



LAWRENCEVILLE
GEORGIA

CITY HALL



Employee Benefits Guide

Plan Year January 1, 2023 thru December 31, 2023



Enroll online at:
Lawrenceville.zevobenefits.com
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

Glenn Martin
Post 1

Email: Glenn.Martin@lawrencevillega.org



David Still
Mayor

Email: David.Still@lawrencevillega.org



Victoria Jones
Post 2

Email: Victoria.Jones@lawrencevillega.org



Austin Thompson
Post 3

Email: Austin.Thompson@lawrencevillega.org



Marlene Taylor-Crawford
Post 4

Email: Marlene.Taylor-Crawford@lawrencevillega.org



How do I enroll online?

Simply follow the below instructions to confirm your new benefit elections...

Go to: lawrencville.zevobenefits.com

After landing on the main login screen, click "Get Started Now" on the middle of the page to create an account. You will then see the screen below:

Please confirm your account

The form contains the following fields and a button:

- Email address *
- Password *
- Last four digits of your SSN *
- Confirm password *
- Date of Birth *
- Create Account** button

[Click here if you are having trouble confirming your account](#)

This will prompt you to type in a valid email address (this may be your work or personal email), the last 4 digits of your SSN, your birthdate, and then create a password that you will use for future access to this account.

The screen displays the following information:

- Step 1: **Verify Your Info** (Active)
- Step 2: **Customize Your Benefits**
- Step 3: **Confirm & Submit**
- Cost Per Pay Period: \$0.00 / Cost to Employer: \$0.00
- Buttons: Show Tutorial Again, **Finalize My Elections** →
- Benefit Cards (all at \$0.00 / pay period):
 - Medical**: Waived Medical (with checkmark icon)
 - Dental**: Waived Dental (with "Click here to complete..." link)
 - Vision**: Waived Vision (with "Click here to complete..." link)
 - Life**: Waived Basic Life, Waived Supplemental Life (with "Click here to complete..." link)
 - Disability**: Waived Short Term Disability Insurance (with "Click here to complete..." link)
 - Legal Documents**: Annual Required Notice: I acknowledge the Annual Required Notices have been provided. (with "Click here to complete..." link)

If you have any issues getting logged into the system please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.

The City of Lawrenceville will again 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 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	\$1,500
Employee + One Dependent Deductible	\$1,000	\$1,250	\$3,000
Employee + Family Deductible	\$1,500	\$2,000	\$3,000
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	\$3,000
Employee + One Dependent Deductible	\$2,000	\$2,500	\$6,000
Employee + Family Deductible	\$3,000	\$4,000	\$6,000
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	\$2,900	\$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 City HSA Contribution for 2023	N/A	N/A	\$500

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 2023 (\$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 - SUMMARY of MEDICAL BENEFITS



	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	\$2,500
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
Chemical Dependency		
Inpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Outpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Mental Health		
Inpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Outpatient	100%, no deductible up to 12 visits per year	100%, no deductible up to 12 visits per year
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

EMPLOYEE DEDUCTIONS Semi-Monthly (24 / Year)	
Members Covered	Option A PPO
Employee Only	\$15.00
Employee + One Dependent	\$21.00
Employee + Family	\$25.00



OPTION B - SUMMARY of MEDICAL BENEFITS



	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	\$2,900
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
Chemical Dependency		
Inpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Outpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Mental Health		
Inpatient	Member Pays 20% after Deductible	Member Pays 30% after Deductible
Outpatient	100%, no deductible up to 12 visits per year	100%, no deductible up to 12 visits per year
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

EMPLOYEE DEDUCTIONS	
Semi-Monthly (24 / Year)	
Members Covered	Option B PPO
Employee Only	\$5.00
Employee + One Dependent	\$10.00
Employee + Family	\$12.50



OPTION C - SUMMARY of MEDICAL BENEFITS



Option C - HDHP w/HSA

	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		
Employee Only	\$1,500	\$3,000
Employee + 1	\$3,000	\$6,000
Employee + Family	\$3,000	\$6,000
<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 2023 City HSA Contribution	\$500 (Same benefit for Employee Only or Employee + Family) Employees have the opportunity to earn/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

EMPLOYEE DEDUCTIONS Semi-Monthly (24 / Year)	
Members Covered	Option C HDHP w/HSA
Employee Only	\$0.00
Employee + One Dependent	\$0.00
Employee + Family	\$0.00

