



PROGRESS IN MOTION



2016

Employee Benefits Guide



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In all events, the terms of the Plan as set forth in the plan document govern and, as a result, no statements made outside of the plan document, whether verbal or written, change or modify the terms of the Plan. The Plan can be amended only in writing and only by City of Frisco, through its Board of Directors or its authorized designee, including the Director of Human Resources. Other than the Board of Directors or its authorized designee, no individual or entity has the authority to change the terms of the Plan or to commit to any benefit or benefit provisions not set forth in the terms of the Plan, including, but not limited to, changing the eligibility criteria for any benefit.



Welcome

City of Frisco is pleased to offer you a comprehensive benefit package for the 2016 plan year. This guide is designed to assist both you and your family in making the choices that best meet your needs.

This enrollment guide provides you with information about the benefits available to you and your family. These benefits include medical/prescription, dental, vision, term life insurance/AD&D, short term and long term disability, flexible spending accounts, and a robust wellness plan.



Enrollment

Preparing to Enroll

Enrollment will be done in Employee Self Service (ESS) which is located on CityLink and on the City's website, <https://ess.friscotexas.gov>. You will need your user name and your password to login. Your user name is your first initial, last name and employee number. Your employee number was issued by HR when you were hired. (Your employee number is not your badge number or your radio number.) If you forget your password, enter your user name and click FORGOT PASSWORD to retrieve your hint. Follow the instructions to have ESS issue a temporary password. You can also contact Human Resources for assistance.

Note: ESS is unavailable every Thursday 10:00 p.m. – 5:00 a.m. for maintenance by IT.

Be sure to have social security numbers and birth dates for any eligible dependent(s) that you plan to enroll. **You cannot enroll your dependent(s) without this information.** If you are adding a dependent for the first time you will be required to **provide proof of dependent status** to Human Resources prior to the enrollment deadline.

Things to Consider

Now is a good opportunity for you to review your benefit decisions and determine if you need to make changes. The elections you make are effective January 1, 2016—December 31, 2016.

- Does your spouse have benefits coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) or update your beneficiary designation?
- Did any of your covered children reach their 26th birthday this past year? If so, they are not eligible for benefits.

Once the enrollment period closes you cannot make any changes to your benefits until the next enrollment period unless you have a Qualifying Life Event.



When Coverage Begins

Provided all enrollment requirements are completed timely, coverage begins:

ANNUAL ENROLLMENT

January 1, 2016

QUALIFYING LIFE EVENT

Your eligibility date for your qualifying life event.

NEW HIRE / REHIRE / STATUS CHANGE

The first of the month following 30 days of employment in an eligible class of employment.

Once the enrollment period closes you cannot make any changes to your benefits until the next enrollment period unless you have a Qualifying Life Event.

Qualifying Life Events

- Change in your legal marital status (marriage, divorce, or legal separation)
- Change in the number of your dependents (i.e. birth, adoption, foster care of a child or if a child is no longer an eligible dependent)

Newborn: Coverage is effective on the date of birth provided verification of birth and enrollment are completed within 31 days of birth.

Adoption: Coverage is effective the date the child is placed in the employee's home for adoption, foster care or for whom legal adoption proceedings have started and enrollment is completed within 31 days of birth.

- Change in your employment status or that of your dependent(s) from Part-time to Full-time or Full-time to Part-time resulting in a gain or loss of coverage.
- Entitlement to Medicare or Medicaid.
- If a spouse's coverage significantly increases in cost during their Annual Enrollment period.

Note: Your change in coverage must be consistent with your change in status.

Your new coverage becomes effective on the date specified for the Annual Enrollment Period, or on your eligibility date for your status change. Any changes mid-year must be made within 31 days of the qualifying event date.



Eligibility

As a regular full- or part-time employee of City of Frisco who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in the medical, dental, vision, life, disability, flexible spending and wellness plans. Anyone eligible as an employee will not be eligible as a dependent.

