESCRIPTION DRUG COVERAGE (EHIM)	Option A	Option B	Option C w/HSA
Generic (30 Day Supply)	\$10 Copay	\$10 Copay	10% after Deductible
Preferred Brand (30 Day Supply)	\$20 Copay	\$20 Copay	10% after Deductible
Non-Preferred Brand (30 Day Supply)	\$40 Copay	\$40 Copay	10% after Deductible
Specialty (30 Day Supply)	20% up to \$200	20% up to \$200	10% after Deductible
Mail Order - Generic (90 Day Supply)	\$20 Copay	\$20 Copay	10% after Deductible
Mail Order - Preferred Brand (90 Day Supply)	\$40 Copay	\$40 Copay	10% after Deductible
Mail Order - Non-Preferred Brand (90 Day Supply)	\$80 Copay	\$80 Copay	10% after Deductible
Mail Order - Specialty	Not Available	Not Available	Not Available

Health Savings Account (HSA) Compatible	No	No	Yes
Annual HSA Contribution for 2021	N/A	N/A	\$400

Spousal Payment

If your spouse is currently covered under the City's Health Insurance program with access to other coverage (i.e. their place of employment, retirement, military, etc.) AND you drop them during this years open enrollment period you will be eligible to receive a \$100 monthly payment for all of 2021 (\$1,200).

EMPLOYEE DEDUCTIONS Semi-Monthly (24 / Year)			
Members Covered	Option A PPO	Option B PPO	Option C HDHP w/HSA
Employee Only	\$15.00	\$5.00	\$0.00
Employee + One Dependent	\$21.00	\$10.00	\$0.00
Employee + Family	\$25.00	\$12.50	\$0.00

	Option A - PPO Plan	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible¹		
Employee Only	\$800	\$1,600
Employee + One Dependent	\$1,000	\$2,000
Employee + Family	\$1,500	\$3,000
Coinsurance	Member Pays 20% Plan Pays 80%	Member Pays 30% Plan Pays 70%
Out-of-Pocket Maximum		
Employee Only	\$1,250	\$2,250
Employee + One Dependent	\$2,000	\$4,000
Employee + Family	\$3,000	\$6,000
Preventive Care	100% Covered	Member Pays 30% after Deductible
Office Visits		
Primary Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Specialist Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Hospital Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Emergency Services²		
Emergency Room	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Emergency Medical Transportation	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Urgent Care Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Chiropractic Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Mental Health/Chemical Dependency		
Inpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Outpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$40 Copay
Non-Preferred Brand	\$40 Copay	\$80 Copay
Specialty	20% Coinsurance up to \$200	Not available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions

1:The deductibles are non-embedded. This means one family member can meet the entire deductible and then the plan will begin to pay at the coinsurance.

2:Covered as in-network in true-emergency

	Option B - PPO Plan	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible¹		
Employee Only	\$1,000	\$2,000
Employee + 1	\$1,250	\$2,500
Employee + Family	\$2,000	\$4,000
Coinsurance	Member Pays 20% Plan Pays 80%	Member Pays 30% Plan Pays 70%
Out-of-Pocket Maximum		
Employee Only	\$1,450	\$3,080
Employee + 1	\$2,250	\$4,500
Employee + Family	\$3,250	\$6,500
Preventive Care	100% Covered	Member Pays 30% after Deductible
Office Visits		
Primary Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Specialist Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Hospital Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Emergency Services²		
Emergency Room	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Emergency Medical Transportation	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Urgent Care Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Chiropractic Services	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Mental Health/Chemical Dependency		
Inpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Outpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	\$10 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$40 Copay
Non-Preferred Brand	\$40 Copay	\$80 Copay
Specialty	20% Coinsurance up to \$200	Not available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions

1:The deductibles are non embedded. This means one family member can meet the entire deductible and then the plan will begin to pay at the coinsurance.

2:Covered as in-network in true-emergency

	Option C - HDHP w/HSA	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Employee Only	\$1,400	\$2,800
Employee + 1	\$2,800	\$5,600
Employee + Family	\$2,800	\$5,600
<i>(Entire deductible must be met if you have family coverage before the coinsurance applies)</i>		
Coinsurance	Member Pays 10% Plan Pays 90%	Member Pays 30% Plan Pays 70%
Out-of-Pocket Maximum		
Employee Only	\$1,900	\$3,800
Employee + 1	\$3,800	\$7,600
Employee + Family	\$3,800	\$7,600
Preventive Care	100% Covered	Member Pays 30% after Deductible
Office Visits		
Primary Services	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Specialist Services	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Hospital Services	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Emergency Services*		
Emergency Room	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Emergency Medical Transportation	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Urgent Care Services	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Chiropractic Services	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Mental Health/Chemical Dependency		
Inpatient	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Outpatient	Member Pays 10% after Deductible	Member Pays 30% after Deductible
Annual 2021 HSA Contribution	\$400 (Same benefit for Employee Only or Employee + Family) Employees have the option to contribute more	
Prescription Drug Coverage	Retail 30 Day Supply	Mail Order 90 Day Supply
Generic	Member Pays 10% after Deductible	Member Pays 10% after Deductible
Preferred Brand	Member Pays 10% after Deductible	Member Pays 10% after Deductible
Non-Preferred Brand	Member Pays 10% after Deductible	Member Pays 10% after Deductible
Specialty	Member Pays 10% after Deductible	Not available

NOTES: This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation and exclusion provisions

*Covered as in-network in true-emergency



<i>The Importance of a Wellness Program</i>	<i>Components of your Wellness Program</i>
<p>YOU! City of Lawrenceville and your family need the healthiest ‘you’ possible.</p> <p>PREVENTION! 70% of disease is preventable. Stay healthy as you age.</p> <p>SAVINGS! It’s cheaper to be healthy. Lowering health risks saves money for you and City of Lawrenceville!</p> <p>PRODUCTIVITY! A healthy ‘you’ will have more energy for work and your family.</p> <p>MORE \$\$\$ FOR YOU! You will earn dollars to be used towards healthcare expenses by participating in the program.</p> <p>Our companywide wellness program has been created in partnership with Corporate Health Partners (CHP), a professional, third party wellness organization.</p> <p>We’ve designed the program to be a valuable addition to your employee benefits package and an improvement to your quality of life.</p>	<p align="center">HEALTH ASSESSMENT (HA) <i>Survey to assess risk factors that drive chronic disease</i></p>
	<p align="center">HEALTH SCREENINGS <i>- Cholesterol & Blood Sugar Tests - Height, Weight, Blood Pressure, BMI, and Waist Circumference measured</i></p>
	<p align="center">PERSONAL HEALTH COACHING <i>Private sessions with a CHP Wellness Coach to set goals & create a custom plan for a healthier YOU!</i></p>
	<p align="center">CHALLENGES & COMPETITIONS <i>Organized competitions to motivate and reward participation</i></p>
	<p align="center">HEALTHY BREAKS <i>Educational sessions covering a variety of topics such as Stress Management, Tobacco Cessation, Fitness, and Nutrition Basics</i></p>
	<p align="center">WELLNESS TEAM <i>Team members are employees who help with the planning and implementation of the wellness program</i></p>