2023 | City of Lawrenceville Employee Wellness Program



<i>The Importance of a Wellness Program</i>	<i>Components of your Wellness Program</i>
<ul style="list-style-type: none"> 🍃 YOU! City of Lawrenceville and your family need the healthiest 'you' possible. 🍃 PREVENTION! 70% of disease is preventable. Stay healthy as you age. 🍃 SAVINGS! It's cheaper to be healthy. Lowering health risks saves money for you and City of Lawrenceville! 🍃 PRODUCTIVITY! A healthy 'you' will have more energy for work and your family. 🍃 MORE \$\$\$ FOR YOU! You will receive a discount in your health care premium by participating in the program. <p>Our city wide 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 style="text-align: center;">HEALTH ASSESSMENT <i>Personalized survey to assess risk factors that drive chronic disease</i></p> <hr/> <p style="text-align: center;">HEALTH SCREENINGS <i>- Cholesterol & Blood Sugar Tests - Height, Weight, Blood Pressure, BMI, and Waist Circumference measured</i></p> <hr/> <p style="text-align: center;">PERSONAL HEALTH COACHING <i>Private sessions with a CHP Wellness Coach to set goals and create a custom plan for a healthier YOU!</i></p> <hr/> <p style="text-align: center;">CHALLENGES & COMPETITIONS <i>Organized competitions to motivate and reward participation</i></p> <hr/> <p style="text-align: center;">HEALTHY BREAKS <i>Educational sessions covering a variety of topics such as Stress Management, Tobacco Cessation, Fitness, and Nutrition Basics</i></p> <hr/> <p style="text-align: center;">WELLNESS TEAM <i>Team members are employees who help with the planning and implementation of the wellness program</i></p>

MyWellSite.com/chp/Lawrenceville	Health Assessment & Health Screenings
<p><u>Already have an account?</u> If you participated in the City of Lawrenceville wellness program last year, you will Login as an existing user. If you cannot remember your Login information, use the "Forgot Username or Password" link to either receive an email with your username, or reset your password using the security questions you selected.</p> <p><u>New to MyWellSite? Here's how to Register:</u></p> <ol style="list-style-type: none"> 1. Login to www.mywellsite.com/chp/Lawrenceville 2. Click on the Register button 3. Look up your account by entering the following: <ul style="list-style-type: none"> • LAST NAME (DO NOT include suffixes, apostrophes, or spaces) • DATE OF BIRTH (MM DD YYYY) • User ID (4-digit birth year and the last 4 digits of your SSN, e.g., 19601234) 	<ol style="list-style-type: none"> 1. Complete your Health Assessment – Instructions will be provided on how to complete your Health Assessment on the MyWellSite portal. Your Health Assessment must be completed before scheduling your screening appointment. <hr/> 2. Schedule your Health Screening appointment at a Kickoff Meeting or on the MyWellSite portal. Screenings will be held at the following locations: <p style="text-align: center;">City Hall – October 20th and 28th Public Safety – October 25th and November 1st Public Works – October 11th</p>

**If you have questions or concerns, please reach out to your Program Manager,
Mallory Reid, Mallory.reid@chp-inc.com, (706) 498-5078**

2023 | City of Lawrenceville Program Components



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

Components of your Wellness Program	Deadline to receive incentive	High Risk	Moderate Risk	Low Risk
Online enrollment in Wellness Program	Prior to Health Screening	✓	✓	✓
Online Health Assessment	Prior to Health Screening	✓	✓	✓
Health Screening (or provide results from your PCP)	November 17, 2022	✓	✓	✓
Results Coaching	January 20, 2023	✓	✓	✓
Follow-up Coaching	September 14, 2023	8	4	1

Wellness Program Incentives:

- 2022-2023** – 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 1/1/2023:
 - Employees enrolled in the **High Deductible Health Plan** will receive the following contributions to their HSA in 2023 for completing all requirements of the wellness program by the deadlines listed above:
 - \$800 for employees and retirees; \$600 for eligible dependents
 - Employees enrolled in one of the **PPO Health Plans** will receive the following contributions to their HRA in 2023 for completing all requirements of the wellness program by the deadlines listed above:
 - Option A - \$125 for employees and retirees; \$125 for eligible dependents
 - Option B - \$300 for employees and retirees; \$300 for eligible dependents
- 2023-2024** – Participants must complete the 2023 Results Coaching and 2023 Follow-Up Coaching based on risk stratification, as well as the Online Enrollment, Health Assessment and Health Screening or Annual Physical for 2024, to receive the incentive beginning 1/1/2024.
- PLEASE NOTE:** Results Coaching and Follow-up Coaching requirements and deadlines will be strictly enforced. Additional components of the Wellness Program may be required in 2024.