Dependent Eligibility

Dependents eligible for coverage in City of Frisco benefit plans include:

- Your legal spouse
- Your dependent children up to age 26 (includes stepchildren, legally adopted children or children placed with you for adoption, and foster children).
- Your dependent child, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by the medical plan to continue coverage past age 26. Please note that verification of eligibility will be required once dependents are enrolled.

Upon the initial enrollment of any dependent, you will be required to provide documentation to substantiate your dependent (i.e. a marriage license to prove a spouse or birth certificate to prove a dependent child).

If your child becomes ineligible for benefits (i.e. turns age 26), it is your responsibility to notify Human Resources within 31 days of the child's birth date to cancel benefits for that child.



How to Enroll

1. Understand your choices!

Read this benefits guide carefully to get answers to your questions. This guide will help you to prepare for enrollment and contains useful reference material. Keep the guide handy so you can refer to it throughout the year.

2. Review your options with your family.

Make sure you include any other individuals who will be affected by your elections in the decision-making process. After your enrollment period ends, you will not be able to change your benefit elections until the next Annual Enrollment period (October 2016) unless you have a Qualifying Life Event.

3. Enroll online through Employee Self Service (ESS).

Available at work via CityLink at <http://citylink/pages/home.aspx>

Available at home via <https://ess.friscotexas.gov>

NOTE: ESS is unavailable every Thursday 10:00 p.m.— 5:00 a.m.

4. Select your benefits.

ESS will show all medical, dental, vision, life, disability, and flexible spending plans that are offered to you. Please note that if you do not take action, you will not have coverage in 2016. Your 2015 benefits will not automatically rollover to 2016.

5. Complete the Evidence of Insurability (EOI).

If you choose to increase or elect optional life insurance for the first time for yourself or your spouse, or elect the STD Buy Up for the first time, complete the Evidence of Insurability form that is available on ESS. EOIs must be received by Human Resources no later than the enrollment deadline.

6. Complete the Application for Accident and Critical Illness Coverage.

If you choose to elect Unum's Accident and/or Critical Illness coverage for the first time, you must complete the application and EOI that are available on ESS. Applications must be received by Human Resources no later than the enrollment deadline.

7. Review and confirm your coverage elections.

Review your elections to ensure you're enrolled in the benefits you selected.

Medical Plans

Medical benefits provide significant support for and protection against potentially large financial expenses as well as covering preventive care. The medical plan is no longer a PPO, but is now an EPO which means there will no longer be any out-of-network benefits. 

It is up to you to choose the plan that best matches your preferences. Please keep in mind that the option you choose will be in place for the remainder of the year, unless you have a Qualifying Life Event.

UnitedHealthcare (UHC) will continue to be the administrator of both medical plans. You will want to choose the plan that best meets the needs for you and your family based on your medical and financial needs.

How to find a Provider

The most current list of UHC network providers is available online at www.myuhc.com or by calling your Compass Health Pro at 855-777-0534.

What is a Tier 1 Provider?

UHC evaluates physicians across 26 specialties on their safe, timely, effective, efficient, equitable and patient-centered care. Using outcomes-based, medical society and national industry standards, with a transparent methodology and robust data sources, UHC designates physicians in their network at Tier 1. Both medical plans offer a lower copay option if you visit one of these Tier 1 physicians. Tier 1 physicians are identified at www.myuhc.com.

Insurance Cards

Insurance cards will be mailed to all employees even if no coverage changes are made. For Annual Enrollment purposes, every effort will be made for cards to arrive by the end of December. Alternatively, you may download the free [Health4Me](#) app available for iPhone and Android users to obtain an electronic card or you may print a temporary card from www.myuhc.com.

Virtual Visits

Virtual Visits provides access to physicians via phone or online video consultations without an appointment. During the virtual visit you can obtain a diagnosis and a prescription, if appropriate, which may be sent to a drug store (subject to availability). It's health care on your terms – simple as that. Log in to www.myuhc.com and register for a virtual visit. After registering and requesting a visit, you will pay a \$10 copay and then enter a virtual waiting room.