<i>MyWellSite.com/chp/lawrenceville</i>	<i>Health Assessment & Health Screenings</i>
<p>Here’s how to register:</p> <ol style="list-style-type: none"> Log on to www.mywellsite.com/chp/lawrenceville Click on the Register button Employee Sign Up - Look up your account by providing <ul style="list-style-type: none"> LAST NAME (DO NOT include suffixes, apostrophes, or spaces. Hyphens may be used.) DATE OF BIRTH (MM DD YYYY) User ID (4-digit birth year and the last 4 digits of your SSN, e.g. 19601234) 	<p>Kick-Off Meetings: Your CHP Health Coaches will be onsite to assist employees with enrollment and scheduling their health screening appointment. Dates, times, and locations will be posted and communicated electronically.</p>
	<p>1) Complete your Health Assessment – Instructions on how to complete your Health Assessment on the MyWellSite portal will be provided.</p>
	<p>2) Schedule your onsite health screening appointment on MyWellSite portal. Onsite health screenings will begin on October 28th and take place through mid-November. You must fast for at least 8 hours prior to your appointment. You will not be required to schedule a health screening appointment if you are providing your own lab results. You may upload a copy of your results by logging in to your MyWellSite account. (For additional screening options, please see attached “Screening Options” handout.)</p>

If you have questions or concerns, please contact your Program Manager, Jasmine Wooden, at jasmine.wooden@chp-inc.com or (229) 343-3068

2021 | City of Lawrenceville Program Requirements



Participation in the Wellness Program is voluntary. However, taking part in the program can add up to significant financial rewards for you!

<i>Requirements of your Wellness Program</i>	<i>Deadline to receive incentive</i>	<i>High Risk</i>	<i>Moderate Risk</i>	<i>Low Risk</i>
Online enrollment in Wellness Program	Prior to Health Screening	✓	✓	✓
Online Health Assessment	Prior to Health Screening	✓	✓	✓
Health Screening (For a list of screening options, please see attached "Screening Options" handout)	12/18/2020	✓	✓	✓
Results Coaching & Wellness Program Pledge	2/26/2021	✓	✓	✓
Follow-up Coaching	Through 9/30/2021	8	4	1

Wellness Program Incentives:

- 2020-2021** – Employees and retirees on a City of Lawrenceville medical plan must complete the Online Enrollment, Health Assessment, and Health Screening or Annual Physical to receive the incentive listed below beginning 1/1/2021.
 - Employees enrolled in the **Option C High Deductible Health Plan** will receive the following contributions to their HSA in 2021 for completing all requirements of the wellness program by the deadlines listed above:
 - \$800 for employees and retirees; \$600 for eligible dependent; max of \$1,400
 - Employees enrolled in one of the **PPO Health Plans Option A or B** will receive the following contributions to their HRA in 2021 for completing all requirements of the wellness program by the deadlines listed above:
 - Option A - \$125 for employees and retirees; \$125 for eligible dependent; max of \$250
 - Option B - \$300 for employees and retirees; \$300 for eligible dependent; max of \$250
- 2021-2022** – Participants must complete the 2021 Results Coaching and 2021 Follow-Up Coaching based on risk stratification, as well as the Online Enrollment, Health Assessment and Health Screening or Annual Physical for 2022, to receive the incentive beginning 1/1/2022.

If you plan on providing a copy of your blood work from your Primary Care Physician (PCP), it must have the following information:

- Blood work collection date MUST be within 90 days of health screening deadline.
- Blood work results MUST include the following:
 - Lipid Panel (Total Cholesterol, LDL, HDL, and Triglycerides) and A1c
- You will not be required to schedule a health screening appointment if you are providing your own lab results.** You may upload a copy of your results by logging in to your MyWellSite account at www.mywellsite.com/chp/lawrenceville. Once we receive the information, we will reach out to you and schedule your results coaching session.

What can I expect from my health coaching sessions?

- Your first session with a CHP Health Coach will be a 30-minute one-on-one meeting to (1) review your individual health report to help you understand any risk factors and (2) review your individual requirements.
- Additional coaching sessions will be scheduled at a time when you are onsite and that is convenient to your work schedule.
- Each session will last approximately 15 minutes.
- It's all about YOU and what YOU want for your health. The focus of each session will be on the goals YOU set, and the behavior changes YOU would like to make to ultimately improve or maintain your health status.
- Your Health Coach will record your weight, blood pressure, and review your goals at each session.
- Health education materials or resources will be provided on a variety of topics.
- All coaching sessions are PRIVATE AND CONFIDENTIAL!

City of Lawrenceville is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your Corporate Health Partners Health Coach and we will work with you to find a wellness program with the same reward that is right for you considering your health status.



Welcome back!

We're here to make your life easier.

HealthEZ is an independent third-party administrator (TPA), which means we manage your employer's health benefits and process your medical claims. We have already worked with your employer to design a custom benefits plan for your organization, and now we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for over 35 years.

Direct access to member support

Dedicated phone number

City of Lawrenceville has a dedicated phone number at 844-804-8124 that is answered by a real person between 7 a.m. and 7 p.m. CST. Outside of the hours listed, simply press "3" to reach our 24/7 help line.

24/7 helpline

You have 24/7 access to our team of experienced doctors and nurses. Have a health-related concern or need help finding the right doctor? Give us a call at 844-804-8124. We are here to help you.

Dedicated benefits website

You can use City of Lawrenceville's dedicated benefits website at LawrencevilleBenefits.com to learn about and manage your health plan. View your benefits, review pharmacy information, search to find a doctor and more.

With your ID card information, you can set up an online account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.

Medical network

Your primary medical network is Cigna.



Your medical network is a group of healthcare providers. It includes doctors, specialists, hospitals, surgical centers and other facilities. These healthcare providers offer services at a lower rate than out-of-network providers, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor or clinic that is out-of-network. The costs for these visits and services will always be higher than seeing doctors that are in-network. There are no discounts for these out-of-network services, and you will be responsible for paying the difference between the provider's full charge and the amount your health insurance plan pays. This is called balance billing.

To check that your provider is in-network, please visit LawrencevilleBenefits.com, and click "Find a Doctor."

Pharmacy benefits

Your Pharmacy Benefit Manager is EHIM.



Pharmacy Benefit Managers (PBMs) reduce prescription drug costs and improve convenience and safety for consumers. EHIM administers your prescription drug plan and offers home delivery of medications and a network of pharmacies that offer more affordable medications.

Tips for saving money on prescriptions:

- **Find less expensive pharmacies:** The same prescription rarely costs the same from store to store. We encourage you to compare prices of your prescriptions at different pharmacies to get the best price.
- **Switch to generic medications:** Talk to your doctor about switching to a generic version of your brand medication. Generic medications cost less than brand name, and offer the same dosage form, safety, quality and performance characteristics of brand name medications.
- **Visit coupon and price comparison sites:** There are coupon and price comparison sites for prescriptions that can help you get the best price. Check out these sites to see if you could save money:





Medical ID cards

If you are new to the HealthEZ plan, keep an eye out for your HealthEZ medical ID card. Once you receive that, you can setup your online myHealthEZ account.

If you are a current HealthEZ member, please note that new ID cards are NOT mailed out every year, and your card does not expire.

If you have lost your ID card, and already have your myHealthEZ account setup, you have several different options to request new ID cards from the home page of your myHealthEZ:

1. Download Digital Copy: Downloads a PDF to your device
2. Printed and Mailed: Card will be printed and mailed to the address on file
3. Email to Me: Digital copy sent to email on file
4. Text to Me: Digital copy sent to phone number on file



myHealthEZ

With your ID card information, you can setup an online account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZPay.