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)
 - 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 or fax it to our secure fax line at 678-729-7829. 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 review your individual health report to help you understand any risk factors and review your individual requirements. Your Health Coach is a positive, respectful, and non-judgmental partner who can guide you in a goal setting session to enhance your well-being.
- Additional coaching sessions will be scheduled at a time when you are onsite and at a time 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!

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 work with your employer to design a custom benefits plan for your organization and we're ready to help you access the services you need. We've been providing our knowledgeable and service-oriented approach for 40 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, Monday through Friday, 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

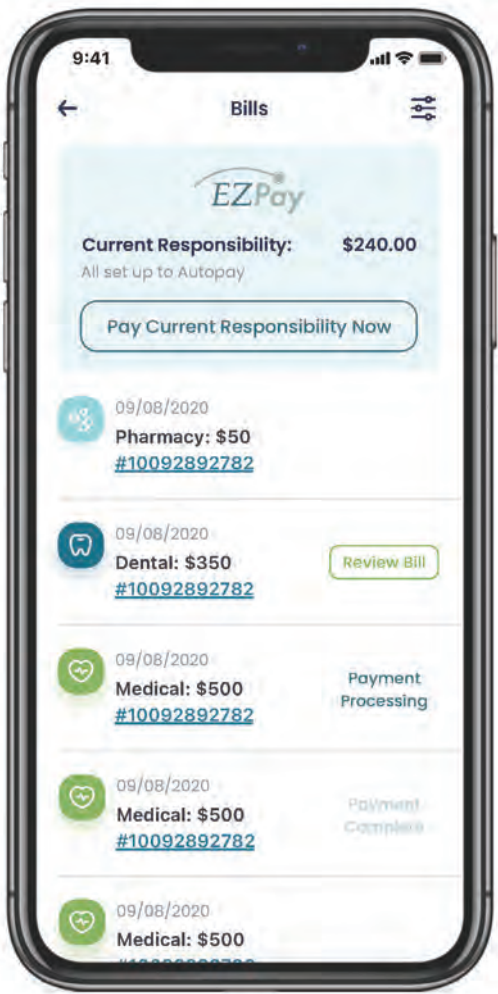
You have 24/7 access to our team of experienced doctors and nurses. Have a health-related concern or need help finding the right doctor? Give us a call at 844-804-8124. We are here to help you.

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.

You can set up a myHealthEZ account to access monthly statements, account balances, recently processed bills and HealthEZ's online payment system, EZpay.





Seamless online payments

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, and HSA accounts.

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.





Medical ID cards

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

If you are a current HealthEZ member, please note that you will be receiving a new medical ID card after open enrollment has closed.

If you need a replacement card, log into to your myHealthEZ account and request a new card be printed and mailed, or download a digital copy directly to your device!

Dependents over the age of 19 can create their own myHealthEZ account to manage their plan and request a replacement ID card or download their ID card directly to their own devices.



Your medical network is Cigna.



What is a medical network?

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.

What if I go outside of my medical network?

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. 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.

How do I know if my provider is in-network?

Please visit LawrencevilleBenefits.com, and click "Find a Doctor."





Your Pharmacy Benefit Manager is EHiM.



What is a Pharmacy Benefit Manager?

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

What is mail order?

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol you could save money with EHiM's mail order service, Alliance Rx Walgreens Prime. Visit LawrencevilleBenefits.com for more information on how to get started and to download the Alliance Rx Walgreens Prime mail order forms.

What are Generic drugs?

Generic drugs are copies of brand-name drugs and are the same as those brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

To find out if there is a generic equivalent for your brand-name drug, talk to your doctor or visit EHiMRx.com.



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.

Welcome to RelyMD

24/7 on-demand doctor visits,
no appointment necessary.