Clinic 21

For only a \$10 copay, Clinic 21 in Frisco Square provides access to convenient care for non-life threatening medical issues during the day and after hours. No appointment is necessary so you can walk in and promptly be seen by one of their staff for everything from minor injuries to cuts and broken bones or cold/flu symptoms. Clinic 21 is open 7 days a week. Visit www.clinic-21.com to find more information.

Healthy Pregnancy Program

This program places UHC's resources at your fingertips before, during, and after pregnancy. All of this is accessed by enrolling online at www.healthy-pregnancy.com. Once enrolled, a care coordinator will contact you. They will help you learn and practice healthy pregnancy habits. If you have individual needs, a Healthy Pregnancy Program nurse can provide one-on-one support throughout your pregnancy.

TYPE OF SERVICE	LOW DEDUCTIBLE PLAN	
	IN NETWORK (YOU PAY)	OUT OF NETWORK (YOU PAY)
Annual Deductible		
Individual	\$1,000	100%
Family	\$2,000	100%
Out of Pocket Maximum		
Individual	\$3,000	100%
Family	\$6,000	100%
Primary Care Office Visits		
Virtual Visit	\$10 copay	100%
Tier 1 Provider	\$20 copay	100%
Non-Tier 1 Provider	\$40 copay	100%
Specialist Office Visits		
Tier 1 Provider	\$30 copay	100%
Non-Tier 1 Provider	\$60 copay	100%
Outpatient Care		
Day Surgery	20% *	100%
Diagnostic Services (labs, radiology, x-ray)	0%	100%
Advanced Diagnostics (CT Scans, ET Scans, MRI)	20% *	100%
Other Services		
Clinic 21	\$10 copay	N/A
Convenience Care	Same as Primary Care Office Visits	100%
Urgent Care	\$60 copay	100%
Emergency Room	\$200 copay	100%
Hospital	20% *	100%

Tip

Download the **HEALTH4ME mobile app** and access your insurance card, manage prescriptions, pay medical bills, and even wirelessly connect to a Fitbit device, all from your smart phone. Available free in the Apple and Google Play stores.

TYPE OF SERVICE	HIGH DEDUCTIBLE PLAN	
	IN NETWORK (YOU PAY)	OUT OF NETWORK (YOU PAY)
Annual Deductible		
Individual	\$2,000	100%
Family	\$4,000	100%
Out of Pocket Maximum		
Individual	\$4,000	100%
Family	\$8,000	100%
Primary Care Office Visits		
Virtual Visit	\$10 copay	100%
Tier 1 Provider	\$20 copay	100%
Non-Tier 1 Provider	\$40 copay	100%
Specialist Office Visits		
Tier 1 Provider	\$30 copay	100%
Non-Tier 1 Provider	\$60 copay	100%
Outpatient Care		
Day Surgery	20% *	100%
Diagnostic Services (labs, radiology, x-ray)	0%	100%
Advanced Diagnostics (CT Scans, ET Scans, MRI)	20% *	100%
Other Services		
Clinic 21	\$10 copay	N/A
Convenience Care	Same as Primary Care Office Visits	100%
Urgent Care	\$60 copay	100%
Emergency Room	\$200 copay	100%
Hospital	20% *	100%

* After deductible



Rx Coverage

When you enroll in one of the City's medical plans, you will automatically receive prescription drug coverage. This coverage is administered through Express Scripts. Your cost is determined by the tier assigned to the prescription drug product. All prescription drug products on the prescription drug list are assigned as Generic, Preferred Brand, or Non-Preferred Brand. You may find individualized information on your benefit coverage on the [Express Scripts app](#) or by logging on to www.express-scripts.com.

Mail Order is no longer required for maintenance medications. 

GENERIC DRUGS

One way to get more value from your healthcare plan is to use generic drugs when they are available, thereby paying less for your personal health needs. A generic drug is chemically identical to the corresponding name-brand versions. The additional costs and marketing of name-brand drugs are essentially the only difference between name-brand drugs and the generic options.