If you have questions on the activation process, or any of the content in your myHealthEZ account, please reach out via phone: 866-222-8207 or email: Service@HealthEZ.com

Activate your account

1. Visit myHealthEZ.com or LawrencevilleBenefits.com and click "Login."
2. Enter your credentials
Your Subscriber ID is found on the front of your ID card
Your Password must include upper and lowercase letters, one number and one special character
3. Click "Activate Your Account"

Your account is now registered! The next time you access your account, you will login with the email and password you just created.



Seamless online payment

EZpay is HealthEZ's online payment system that allows you to easily and quickly pay your portion of medical bills with your payment of choice, including credit and debit cards, HSA and FSA accounts.

Sign up for EZpay

1. Visit LawrencevilleBenefits.com and click "Login."
2. If you haven't set up your online account, click "Activate your account". If you already set up your account, log in.
3. After you log in, click on "EZpay Accounts."
4. Add your card of choice, then click "Submit" to enjoy the benefits of auto-pay with HealthEZ.

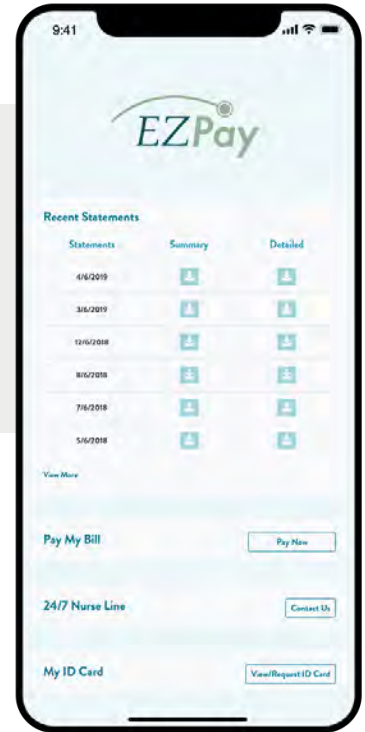
After you set up EZpay, every time we process a bill of yours, we will send you an email asking you to approve the payment for the amount due.

EZpay will pay the bill by default if you do not respond to the email in:

2 business days for bills under \$250

5 business days for bills over \$250

EZpay will combine your payment with payment from your health insurance so that we pay your healthcare provider in full.



One simple statement

We consolidate all of your monthly healthcare expenses into one simple statement. This statement eliminates confusion and provides information about year-to-date deductible and out-of-pocket maximums, and itemized transactions during the current billing period.





Maternity support

Our Boost Your Baby program matches moms-to-be with a Mommy Mentor to support a healthy pregnancy. It's a non-clinical support system for future moms to use throughout their pregnancy. We promise to: provide good and honest information, be supportive when you need us, make life easy and simple (at least the parts we can), and respect mom & dad's wishes.

Benefits of program include monthly support from a mommy mentor, free breast pump and gifts, nurses available 24/7 for any medical advice or high risk care, and miscarriage support.

Visit boostyourbaby.com, or call 800-808-4848 to learn more.

Care management

If you need a medical service like a surgery or hospital stay or your doctor diagnoses you with a complex medical condition, a HealthEZ nurse may contact you. The nurse will help you understand your treatment options, coordinate services among your doctors and ensure you have everything you need for a quick recovery and are receiving the right care in the right setting.

We provide tips to members living with chronic health conditions, like diabetes, hypertension and high cholesterol. We can also provide these members with referrals to healthcare providers. Our team of doctors and nurses believe that the key to lasting change is partnering with you to offer realistic advice and support.

Your #idealtelemedicine provider
 Save time.
 Save money.
 Feel better.



MYidealDOCTOR

Provides members with 24/7/365 on-demand access to board certified physicians for consulting, diagnosing and prescribing via interactive audio or video for common and acute illnesses.

Why MiD?

CONVENIENT & COST EFFECTIVE

EMERGENCY ROOM



URGENT CARE



PRIMARY CARE



MiD



When To Use MiD?

- Are you considering the ER or Urgent Care for a non-emergency medical issue?
- Do you want care now and do not want to wait for an appointment?
- Are you traveling and in need of immediate medical care?

Common Conditions Treated

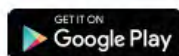
- cold/flu
- cough, congestion, sinus
- urinary tract infection
- allergies
- nausea
- constipation
- pink eye
- rashes and many more...

3 Ways To Connect



(855) 879-4332

myidealdocor.com





Health savings account

A Health Savings Account (HSA) is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA, you may be able to lower your overall health care costs. This account belongs to you, regardless if your employment or medical coverage changed. Funds in this account can grow tax free and rollover from year to year.

You are eligible for a Health Savings Account if are enrolled in the HSA Plan.

2021 Maximum Annual Contribution Amounts*

Employee Only: \$3,600

Family Coverage: \$7,200

*Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.

Additional HSA Publications

The [IRS Publication 502](#) provides more detail on covered expenses.

The [IRS Publication 969](#) provides more detail on Health Savings Accounts.



Employees that enroll in the High Deductible Health Plan (HDHP) will automatically be enrolled in the Health Savings Account (HSA) through HealthEquity (unless the employees notifies the City directly that he/she wishes to forgo enrollment in HEQ due to having or setting up an individual HSA through another bank). An HSA is a tax-advantaged medical savings account that is only eligible to be funded when an individual is enrolled in a qualifying health plan. The HSA is similar to an FSA but all monies will rollover and is not subject to the “use it or lose it rule”. During the 2021 plan year a portion of your HSA will be funded by the City and you may also elect to fund the account additionally through payroll deductions.

Employees that enroll in the HDHP/HSA, with an effective date in 2021, will receive a deposit by the City into their account. The amount to be funded for the 2021 plan year is listed below:

Annual Benefit - \$400

The full amount will be funded into your account so that the account is active with funds when your coverage takes effect in the 2021 plan year. As an example, if you enroll in the HDHP you will receive a one time deposit by the City into your HSA account in the amount of \$400. The money is available as first dollar coverage to pay for covered medical, dental and vision expenses for you and all covered members.

WHAT ARE THE ADVANTAGES OF AN HSA?

TAX-FREE BENEFITS:

You are not taxed on any of the funds contributed. This includes the amount funded by the City of Lawrenceville and/or the amount you contribute yourself into the HSA.

WHO IS ELIGIBLE TO PARTICIPATE IN THE HSA?

Employees that elect the HDHP, are not enrolled in other coverage (i.e. any Medicare programs, Military, spouses plan, etc.) and are not claimed as a dependent on another persons tax return. If you meet these requirements you are eligible to be enrolled in the HSA.

HOW DO I USE THE HSA?

Employees enrolled in the HSA will receive a HealthEquity Visa® debit card. The card will be tied to your account and may be used to pay for health care expenses.

CAN I FUND THE HSA IN ADDITION TO WHAT THE CITY FUNDS?

Yes, you may fund your account above what the City contributes on a tax-free basis. The IRS sets the annual contribution limits, in 2021, an individual may contribute up to **\$3,550** and **\$7,100** for family (the amount funded into your HSA cannot exceed this limit including the city’s contribution amount). Employees over the age of **55** may fund an additional **\$1,000** annually. You will have the option to fund above the City contribution amount through pre-tax payroll deductions (instructions on how to fund the HSA through payroll will be provided during the online benefits enrollment).

WHAT ARE QUALIFIED MEDICAL EXPENSES?

HSA funds can be used for a variety of qualified medical, dental and vision expenses. Some of these include: doctor visits, prescriptions, surgery, therapy, lab work, chiropractor, birth control, radiology, dental treatment, contact lenses and more.

WILL I LOSE THE MONEY IF I LEAVE THE COUNTY?