As a RelyMD member, you and your family will receive 24/7/365 access to U.S. board-certified physicians who can diagnose common illnesses and injuries regardless of time and location. Register for your secure account today, **we'll be ready when you need us.**

Your Co-Pay is

Employer Code:

Medical conditions **we commonly treat:**

- Allergies
- Arthritic pain
- Bronchitis
- Cold & flu
- Constipation
- Cough
- Diarrhea
- Eye infections
- Fever
- Gout
- Headache
- Insect bites
- Mild asthma
- Muscle pains
- Rashes
- Sinus infection
- Sore throat
- UTI
- Nausea/vomiting
- and more!

When to use **RelyMD**



If you're considering the ER or urgent care for a non-emergency medical issue.



When leaving home to see a licensed physician just isn't possible.



You or your family are traveling or in need of medical care.

How to **access your account as a previous MYidealDOCTOR user:**

1. Go to **patient.relymd.app** and click "**Log In**"
2. Log in **using your existing username and password**. All existing data is being securely transferred to the new website.
3. **Review your demographics and medical history** to ensure everything is correct before starting your visit.
4. That's it! **You're ready to see a doctor!**

**If you need assistance, please call 855-879-4332.

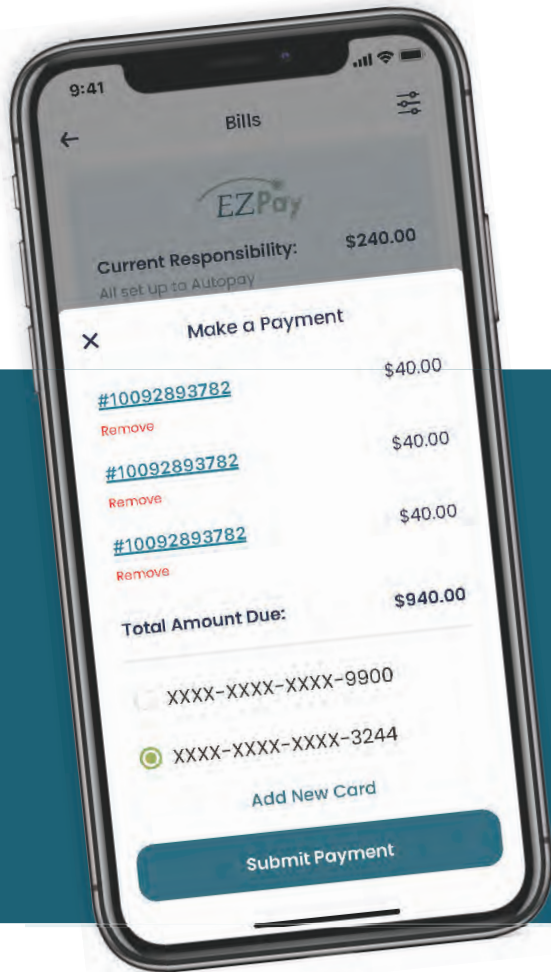
Health Savings Account

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 of your employment or if your medical coverage has changed. Funds in this account can grow tax free and rollover from year to year.

You are eligible for a Health Savings Account if enrolled in plan Option C.



2023 Maximum Annual Contribution Amounts*

Employee Only: \$3,850

Family Coverage: \$7,750

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

Add your HSA to EZPay!

Add your Health Savings Account (HSA) to your EZPay account within myHealthEZ to quickly pay your portion of medical bills. Setup payment priority with up to 5 credit and debit cards, and HSA accounts.

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



HEALTH SAVINGS ACCOUNT (HSA) SUMMARY

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 2023 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 2023, will receive a deposit by the City into their account. The amount to be funded for the 2023 plan year is listed below:

Annual Benefit - \$500

The full amount will be funded into your account so that the account is active with funds when your coverage takes effect in the 2023 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 \$500. 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 2023, an individual may contribute up to **\$3,850** and **\$7,750** 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.

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, 2023.

WHAT IS A HEALTH REIMBURSEMENT ARRANGEMENT (HRA)?