Some drugs will not have an exact generic option, but you can ask for the generic equivalent. Although the core ingredient may be slightly different, these equivalents still offer the same medical benefit.

PREFERRED DRUGS

A preferred drug is a name-brand drug that is on your provider's list of preferred drugs. Refer to www.express-scripts.com for a complete list of preferred drugs.

NON-PREFERRED DRUGS

Non-preferred drugs have higher copayments and are typically newer drugs on the market. Like generic equivalents, you can request a preferred drug equivalent that can offer the same medical effect.

Specialty Pharmacy

Specialty medications are critical to improving health but are also some of the most expensive medications being used today. These drugs can require frequent dosing adjustments, specialized handling and specialized administration, such as injection. Using a network specialty pharmacy will ensure continuation of your network benefits. *Filling your specialty medication at a non-network pharmacy may result in a higher out-of-pocket charge.*

Insurance Cards

Insurance cards will be mailed to new participants only. Alternatively, you may download the free [Express Scripts](#) app available for iPhone and Android users to obtain an electronic card at www.express-scripts.com.

Home Delivery vs. Retail

HOME DELIVERY

Home delivery offers a convenient and cost-effective way to fill and refill prescriptions for medications taken regularly. Home delivery requires a 90-day prescription and you will only be charged for 60 days! Your medication will arrive at the address you provide, which will result in less time making the monthly trek to the local pharmacy. You can even select to have your prescriptions automatically refilled and shipped to you by selecting Worry Free Fills! New scripts are filled within about 2 weeks. Refills can easily be ordered online and are filled within about 5 days. Visit CityLink or www.express-scripts.com for more details on this program.

RETAIL

Retail pharmacy is a convenient way to fill a prescription that is immediately needed. However, it is important to ensure you use a network pharmacy. (As an example, Walgreens & CVS are not in the network.) Prescriptions filled at non-network pharmacies will not be covered. Visit www.express-scripts.com to find a participating pharmacy.

Tip

Download the EXPRESS SCRIPTS mobile app and access your insurance card. Available free in the Apple and Google Play stores.

\$0 Copay Preventive Drugs

Several prescription medications identified as preventive drugs associated with treating or preventing such diseases as MS and diabetes are available at **no cost** to you. The risks associated with not taking these drugs can be significant. City of Frisco understands that sometimes these drugs are not taken due to affordability, so we have removed cost from the equation. Below is a list of some of the more common diseases which can be treated with preventive drugs in this program:

High Blood Pressure	Breast Cancer Prevention
HIV/AIDS	Blood Clot Platelet Therapy
Multiple Sclerosis	Diabetes
High Cholesterol	Organ Rejection
Asthma/COPD	Osteoporosis

Check CityLink for a complete list of medications available through this program.

\$5.00 Over-the-Counter Medications

Certain over-the-counter (OTC) medications are available for only \$5.00. A prescription written by your physician is required. Visit www.express-scripts.com for a complete list of these medications.

Goodrx

Goodrx provides coupons on a wide list of drugs at area pharmacies. Your prescriptions could be less expensive than the Plan's copay. It's really easy to use. Simply enter your drug and zip code. The site will provide the cost by retail pharmacy in your area along with a coupon. Visit their website at www.goodrx.com.

	IN NETWORK RETAIL PHARMACY (YOU PAY)	HOME DELIVERY (YOU PAY)
Tiers	30-day Supply	90-day Supply
Generic	\$15	\$30
Preferred Brand	\$25	\$50
Non-Preferred	\$50	\$100

Dental Plans

City of Frisco continues to offer two options for dental coverage that are administered by Assurant Dental. Each plan provides you and your dependents with coverage for typical dental expenses such as cleanings, x-rays, fillings and orthodontia services.