Your HealthEquity Member Portal

Access Account Information and Helpful Health Care Financial Service Tools

To log in to your HealthEquity member portal:

- » Go to www.myhealthequity.com.
- » Type in your username and password.
- » If you have never logged in before, select that you are logging in for the first time as a member. Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, and the ZIP code of your current residence. This information is used to identify you as the actual account holder.
- » HealthEquity’s expert specialists are standing by 24/7/365 to answer your questions about anything and everything related to your HealthEquity HSA. If you have any questions regarding how to log in or how to best use your account, please contact HealthEquity at **866-346-5800**.

Your HealthEquity portal allows you to:

- Check your account balance in real time.
- Compare the cost of treatments and providers within a specific ZIP code using the HealthEquity medical pricing tool.
- Check to see if your prescription has a generic alternative or less expensive substitute using the prescription drug pricing tool.

Download the Mobile App:

The HealthEquity mobile app provides easy, on the go access to all of your HSA needs. The free app provides comprehensive tools to help you manage transactions and maximize your health savings.

- **Photo documentation:** simply take a photo with your device to initiate claims and payments
- **Manage debit card transactions:** link your debit card transactions to claims and documentation
- **View claims status:** see the status of claims payment

Go to “iTunes App Store” or “Google Play” to download the app for free



Employees enrolled in one of the PPO plans (Option A or B) and participate in the wellness program will be eligible to earn incentives that will be added to an HRA as of January 1, 2021.

WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

An HRA is employer funded and is designed to help cover your and your family cover a portion of the annual medical deductible.

WHO IS ELIGIBLE TO PARTICIPATE IN THE HRA?

Any employee/dependent who elects one of the medical plan options (Plan A or B) and participates in the wellness program. Employees will receive a VISA debit card that will be pre-loaded with the amount based on your participation in the wellness program. The below chart provides details on the plans and HRA amounts available per plan.

PPO - Option A	Deductible	Max HRA Incentive	Net Deductible
Employee:	\$800	\$125	\$675
Employee + 1 Dependent:	\$1,000	\$250	\$750
Employee + Family:	\$1,500	\$250	\$750
PPO - Option B	Deductible	Max HRA Incentive	Net Deductible
Employee:	\$1,000	\$300	\$700
Employee + 1 Dependent:	\$1,250	\$600	\$650
Employee + Family:	\$2,000	\$600	\$1,400

Your HealthEquity Member Portal

Access Account Information and Helpful Health Care Financial Service Tools

To log in to your HealthEquity member portal:

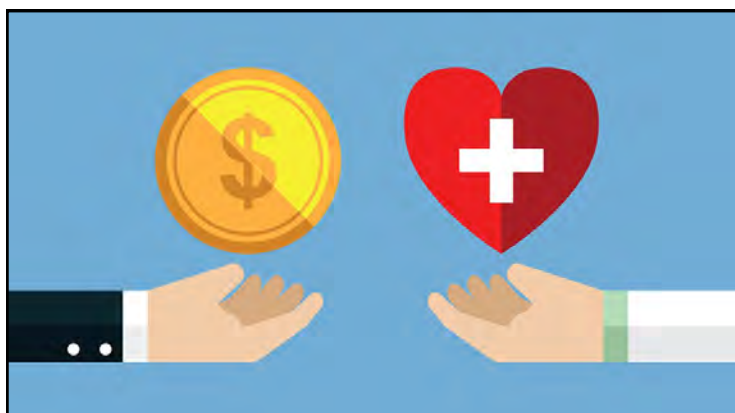
- » **Go to www.myhealthequity.com.**
- » **Type in your username and password.**
- » **If you have never logged in before, select that you are logging in for the first time as a member.** Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, and the ZIP code of your current residence. This information is used to identify you as the actual account holder.
- » **HealthEquity's expert specialists are standing by 24/7/365 to answer your questions** about anything and everything related to your HealthEquity accounts. If you have any questions regarding how to log in or how to best use your accounts, please contact HealthEquity at 877-583-4257.

Your HealthEquity portal allows you to:

- Check your account balance in real time.
- Compare the cost of treatments and providers within a specific ZIP code using the HealthEquity medical pricing tool.
- Check to see if your prescription has a generic alternative or less expensive substitute using the prescription drug pricing tool.

Finding Fast Answers on Your HealthEquity Member Portal:

Need to:	Click on:
Check balance	My Money , then Account Balance
Check the status of a claim	My Money , then Reimbursement Account Detail
Change password and username	My Profile , then Login Settings
Update personal information	My Profile , then Personal Information
Verify dependent information	My Health , then Dependent Information
Obtain a direct deposit form	Forms & Docs



GENERAL INFORMATION	BASE PLAN	BUY-UP PLAN
Calendar Year Benefits Maximum Applies to: Type A, B & C expenses	\$1,000	\$2,000
Annual Deductible (applies to B & C services only)	Individual \$50 Family \$100	Individual \$50 Family \$100
Type A: Preventive Oral Exam (2 per year) Full Mouth X-rays (1 in 60 months) Bitewing X-rays (Adult and Child 1 in 12 months) Cleanings (2 in a year) Fluoride Application (1 in a year - Children to age 19) Periodontal Maintenance (limited to 2 times in any calendar year less the number of teeth cleanings received in such calendar year) Sealants (1 in 60 months - Children to age 14)	100%	100%
Type B: Basic Restorative Space Maintainers (1 per lifetime per tooth area - Children up to age 16) Amalgam and Composite Fillings (1 in 24 months) Endodontics Root Canal (1 per tooth per lifetime) Periodontal Surgery (1 in 26 months per quadrant) Periodontal Scaling, Root Planning (1 in 24 months per quadrant) Oral Surgery Simple and Surgical Extractions Emergency Palliative Treatment General Anesthesia	50%	80%
Type C: Major Restorative Crowns, Inlays and Onlays (1 per tooth in 10 years) Prefabricated Crowns (1 per tooth in 10 years) Repairs (1 in 12 months) Bridges (1 in 10 years) Dentures (1 in 10 years) Implant Services (1 service per tooth in 10 years - 1 repair per 10 years)	50%	50%

EMPLOYEE DEDUCTIONS Semi—Monthly (24 / Year)		
MEMBERS COVERED	BASE PLAN	BUY-UP PLAN
Employee Only	\$0.00	\$8.66
Employee + Family	\$0.00	\$21.60

Out-of-Network - The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist's actual charge); or "Usual Charge" (the dentist's usual charge for the same or similar services); or "Customary Charge" (the 90th Percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).

Understanding Your Dental Plans

The MetLife Preferred Dentist Program (PDP) is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice – an "in-network" dentist or an "out-of-network" dentist.

If you receive in-network services, you will be responsible for any applicable cost sharing, PDP charges in excess of the benefit maximums, and for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the PDP fee schedule amount, and charges for non-covered services.

Plan benefits for in-network services are based on the percentage of the PDP fee – MetLife's negotiated fees that PDP dentists have agreed to accept as payment in full.

Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. If you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

VISION BENEFIT SUMMARY



	IN-NETWORK	OUT-OF-NETWORK
EYE EXAMINATION		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging - This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
MATERIALS / EYEWEAR (Either Glasses or Contacts)		
Standard Corrective Lenses		
<ul style="list-style-type: none"> ▪ Single vision ▪ Lined bifocal ▪ Lined trifocal ▪ Lenticular 	<p style="text-align: center;">\$20 copay</p> <p style="text-align: center;">\$20 copay</p> <p style="text-align: center;">\$20 copay</p> <p style="text-align: center;">\$20 copay</p>	<p style="text-align: center;">\$30 allowance</p> <p style="text-align: center;">\$50 allowance</p> <p style="text-align: center;">\$65 allowance</p> <p style="text-align: center;">\$100 allowance</p>
Standard Lens Enhancement		
<ul style="list-style-type: none"> ▪ Ultraviolet coating 	Covered in Full	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> ▪ Polycarbonate (child up to age 18) 	Covered in Full	
Additional Lens Enhancements ¹		
<ul style="list-style-type: none"> ▪ Progressive Standard 	Up to \$55 copay	\$50 allowance
<ul style="list-style-type: none"> ▪ Progressive Premium/Custom 	Premium: Up to \$95 - \$105 copay Custom: Up to \$150 - \$175 copay	\$50 allowance
<ul style="list-style-type: none"> ▪ Polycarbonate (adult) 	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> ▪ Scratch-resistant coating (variable by type) 	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> ▪ Tints (variable by type) 	Single Vision: Up to \$17 - \$34 copay Multifocal: Up to \$17 - \$44 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> ▪ Anti-reflective coating (variable by type) 	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> ▪ Photochromic (variable by type) 	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
Frame Allowance(1 Per 24 months) (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.)	\$130 allowance	\$70 allowance
<ul style="list-style-type: none"> ▪ Costco 	\$70 allowance	
Contact Lenses		
<ul style="list-style-type: none"> ▪ Elective 	\$130 allowance	\$105 allowance
<ul style="list-style-type: none"> ▪ Necessary 	Covered in full after eyewear copay	\$210 allowance
<ul style="list-style-type: none"> ▪ Contact Fitting and Evaluation 	Standard or Premium fit: Covered in full with a maximum copay of \$60	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹: Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.		
Laser Vision Correction¹: Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations		

¹ Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits.

FOLLOW THE BELOW STEPS TO FIND AN IN-NETWORK PROVIDER:

- 1) Visit www.metlife.com
- 2) Under "I want to find a MetLife:", click "Vision Provider"
- 3) Enter your Zip Code, City or State
- 4) Under "Select your network", select "MetLife Vision PPO"
- 5) Click "Submit"

**THE CITY OF LAWRENCEVILLE PAYS
100% OF THE COST FOR THIS COVERAGE**

Below is a brief description of the City of Lawrenceville’s group life insurance coverage underwritten by **MetLife**. **The City of Lawrenceville pays 100% of the cost for your Basic Life and AD&D insurance.** The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. The certificate* will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



All Full-Time Employees

Life Insurance Amount

2 times annual base salary with a minimum of \$10,000 and a maximum of \$200,000

Accidental Death and Dismemberment Amount (AD&D)

Matches Life Amount

While insured under the Policy, if the Employee has an accident which results in a specified loss, MetLife will pay the amount for such loss; provided the loss occurs within 365 days of the accident and MetLife receives acceptable proof of loss.

Reduction Schedule

Coverage will reduce upon reaching certain ages as follows:

Employee’s age when reduction occurs	70	75	80
Percent of Life Amount Remaining	50%	30%	20%

Waiver of Premium for Total Disability

MetLife will waive further premium payments for the Employee’s Life Amount if the Employee becomes Totally Disabled before age 60 while insured under the Policy, and remains continuously Totally Disabled for 9 months, and submits proof of Total Disability. There is a 24-month limitation on Waiver of Premium if the Total Disability is due to a Mental Illness and/or Drug and Alcohol abuse.

Conversion

If the Employee’s Life Insurance or a portion of it ceases, the Employee may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

Actively at Work

Your life insurance policy will terminate if you have not been **ACTIVELY AT WORK** within the last **12 months**. To continue coverage you must elect a portability or conversion option within 30 days of your coverage terminating.

**Basic Life Insurance and AD&D certificate available upon request*

Below is a brief description of the **Group Short Term Disability** insurance coverage. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates* will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. Only the Master Policy contains all the controlling terms and provisions of coverage. **The City of Lawrenceville pays 100% of the cost for your Short Term Disability coverage.**



Short Term Disability insurance is designed to pay you a percentage of your salary or regular earnings if you are absent from work due to an off the job accident or illness. Pregnancy or complications of pregnancy are covered the same as an illness.

Eligibility

All Active Full-Time Employees working 30 hours or more per week.

Benefits

Plan replaces **60%** of your Basic Weekly Earnings

Maximum weekly benefit **\$500**.

Minimum weekly benefit **\$25**

Elimination Period

Benefits are eligible to begin: **7 days** from an accident or **7 days** from an illness.

A claim form must be filed immediately after a disabling injury or illness occurs. Benefits will not begin until a claim form has been completed and approved.

Maximum Benefit Duration

51 Weeks

Pre-Existing Condition Clause

None

Total Disability and Totally Disabled means that because of Injury or Sickness:

- 1) a person cannot perform the material and substantial duties of his regular occupation
- 2) a person is not working in any occupation; and
- 3) a person is under the regular attendance of a physician for that Injury or Sickness

Partial Disability and Partially Disabled mean that because of Injury or Sickness the person cannot perform the material duties of his regular occupation on a full-time basis, but:

- 1) is performing at least one of the material and substantial duties of his regular occupation, or another occupation, on a part or full-time basis;
- 2) his current monthly income is less than 80% of his indexed pre-disability earnings due to the same Injury or Sickness that caused his disability; and
- 3) he is under the regular attendance of a physician for that injury and sickness.

Benefits While Partially Disabled will never exceed the person's maximum monthly benefit nor be less than the minimum monthly benefit.

**Short Term Disability certificate available upon request*

Group Long Term Disability Insurance is designed to provide Income protection in the form of a monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Payments are made directly to you when you are not able to work. Disability means that, during an own-occupational period, an employee is unable to perform all material and substantial duties of his or her regular occupation, which results in at least a 20 percent loss in pre-disability earnings. During any-occupational period, an employee is unable to perform the material and substantial duties of any gainful occupation, which results in at least a 40 percent loss in pre-disability earnings. The employee must also be receiving regular care from a physician for the illness or injury. **The City of Lawrenceville pays 100% of the cost for your Long Term Disability coverage.**



Eligibility

All active full time employees working 30 or more hours per week

Benefit Amount

60% of your Basic Monthly Earnings.

Maximum: **\$3,500** monthly

Minimum: The greater of 10% of the gross monthly benefit or **\$100**

The benefit amount is the payment an employee will receive should he or she become disabled as provided under the policy. The monthly benefit is reduced by any deductible income the employee receives or is eligible to receive as part of the disability.

Elimination Period

360 days.

The elimination period is how long an employee must be disabled before benefits begin.

Maximum Benefit Duration

REDUCING BENEFIT DURATION	
<u>Age When Total Disability Begins</u>	<u>Maximum Duration</u>
	Greater of SSFRA* or
Less than 60	To age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 months
67	18 months
68	15 months
69 and over	12 months

*Social Security Full Retirement Age

Pre-Existing Condition Clause

You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

Life Insurance Amount (that can be added at employee expense):

Employee: Increments of \$10,000 to a maximum of \$500,000.
Not to exceed five times annual base salary.

Spouse: Increments of \$5,000 to a maximum of \$100,000.

Child: \$10,000

Note: Spouse and Child Life amount cannot exceed 50% of employee's elected amount.



Guaranteed Issue Amounts (Available at initial offering only)

Employee: \$150,000

Spouse: \$ 30,000

Child: \$ 10,000

Accidental Death and Dismemberment (AD&D): Matches Life Amount

AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. The benefit amount is equal to the life amount elected by you. Cost included in the rates below.