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

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	\$1,250
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:

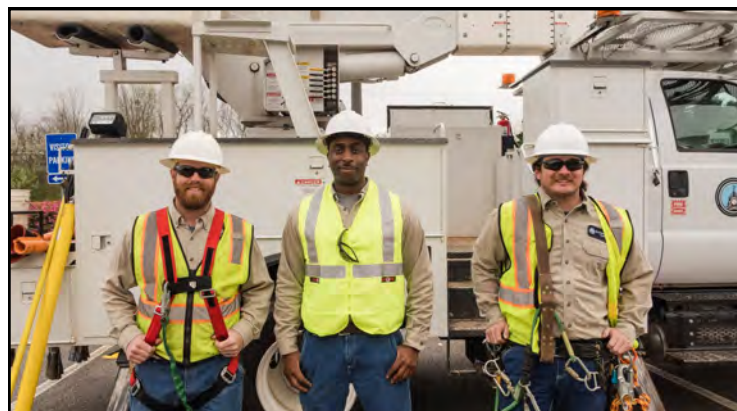
- » **Go to www.myhealthequity.com.**
- » **Type in your username and password.**
- » **If you have never logged in before, select that you are logging in for the first time as a member.** Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, 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



DENTAL BENEFIT SUMMARY



GENERAL INFORMATION	BASE PLAN	BUY-UP PLAN
Calendar Year Benefits Maximum <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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) Sealants (1 in 60 months - Children to age 14) 	100%	100%
Type B: Basic Restorative <ul style="list-style-type: none"> 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 36 months per quadrant) Periodontal Scaling, Root Planning (1 in 24 months per quadrant) Periodontal Maintenance (4 in 1 year, includes 2 cleanings) Oral Surgery Simple and Surgical Extractions Emergency Palliative Treatment General Anesthesia 	50%	80%
Type C: Major Restorative <ul style="list-style-type: none"> 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 Anthem).

Benefits Extension - Following termination of coverage, members are provided up to 60 days to complete treatment prior to their termination of coverage under the plan and eligible services will be covered

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

- 1) Visit www.anthem.com
- 2) Click the "Find Care" button
- 3) Log in to find care or search your ID Number



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		
▪ Single vision	\$20 copay	\$30 allowance
▪ Lined bifocal	\$20 copay	\$50 allowance
▪ Lined trifocal	\$20 copay	\$65 allowance
▪ Lenticular	\$20 copay	\$100 allowance
Standard Lens Enhancement		
▪ Ultraviolet coating	Covered in Full	Applied to the allowance for the applicable corrective lens
▪ Polycarbonate (child up to age 18)	Covered in Full	
Additional Lens Enhancements ¹		
▪ Progressive Standard	Up to \$55 copay	\$50 allowance
▪ Progressive Premium/Custom	Premium: Up to \$95 - \$105 copay Custom: Up to \$150 - \$175 copay	\$50 allowance
▪ Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
▪ Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
▪ 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
▪ Anti-reflective coating (variable by type)	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
▪ 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
▪ Costco	\$70 allowance	
Contact Lenses		
▪ Elective	\$130 allowance	\$105 allowance
▪ Necessary	Covered in full after eyewear copay	\$210 allowance
▪ 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.		

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

- 1) Visit www.anthem.com
- 2) Click the "Find Care" button
- 3) Log in to find care or search your ID Number

**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 **OneAmerica**. **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, OneAmerica will pay the amount for such loss; provided the loss occurs within 365 days of the accident and OneAmerica 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

OneAmerica 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:

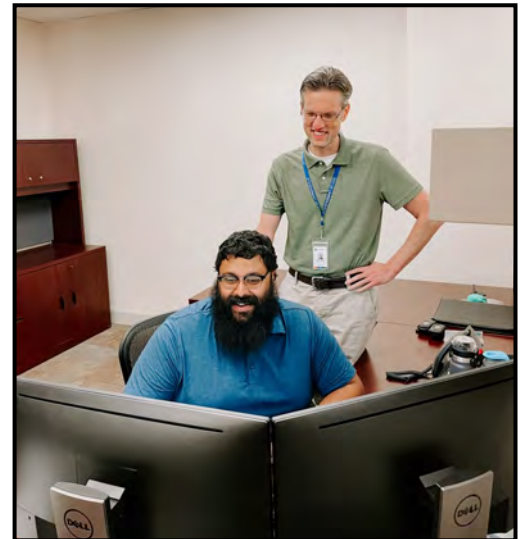
- 1) a person cannot perform the material and substantial duties of his regular occupation
- 2) a person is not working in any occupation; and
- 3) a person is under the regular attendance of a physician for that Injury or Sickness

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.