Dental PPO

This Plan allows you the freedom to visit any dentist without referrals for all of your dental care. However, if you chose an out of network dentist you may pay more for your care. Additionally, non-network dentists may require you to pay in full upfront and file your own claims for reimbursement.

PRE-TREATMENT ESTIMATE

For any services that may cost more than \$300, you are encouraged to request a pre-treatment estimate from your dentist. This will help you understand what your out of pocket expenses will be and how insurance will pay for a particular procedure.

WAITING PERIOD

The first 12 months of enrollment, you are eligible for cleanings and standard preventive x-rays. However, for major services and orthodontia, participants must be on the plan for a full 12 months prior to receiving such services. Assurant will give credit to participants who were on the DHMO plan for at least six months immediately preceding enrollment in the PPO plan. For a list of Assurant's preferred dentists, visit www.assurantemployeebenefits.com.

Dental HMO

This Plan requires you to pay a copay for each service you receive. There are no deductibles, benefit maximums or claim forms. A benefit schedule listing the covered services and copays is available at CityLink. Should your dentist recommend several procedures, you can request a list of services and codes from your dentist and refer to the benefits schedule to determine your copay.

DESIGNATE A PRIMARY CARE DENTIST

You are required to choose a primary care dentist and notify Assurant before you schedule an appointment. You and your dependents can each select a different primary care dentist and can change your dentist during the year. Your primary care dentist will refer you should you need care from a specialist. For a list of Assurant preferred dentists, call 1-800-443-2995 or visit www.assurantemployeebenefits.com.



Insurance Cards

Insurance cards are available at www.assurantemployeebenefits.com. Alternatively, you may download the [Benefit Tools](#) app available for iPhone and Android users.

DHMO participants must notify Assurant of their network dental provider prior to insurance cards being available.

Benefit Summary

Please note that all out of network services are subject to reasonable and customary limitations.

TYPE OF SERVICE	PPO (YOU PAY)	HMO (YOU PAY)
Annual Deductible		
Individual	\$50	\$0
Family	\$150	\$0
Annual Maximum		
Basic & Major Services	\$1,500 **	No Limit
Preventive Services		
Exams, Routine Cleanings, Space Maintainers	0%	0%
Basic Services		
X-rays, fillings, sealants, denture repairs	20% *	Copay
Major Services (Waiting period may apply)		
Crowns, Inlays, Bridges, Dentures	50% *	Copay
Orthodontia (Waiting period may apply)		
Benefit Lifetime Coverage	\$2,000 50%	Copay

* After deductible

** Plan pays

Tip

Download the **BENEFIT TOOLS** mobile app and access your insurance card. Available free in the Apple and Google Play stores.



Vision Plan

The vision plan is designed to cover eye care needs prescribed by Therapeutic Optometrists and Ophthalmologists. Certain cosmetic and elective eyewear is available at an additional cost to you. You can find providers at www.superiorvision.com.

TYPE OF SERVICE	IN-NETWORK (YOU PAY)	OUT OF NETWORK (REIMBURSEMENT)
Eye Exam		
Exam	\$10 copay	
Materials	\$20 copay	\$43
Standard Plastic Lenses		
Single vision		\$30
Bifocal	Covered in full after copayment for Eye Exam	\$45
Trifocal		\$45
Lenticular		\$100
Frames		
Frames	Up to \$150 retail value	\$40
Lenses		
UV Coating	20%-25% discount	Not covered
Tint	20%-25% discount	Not covered
Standard Scratch Resistance	20%-25% discount	Not covered
Standard Progressive	20%-25% discount	Not covered
Standard Anti-Reflective	20%-25% discount	Not covered
Other add-ons and Services	20%-25% discount	Not covered
Contact Lenses		
Conventional/Disposables	Up to \$200 retail value	Up to \$185
Medically Necessary	Up to \$200 retail value	Up to \$185
Laser Correction		
In lieu of prescription eyewear	\$200 allowance plus program pricing	\$200 allowance
Frequency		
Examination	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses and Contact Lenses	Once every 12 months	Once every 12 months

Tip

Block Vision changed their name to Superior Vision.