Benefit Reduction Schedule:

Coverage amount does not reduce for any age

Accelerated Life Benefit (ALB):

If you have 12 months or less to live, up to 80% of coverage, a minimum of \$20,000 and up to a maximum of \$500,000.

Portability:

To continue coverage You must submit written application and the required amount of premium to MetLife within 31 days of the date coverage terminated under the policy. Failure to pay the required amount of premium to MetLife timely will terminate any coverage under the policy at the end of the period for which the premium has been received. MetLife reserves the right to charge an administrative fee to cover administrative expenses.

Conversion:

If Your coverage or a portion of it, terminates because You are no longer eligible for coverage under the policy You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

EMPLOYEE LIFE OPTIONS				SEMI-MONTHLY DEDUCTIONS (24 / Year)						
AGE	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.69	\$0.85	\$1.00	\$1.34	\$1.80	\$2.49	\$4.01	\$4.81	\$6.54	\$14.80
\$20,000	\$1.41	\$1.69	\$1.99	\$2.71	\$3.60	\$5.01	\$8.00	\$9.60	\$13.11	\$29.60
\$30,000	\$2.10	\$2.56	\$2.99	\$4.05	\$5.40	\$7.50	\$12.00	\$14.41	\$19.65	\$44.40
\$40,000	\$2.80	\$3.40	\$4.01	\$5.40	\$7.19	\$10.01	\$15.99	\$19.20	\$26.20	\$59.19
\$50,000	\$3.51	\$4.25	\$5.01	\$6.76	\$8.99	\$12.50	\$20.00	\$24.01	\$32.76	\$73.99
\$60,000	\$4.20	\$5.09	\$6.00	\$8.10	\$10.79	\$14.99	\$24.01	\$28.80	\$39.30	\$88.79
\$70,000	\$4.90	\$5.96	\$7.00	\$9.45	\$12.61	\$17.51	\$27.99	\$33.61	\$45.85	\$103.61
\$80,000	\$5.59	\$6.80	\$8.00	\$10.79	\$14.41	\$20.00	\$32.00	\$38.39	\$52.39	\$118.41
\$90,000	\$6.31	\$7.65	\$8.99	\$12.16	\$16.21	\$22.49	\$36.01	\$43.20	\$58.96	\$133.21
\$100,000	\$7.00	\$8.49	\$10.01	\$13.50	\$18.01	\$25.00	\$40.00	\$47.99	\$65.50	\$148.01
\$110,000	\$7.69	\$9.36	\$11.01	\$14.84	\$19.80	\$27.50	\$44.01	\$52.80	\$72.04	\$162.80
\$120,000	\$8.41	\$10.21	\$12.00	\$16.21	\$21.60	\$30.01	\$47.99	\$57.59	\$78.61	\$177.60
\$130,000	\$9.10	\$11.05	\$13.00	\$17.55	\$23.40	\$32.50	\$52.00	\$62.40	\$85.15	\$192.40
\$140,000	\$9.79	\$11.90	\$14.00	\$18.89	\$25.20	\$34.99	\$56.01	\$67.21	\$91.69	\$207.20
\$150,000	\$10.51	\$12.74	\$14.99	\$20.26	\$27.00	\$37.51	\$60.00	\$72.00	\$98.26	\$222.00
\$200,000	\$14.00	\$17.01	\$20.00	\$27.00	\$36.01	\$50.01	\$79.99	\$96.01	\$131.00	\$296.01
\$250,000	\$17.51	\$21.26	\$25.00	\$33.76	\$45.00	\$62.51	\$99.99	\$119.99	\$163.76	\$370.00
\$300,000	\$21.00	\$25.50	\$30.01	\$40.50	\$53.99	\$75.01	\$119.99	\$144.00	\$196.50	\$443.99