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 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 One America within 31 days of the date coverage terminated under the policy. Failure to pay the required amount of premium to One America timely will terminate any coverage under the policy at the end of the period for which the premium has been received. One America 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.

SUPPLEMENTAL TERM LIFE and AD&D INSURANCE

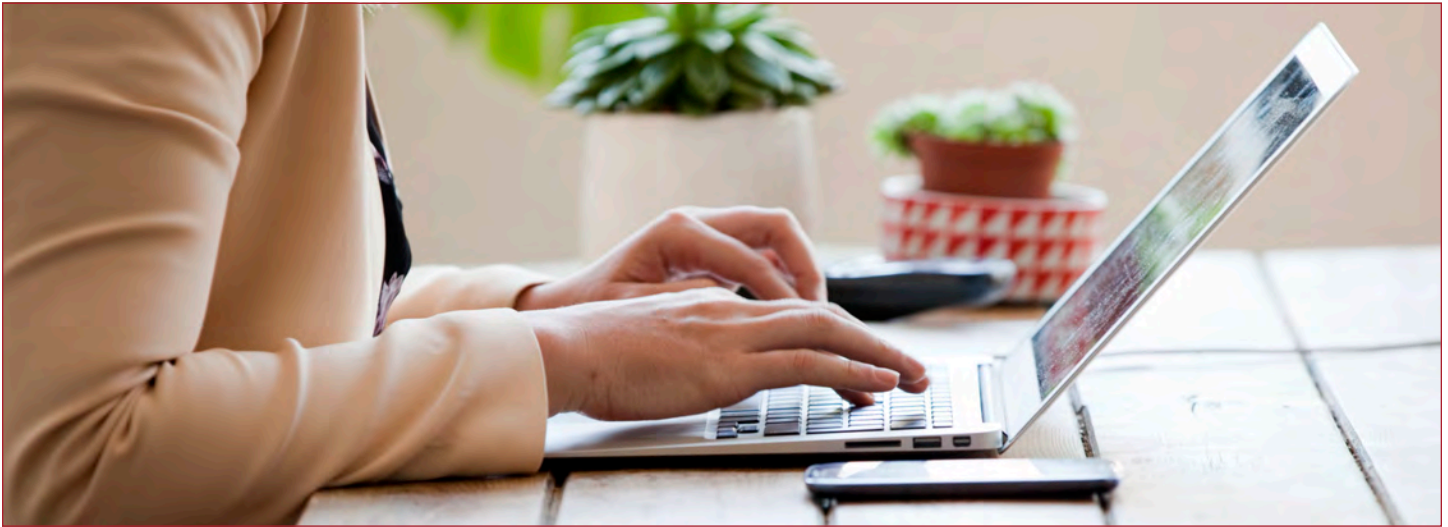


EMPLOYEE LIFE OPTIONS				SEMI-MONTHLY DEDUCTIONS (24 / Year)						
AGE	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.69	\$0.85	\$1.00	\$1.34	\$1.80	\$2.49	\$4.01	\$4.81	\$6.54	\$14.80
\$20,000	\$1.41	\$1.69	\$1.99	\$2.71	\$3.60	\$5.01	\$8.00	\$9.60	\$13.11	\$29.60
\$30,000	\$2.10	\$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



Work-Life Benefits

Are you:

A parent looking for answers to parenting questions? Get help with:

- Child care
- Nanny services
- Before- and after-school care
- Camps
- Financial assistance
- Adoption information

A family member of an elder? Learn about:

- Home health care
- Respite care
- Community services
- Help determining the right level of care
- Screened referrals for assisted living and nursing homes
- Hospice information

Looking for a place to live? Get help with:

- Finding an apartment
- Finding movers

- Relocating to another city
- Choosing a realtor
- School and neighborhood information
- Housing and utility assistance

A pet owner? Get information on:

- Dog walkers
- Kennels and pet care
- Veterinarians
- Obedience classes
- Pet insurance

Sending a child off to school? Learn about:

- Choosing schools, from preschool through college and beyond
- Financial aid
- Scholarships
- Tutors
- Special needs

Planning a major project? Find resources and qualified experts for:

- Weddings and other events
- Home improvement products
- Vacation planning
- Making a big purchase, such as a home or car

Get the Help You Need.