Insurance Premiums

You and City of Frisco share the cost of your medical and dental benefits. City of Frisco employees are paid bi-weekly and receive 26 paychecks annually; however, benefits are deducted semi-monthly for a total of 24 benefit deductions. The per pay period amounts below will be deducted on a pre-tax basis.

MEDICAL LOW DEDUCTIBLE PLAN (\$1,000)

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$890.00	857.00	\$33.00	\$16.50
Employee + Spouse	\$1,717.00	\$1,371.00	\$346.00	\$173.00
Employee + Children	\$1,451.00	\$1,113.00	\$338.00	\$169.00
Family	\$2,167.00	\$1,541.00	\$626.00	\$313.00

MEDICAL HIGH DEDUCTIBLE PLAN (\$2,000)

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$772.00	\$766.00	\$6.00	\$3.00
Employee + Spouse	\$1,516.00	\$1,371.00	\$145.00	\$72.50
Employee + Children	\$1,281.00	\$1,113.00	\$168.00	\$84.00
Family	\$1,907.00	\$1,541.00	\$366.00	\$183.00

DENTAL PPO PLAN

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$37.00	\$26.00	\$11.00	\$5.50
Employee + Spouse	\$70.00	\$47.00	\$23.00	\$11.50
Employee + Children	\$86.00	\$58.00	\$28.00	\$14.00

DENTAL HMO PLAN

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$12.88	\$8.50	\$4.38	\$2.19
Employee + Spouse	\$21.94	\$15.36	\$6.58	\$3.29
Employee + Children	\$28.96	\$20.28	\$8.68	\$4.34
Family	\$37.00	\$25.90	\$11.10	\$5.55

VISION PLAN

COVERAGE LEVEL	TOTAL MONTHLY	CITY MONTHLY	YOUR MONTHLY	YOUR PER PAY PERIOD
Employee Only	\$6.94	\$0.00	\$6.94	\$3.47
Employee + Spouse	\$11.83	\$0.00	\$11.83	\$5.92
Employee + Children	\$12.51	\$0.00	\$12.51	\$6.26
Family	\$18.76	\$0.00	\$18.76	\$9.38



Wellness Program

City of Frisco encourages healthy lifestyle choices through its Wellness Program. Employees who complete the four Activities of the Plan will earn up to \$500 which will be deposited into a Health Reimbursement Account (HRA) and will be available the following January 1st.

Program Requirements

You must complete the required Activities between September 1, 2015—August 31, 2016 to earn your wellness dollars for 2017. Compass Professional Health Services will collect your data throughout this period and update your program status. You may complete any or all of the following Activities to earn up to the maximum of \$500.

ACTIVITY #1: BIOMETRIC SCREENING

WORTH \$100

Download the Biometric Form from CityLink and take it with you to your annual physical. It is your responsibility to ensure your physician sends your completed form to Compass. Catapult onsite screening results will be automatically sent to Compass. Police Officers and Firefighters must complete their physicals through E-Care, who will send results to Compass. Credit for this activity will not be awarded without all measurements recorded in Part 2 of the Compass Biometric Form.

ACTIVITY #2: TWO OR LESS RISK FACTORS

WORTH \$200

Do you know your numbers? Review your Biometric Screening results to know your numbers. If you have three or more of the below measurements that are abnormal, you are at risk for developing Metabolic Syndrome. Metabolic syndrome is a cluster of conditions occurring together, increasing your risk of heart disease, stroke and diabetes.

MEASUREMENTS	DESIRABLE RANGE
HDL (good cholesterol)	> 40 men / >50 women
Blood Pressure	<130/85
Fasting Glucose	<100
Triglycerides	<150
Waistline	<40" men / <35" women

Two or less Risk Factors?

Great! You have completed Activity #2!

Three or more Risk Factors?

You must take additional steps to earn the wellness credit. There are two programs available to you and City of Frisco will pay for you to participate in either program, but you must complete the program. Once you complete the program, you will receive credit for completing Activity #2.