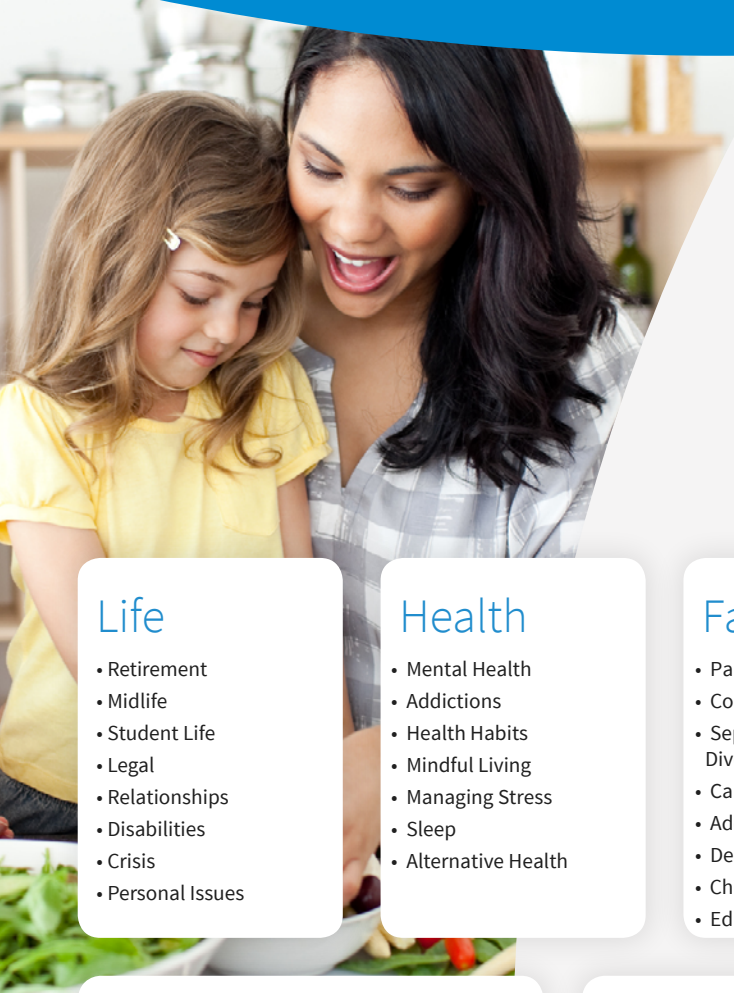
SPOUSE RATES BASED ON EMPLOYEE AGE

SPOUSE LIFE OPTIONS - SEMI-MONTHLY DEDUCTIONS (24 / Year)									
AGE	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.35	\$0.43	\$0.50	\$0.67	\$0.91	\$1.26	\$1.99	\$2.41	\$3.27
\$10,000	\$0.69	\$0.85	\$1.00	\$1.34	\$1.80	\$2.49	\$4.01	\$4.81	\$6.54
\$15,000	\$1.04	\$1.28	\$1.50	\$2.02	\$2.71	\$3.75	\$6.00	\$7.19	\$9.82
\$20,000	\$1.41	\$1.69	\$1.99	\$2.71	\$3.60	\$5.01	\$8.00	\$9.60	\$13.11
\$25,000	\$1.76	\$2.12	\$2.49	\$3.38	\$4.51	\$6.24	\$10.01	\$12.00	\$16.38
\$30,000	\$2.10	\$2.56	\$2.99	\$4.05	\$5.40	\$7.50	\$12.00	\$14.41	\$19.65
\$35,000	\$2.45	\$2.97	\$3.51	\$4.72	\$6.31	\$8.75	\$14.00	\$16.79	\$22.92
\$40,000	\$2.80	\$3.40	\$4.01	\$5.40	\$7.19	\$10.01	\$15.99	\$19.20	\$26.20
\$45,000	\$3.14	\$3.84	\$4.51	\$6.07	\$8.10	\$11.25	\$18.01	\$21.60	\$29.47
\$50,000	\$3.51	\$4.25	\$5.01	\$6.76	\$8.99	\$12.50	\$20.00	\$24.01	\$32.76
\$55,000	\$3.86	\$4.68	\$5.50	\$7.43	\$9.90	\$13.76	\$21.99	\$26.39	\$36.03
\$60,000	\$4.20	\$5.09	\$6.00	\$8.10	\$10.79	\$14.99	\$24.01	\$28.80	\$39.30
\$65,000	\$4.55	\$5.53	\$6.50	\$8.78	\$11.70	\$16.25	\$26.00	\$31.20	\$42.58
\$70,000	\$4.90	\$5.96	\$7.00	\$9.45	\$12.61	\$17.51	\$27.99	\$33.61	\$45.85
\$75,000	\$5.24	\$6.37	\$7.50	\$10.12	\$13.50	\$18.74	\$30.01	\$36.01	\$49.12
\$100,000	\$7.00	\$8.49	\$10.01	\$13.50	\$18.01	\$25.00	\$40.00	\$47.99	\$65.50
\$125,000	\$8.75	\$10.62	\$12.50	\$16.88	\$22.49	\$31.24	\$50.01	\$60.00	\$81.88
\$150,000	\$10.51	\$12.74	\$14.99	\$20.26	\$27.00	\$37.51	\$60.00	\$72.00	\$98.26

DEPENDENT LIFE	SEMI-MONTHLY DEDUCTIONS (24 / Year)
	\$10,000 - \$1.00

Lifeworks

Expert Help with Life, Work and Everything in Between.



LifeWorks provides confidential counseling, consultations, community referrals, multimedia resources and online access to hundreds of articles, self-assessments, podcasts, calculators and more. Services are available 24 hours a day, seven days a week, and are provided at no additional cost to you and your dependents, as defined by your benefits plan.

Life

- Retirement
- Midlife
- Student Life
- Legal
- Relationships
- Disabilities
- Crisis
- Personal Issues

Health

- Mental Health
- Addictions
- Health Habits
- Mindful Living
- Managing Stress
- Sleep
- Alternative Health

Family

- Parenting
- Couples
- Separation/Divorce
- Caregiving
- Adoption
- Death/Loss
- Childcare
- Education

Work

- Time Management
- Career Development
- Work Relationships
- Work Stress
- Managing People
- Shift Work
- Coping with Change
- Communication

Money

- Saving
- Investing
- Budgeting
- Managing Debt
- Home Buying
- Renting
- Estate Planning
- Bankruptcy

Online Toolkits

- Parenting as a Team
- Sleep Health
- Special Needs
- Manager Toolkit
- Mindfulness Toolkit
- Divorce Toolkit

Services

- Confidential Phone Consultations
- In-person Counseling
- Financial and Legal Consultation
- Elder Care Consultation
- Referrals to Community Resources
- Grief and bereavement support where family members will have access to Master's level clinicians for care as well as access to funeral concierge services.

Podcasts

- Coping with Loss
- Workplace Manners
- Practicing Mindfulness to Reduce
- Practicing Mindfulness to Reduce Stress
- Caregiving Tips for the Sandwich Generation
- Getting Help for Depression

Contact LifeWorks toll-free for 24/7 support:

Visit us online:

TTY:

User ID:

Password:

Will Preparation Service



MetLife

Life Insurance coverage and Will Preparation Service you may need.

You now have the opportunity to enroll in the MetLife Supplemental Life¹ insurance that can financially help protect your loved ones should something happen to you. And when you enroll in Supplemental Life insurance, you have access to another service to protect the ones you love—Will Preparation.²

Having an up-to-date will is one of the most important things you can do for your family.

Like life insurance, a carefully prepared will is important. With a will, you can define your most important decisions such as who will care for your children or inherit your property. The Will Preparation Service also includes the preparation of living wills and power of attorney. By enrolling for Supplemental Life coverage, you will have access to Hyatt Legal Plans' network of more than 13,000 participating attorneys for preparing or updating these documents at no additional cost to you if you use a Hyatt Legal Plan's participating attorney.

It's easy to use the Will Preparation Service.

Once your Supplemental Life coverage becomes effective, you will receive information that will allow you to access the Will Preparation Service.

Step 1: Call Hyatt Legal Plans' toll-free number 1-800-821-6400, and a Client Service Representative will assist you in locating a participating plan attorney in your area and provide you with a case number.

Step 2: Call and make an appointment with a participating attorney—many plan attorneys even have evening and weekend appointments for your convenience.

Step 3: That's it! When you use a plan attorney, you do not need to submit any claim forms. You also have the flexibility of using a non-network attorney and being reimbursed for covered services according to a set fee schedule.³ Supplemental Life Insurance and Will Preparation Service are two important ways to protect yourself—and the ones you love.

¹ Supplemental Life includes the Buy-Up portion of Core Buy-Up for Small Business.

² Will Preparation Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York-situated cases, the Will Preparation Service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation.

³ If you chose a non-network attorney, you will be responsible for any attorneys' fees that exceed the reimbursed amount.

Metropolitan Life Insurance Company

200 Park Avenue, New York, NY 10166, www.metlife.com





MetLife

Drive greater benefits appreciation while helping your employees get back to a more productive work life

MetLife's Grief Counseling¹ is an added advantage that can represent thousands of dollars in value for your employees. It is one of many value-adds that come with your group life program designed to increase your employees' appreciation of group life benefits while providing them with helpful resources to maintain their productivity for your business.

This important service is included with the basic term life program and provided by Harris, Rothenberg International (HRI), Inc., for your employees, their dependents and their beneficiaries, without adding cost to your benefits program.

Grief Counseling can help provide the support, comfort, tools and services your employees need to get back to a productive life — at work and home.

Coping with any type of loss can be very difficult and distracting. Providing the right type of support and resources can help your employees through such a challenging time, and get them back on their feet mentally and emotionally.

Provide Comfort When It's Needed Most

Suffering a loss affects people in many different ways, and not every loss involves a death. People grieve through divorce, illness and even when a child leaves home. Some may find themselves less able to go to work, deal with daily tasks or interact with friends. Others may feel overwhelmed by their grief.

Grief Counseling can provide support for your employees, and their dependents and beneficiaries. The Grief Counseling Service offered through MetLife's basic term life program provides five confidential counseling sessions per event — either face-to-face or by telephone. Counselors are

available nationwide and are highly credentialed licensed professionals with extensive experience working with people who have suffered a loss.

If further assistance is desired beyond these sessions, counselors are able to recommend other services appropriate to individual preferences, finances and health insurance coverage.

Grief Counseling is accessed through a dedicated 24/7 toll-free number or via <https://griefcounseling.harrisrothenberg.net/default.aspx> (username: MetLife; password: grief). The counseling is offered at no cost to your employees.

Employees, their dependents or their beneficiaries can call to discuss any situation perceived as a major loss including:

- Death of a loved one
- Divorce
- Receiving a serious medical diagnosis
- Losing a pet

Grief Counseling can help provide the support, comfort, tools and services your employees need to get back to a productive life — at work and home.