Just call your GuidanceResources toll-free number. You'll be connected to a GuidanceConsultantSM who will talk with you about your specific needs. Our work-life specialists will research your question and, in just a few business days, send you a complete packet of practical information, including prescreened referrals (as appropriate), HelpSheetsSM on your subject and much more. The materials can be delivered to you via email, fax or second-day air.

Your GuidanceResources® Program

Call: 855.387.9727

TDD: 800.697.0353

Go online: guidanceresources.com

App: GuidanceResources® Now

Your company Web ID: ONEAMERICA3

ONEAMERICA® is the marketing name for the companies of OneAmerica. OneAmerica markets ComPsych services. ComPsych is not an affiliate of OneAmerica and is not a OneAmerica company.





Legal Benefits

Get the help you need.

Just call your GuidanceResources toll-free number. You'll be connected to a GuidanceConsultantSM who will talk with you about your specific situation and schedule a phone appointment for you with one of our staff attorneys. If you need more immediate help, you can be put in a queue to talk to an attorney as soon as one becomes available.

If you require representation...

If, following your phone consultation, your legal matter requires in-person representation, you can receive a referral to a qualified attorney in the GuidanceResources network. Your GuidanceResources benefit includes a free, 30-minute consultation with a local network attorney, plus a 25 percent reduction in the attorney's customary legal fees thereafter.

Note: Employment-related issues are excluded.

Our on-staff attorneys can help you with:

- Family law matters, including divorce, custody, child support and adoption
- Bankruptcy and credit issues
- Landlord/tenant issues, including eviction and lease questions
- Real estate and foreclosure
- Civil actions and small claims court
- Immigration concerns
- DUI/DWI
- Wills and living wills
- Trusts
- Name changes
- Contracts
- Probate matters

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Estate Planning Made Easy

Secure Your Wishes With No-cost Will Preparation Services

Drafting a will ensures that your assets pass on to your loved ones according to your wishes. EstateGuidance makes it easy with online tools that walk you through the process in minutes. Just access the site using the directions provided and supply the information at the prompts. Your will can be completed online and downloaded to your computer or printed and shipped to you. In addition, you can draft a living will to ensure you get the end-of-life care you desire and a final arrangements document expressing your wishes for your funeral services.

To Get Started Log on to GuidanceResources Online

- Click on the Access arrow on the right of the screen
- Under featured services, click EstateGuidance and then Continue
- At the prompt, agree to enter EstateGuidance
- Now you're ready to start preparing your Last Will & Testament

Get it done in three simple steps:

1. Select a Document: Will, Living Will, or Final Arrangements
2. Complete a Questionnaire
3. Print and Sign

It's that easy. As a OneAmerica employee, you can prepare your will for free.

Or choose to draft:

- A Living Will for \$14.99
- Final Arrangements document for \$9.99

Each option follows the same, simple step-by-step plan.

Your GuidanceResources® Program

Call: 855.387.9727 TTY: 800.697.0353

Go online: guidanceresources.com

App: GuidanceNowSM

Your company Web ID: ONEAMERICA3

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Financial Benefits

Get the help you need.

Just call your GuidanceResources toll-free number. You'll be connected to a GuidanceConsultantSM who will talk with you about your specific situation and schedule a phone appointment for you with one of our financial experts.

Our in-house staff includes Certified Public Accountants (CPAs), Certified Financial Planners (CFPs) and other professionals who are exclusively dedicated to providing financial information by phone

And because our experts are not associated with any financial institution, you are assured that they will provide impartial and objective information on your money topics.

Our on-staff financial experts can help you with:

- Managing personal financial challenges
- Credit cards and debt management
- Budgeting
- Tax questions
- Financing college
- Retirement planning
- Estate planning
- Real estate questions
- Investment options
- Mortgages, loans and refinancing

Your GuidanceResources® Program

Call: 855.387.9727

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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



LAWRENCEVILLE GEORGIA

IMPORTANT CONTACT INFORMATION

CITY OF LAWRENCEVILLE

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

CITY OF LAWRENCEVILLE

Wonda Billingsley
Human Resources Generalist
Tel: 678-407-6648
wonda.billingsley@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

Anthem
Customer Service
Tel: 800-619-6164
www.anthem.com/

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

Anthem
Customer Service
Tel: 800-619-6164
www.anthem.com/

LIFE / DISABILITY INSURANCE

OneAmerica
Life: 800-553-5318
Disability: 855-517-6365
www.oneamerica.com

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

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



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