REAL APPEAL

Real Appeal is a unique, proven 16 week program to help people lose weight and keep it off, feel and look better and achieve the things they want in life — like the extra energy to play with their kids, wear clothes more comfortably, sleep better, think better—all the good stuff. Participants will have a personal professional coach, who will help individualize a plan around your needs for advice, motivation and support, as well as a step-by-step program guide, nutrition plans, and workout DVDs. You will also receive a large box of items that includes a digital weight scale and healthy cooking tools like measuring cups, spoons and such, as well as a resistance band, pedometer and more. Successful completion of this program requires you to complete 10 sessions. *See CityLink for more details on this program.*

WEIGHT WATCHERS AT WORK

You must successfully complete one 12-week series by attending at least 9 of the 12 weekly meetings. The series will be offered three times: December, April, and August. A series is subject to be cancelled if Weight Watchers' requirement of 20 participants is not met. *See CityLink for more details on this program.*

ACTIVITY #3: PREVENTIVE HEALTH SCREENINGS

WORTH \$100

To complete and earn credit for this Activity, you are required to complete one screening. This screening should be the one with the greatest medical value based on your health risks, age and gender. If you are not familiar with which screening to have, contact Compass. If Compass determines that you are not due for any disease, age, or gender specific screenings, you may complete this Activity by getting either a dental or vision screening.

ACTIVITY #4: TOBACCO FREE

WORTH \$100

To complete and earn credit for this Activity, you are required to be tobacco free for six consecutive months within the current Wellness Program year. Your tobacco use should be reported on the Compass Biometric Form. If you have not been tobacco free, you may still earn credit for this Activity by completing the following program:

Quit for Life by Alere Wellness

Successful completion of this program requires you to complete all 5 telephone calls. *See CityLink for more details on this program.*



Additional Wellness Opportunities

In addition to the core Wellness Program, there are a number of other health and wellness options available to City of Frisco employees.

Frisco Athletic Center (FAC)

How does free membership to the FAC sound? Workout at least 10 times in a calendar month at the FAC and your membership fee will be reimbursed through payroll. To enroll in this program, identify yourself as a City of Frisco employee and submit a signed agreement to Human Resources. Scanning in during each visit will enable the FAC to track and report your workouts to Human Resources for reimbursement. Only one scan per day is valid. Reimbursements are paid on the second pay check of the following month and are taxed per IRS regulations.

Airrosti

Have an ache or injury that you just can't seem to resolve? Airrosti can help. They're a rehab healthcare group that specializes in delivering high quality musculoskeletal care. Airrosti provides soft tissue/joint mobilization through a hands-on approach to improve function and range of motion. Airrosti is considered a Tier 1 Provider on the UHC medical plan. Each visit is subject to the Tier 1 copay. More details are available at www.airrosti.com.

Employee Assistance Program (EAP)

City of Frisco cares about you and your family's total health management—mental, emotional and physical. For that reason, the City provides an Employee Assistance Program (EAP) at no cost to you.

Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, you can speak with helpful resources. The EAP benefit includes five counseling sessions and one free 30-minute consultation with a network attorney per issue. All services provided are confidential and will not be shared with City of Frisco. You may also access information, benefits, educational materials, and more at www.liveandworkwell.com (access code: Frisco).

The Program provides assistance and support with:

Depression, Anxiety, and Stress
Financial and Legal Advice
Family Support

Parenting and Family Issues
Substance Abuse
Workplace Problems or Conflicts

Health Reimbursement Account (HRA)

The Health Reimbursement Account (HRA) is funded with money you earn through the Wellness Program. The purpose of the HRA is to help you pay for eligible health care services. This account is owned by City of Frisco and is administered by UnitedHealthcare.

Plan Highlights

Wellness Program awards are deposited into participant accounts annually on January 1st. These funds are available to you tax free and any unused dollars roll over from year to year with no expiration date. You may not contribute to this account. These funds do not earn interest and, if your employment terminates, these funds are forfeited.