Travel Assistance Protection when you Travel



A Unique Advantage

To complement your MetLife Insurance coverage, you have access to Travel Assistance,¹ a comprehensive travel service provided and administered by AXA Assistance USA, Inc. through a marketing arrangement with MetLife. Travel Assistance offers you and your dependents access to medical, travel, and concierge services - 24 hours a day, 365 days a year when traveling internationally² or domestically.³ One simple toll-free phone call to the Alarm Center puts you in touch with AXA Assistance's highly trained staff that can assist you in obtaining the help you need.

Use Travel Assistance if you...

- Plan a trip and need general travel information about visa, passport, inoculation requirements and local customs
- Need access to medical, travel, and concierge services
- Require medical assistance or medical evacuation
- Lose documents, credit cards or luggage while traveling
- Become a victim of identity theft and need personal assistance

Coverage Includes:

- Access to over 600,000 pre-qualified providers worldwide
- Identity theft protection services
- Mobile assist service for help with using your mobile device while traveling internationally
- Trained multilingual staff who can advise and assist you before and during your travels
- 24-hour pre-departure information about weather, local currency or holidays
- Access to emergency cash, bail assistance, legal referrals as well as air and ground ambulance service

For questions, call or visit
(800) 454-3679 or (312) 935-3783 (collect)
<http://webcorp.axa-assistance.com>

For your convenience, detach and save this informational wallet card.



Be sure to carry the card with you at all times while traveling domestically or abroad.

TRAVEL ASSISTANCE

ATTENTION: THIS IS NOT A MEDICAL INSURANCE CARD

The participant is entitled to medical and travel services administered by AXA Assistance USA, INC.

Within the United States: (800) 454-3679

Outside the United States Call Collect: (312) 935-3783

Or Log on to: <http://webcorp.axa-assistance.com>

Login: axa
Password: travelassist

ALL SERVICES MUST BE ADMINISTERED BY
AXA ASSISTANCE USA, INC.

NO CLAIMS FOR REIMBURSEMENT WILL BE ACCEPTED

Accessing Travel Assistance

You have access to Travel Assistance services when your AD&D coverage becomes effective. Next time you or your family members are traveling more than 100 miles from home and need travel, medical or concierge assistance, remember to use the phone number on the attached Travel Assistance ID card. You will promptly be connected to a multilingual assistance coordinator who will be happy to assist you, 24 hours a day, 365 days a year. It's that easy!

Before you travel, you can obtain general information by:

- Visiting the AXA website at <http://webcorp.axa-assistance.com>
 - Login: axa
 - Password: travelassist
- Downloading a copy of our informative Travel Assistance brochure under "My Corporate" that highlights the available services.

Mobile Assist Service

The Mobile Assist Service provides you with information to help you avoid expensive mobile telephone charges when traveling internationally. This service offers a detailed guide which includes essential apps, resources and helpful hints on using a mobile phone internationally. Additionally, connect to your concierge services to fully prepare you for your trip.

Identity Theft Solutions

You and your dependents also have access to Identity Theft Solutions, a benefit you can access while you are at home or traveling.

- Education and Protection: access to an identity theft risk & prevention tool kit and resolution guide.
- Personal Guidance: assistance with filing and obtaining police and credit reports, contacting creditor fraud departments, taking inventory of lost or stolen items and more.

Concierge Services

AXA Assistance's concierge services are designed to fulfill various travel and entertainment requests and arrangements for upcoming and current travel including:

- Restaurant, shopping, hotel and airline recommendations/reservations
- Destination transport (rental car/limousine, etc.) information and reservations
- Destination information
- Sporting, theater, night life and event information, recommendations and information
- Golf course information, referrals, recommendations and tee times
- City calendar and event schedules
- Private drivers and guides
- Driving directions

1. Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.
2. Subject to applicable laws and regulations.
3. Traveling more than 100 miles from home.

EXCLUSIONS: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

When you call the **TRAVEL ASSISTANCE DEDICATED TELEPHONE NUMBERS** listed on the reverse, please have the following information available:

- Your name, telephone number and (if possible) fax number, and your relations to the plan participant.
- Plan participant's name, age, sex and company name.
- A description of the plan participant's condition or service needed.
- Name, location and telephone number of hospital, if applicable

MetLife

MetLife

Metropolitan Life Insurance Company
200 Park Avenue New York, NY 10166
www.metlife.com

1900029055(0416)
L0616468553[exp0817][All States][DC, GU, MP, PR, VI]
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Gym Membership Policy

OBJECTIVE

The City of Lawrenceville encourages employees to achieve and maintain a healthy lifestyle through physical fitness.

ELIGIBILITY

Gym membership reimbursement is available to all regular, full-time employees who are eligible for health benefits and who have been employed by the City of Lawrenceville for a minimum of 12 months.

POLICY

Employees will be reimbursed \$50 per calendar year for any eligible gym membership fees, at any gym of the employees' choosing. Eligible fees include the enrollment (if applicable) and annual or monthly fees for an individual membership at a fitness center. Employees with a family membership only will be reimbursed \$50 annually towards the total cost. Employees will receive the reimbursement in December of each calendar year.

PROCEDURE

Employee must submit an activity report and receipt of payment to Human Resources before December 15th in order to be considered for reimbursement. Approval of the reimbursement will be based upon usage of the membership, with an average of five (5) visits/sessions per calendar month on five separate days. Human Resources will review the submitted documentation and make a decision.

EXCLUSIONS

Recreational activities, weight-loss programs, smoking-cessation programs, and other similar programs, although encouraged as part of an overall fitness program, do not qualify for reimbursement.

TAX LIABILITY

Gym membership reimbursements will be issued through employee paychecks and will be considered taxable income.

ADDITIONAL INFORMATION

Employees should consult with a physician before beginning a physical regimen.

DEFINITIONS

Fitness center – offers a full component of exercise equipment and programs for cardiovascular and body strengthening.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

CITY of LAWRENCEVILLE HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible for the City of Lawrenceville health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

You may have other options available to you when you lose group health coverage.

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **Annette Crawford, Human Resources, P.O. Box 2200, Lawrenceville, GA 30046.**

CONTINUATION COVERAGE RIGHTS UNDER COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

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

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

Annette Crawford
Human Resources
P.O. Box 2200
Lawrenceville, GA 30046
Phone: 678-407-6566

IMPORTANT CONTACT INFORMATION

CITY OF LAWRENCEVILLE

Annette Crawford
Human Resources
Tel: 678-407-6566
annette.crawford@lawrencevillega.org

MEDICAL PLAN

HealthEZ
Customer Service
Tel: 844-804-8124
www.lawrencevillebenefits.com

PHARMACY PLAN

EHIM
Customer Service
Tel: 800-311-3446
www.ehimrx.com

DENTAL PLAN

MetLife
Customer Service
Tel: 800-275-4638
www.metlife.com/dental

MSI BENEFITS GROUP, INC.

Administrative Contact
Tel: 770-425-1231 / 800-580-1629
Fax: 770-425-4722 / 800-580-2675
Email: HelpMe@msibg.com

You may view benefit info at:

www.msibg.com
Username: **lawrencevilleEE**
Password: **Benefits123**

VISION PLAN

MetLife
Customer Service
Tel: 855-638-3931
www.metlife.com/vision

LIFE / DISABILITY INSURANCE

MetLife
Life: 800-638-5000
Disability: 800-858-6506
www.metlife.com

HEALTH SAVINGS ACCOUNT (HSA) / HEALTH REIMBURSEMENT ACCOUNT (HRA)

Health Equity
Tel: 877-583-4257
www.healthequity.com



Presented by MSI Benefits Group

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Fax: 770-425-4722 / 800-580-2675
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