Eligible Expenses

Typical eligible expenses include copays, deductibles and prescription expenses. For a complete list of eligible expenses visit www.myuhc.com.

Eligibility

Funds in this account may be used for eligible healthcare services for yourself and your eligible dependents. Dependents need not be enrolled in City of Frisco benefits to be eligible.

Reimbursement

Debit Card: Use as the primary form of payment for medical, prescription, dental and vision expenses wherever MasterCard is accepted. If you participate in both the Health Reimbursement Account and the Flexible Spending Account, **funds from your FSA will be applied first** toward your health care expenses. Once this account has been depleted, funds from your HRA will automatically be applied toward these expenses. If you do not elect the FSA, funds from your HRA will be applied immediately until the account has been exhausted.

Claim Forms: Complete a claim form, which is available at www.myuhc.com, for expenses incurred without the debit card. This along with a detailed receipt should be submitted to UHC HRA according to the instructions on the form.



Tip

*New Debit Cards will be mailed to **NEW participants ONLY**. Current participants will use their 2015 card until it exceeds the expiration date on the front of the card. One month before your card expires, UHC will mail a new card to your home.*



Flexible Spending Account (FSA)

City of Frisco offers Health Care FSA and Dependent Care FSA benefits to eligible employees. This benefit allows you to save taxes on eligible out-of-pocket expenses. UnitedHealthcare administers both FSA accounts.

How the FSA Works

Estimate how much your out-of-pocket expenses will be during the calendar year. You can view your current year medical expenses at www.myuhc.com, which will help you estimate your upcoming year medical expenses. The amount you elect in ESS will be deducted from the first two payrolls of the month, for a total of 24 deductions annually. New hire and mid-year enrollee contributions will be prorated. When you incur eligible expenses you can reimburse yourself through the applicable account.

Health Care FSA

The Health Care FSA may be used to pay for eligible out-of-pocket medical expenses incurred by you and your dependents between *January 1, 2016—March 15, 2017*.

CONTRIBUTION LIMITATIONS

Minimum Contribution: \$5.00 per pay period (\$120 annually)

Maximum Contribution: \$104.16 per pay period (\$2,499.84 annually)

ELIGIBLE EXPENSES

Typical eligible expenses include copays, deductibles, prescription, dental and vision expenses. Over-the-counter medications may be eligible with a written prescription. For a complete list of eligible expenses visit www.myuhc.com.

REIMBURSEMENT

Reimbursement for health care expenses may be made up to the full amount you elected to contribute for the year—even if your balance is lower. There are two methods for reimbursement:

Debit Card: Use as the primary form of payment for medical, prescription, dental and vision expenses wherever MasterCard is accepted. Funds will be withdrawn directly from your Health Care FSA account. IRS rules require that all FSA expenses are validated. Most providers and retailers have software to do this validation during the actual transaction. However, if they do not perform the validation, UHC FSA may require a copy of your transaction receipt to validate the debit. This validation is mandated by the IRS and lack of compliance may result in your debit card being suspended. To request additional debit cards for your family members, please contact UHC.

Claim Forms: Complete a claim form, which is available on CityLink. This along with a detailed receipt should be submitted to UHC FSA according to the instructions on the form.

Claims must be successfully submitted to UHC FSA no later than April 30, 2017. Any money left in your account after March 15, 2017 will be **forfeited**.

Dependent Care FSA

The Dependent Care FSA may be used to pay for eligible daycare expenses incurred between January 1, 2016—December 31, 2016.

CONTRIBUTION LIMITATIONS

Minimum Contribution:	\$5.00 per pay period (\$120 annually)
Maximum Contribution:	\$208.33 per pay period (\$4,999.92 annually)

ELIGIBILITY

In order to participate in Dependent Care FSA, IRS rules require that the daycare be necessary in order for you (and your spouse) to work or attend school. For more eligibility details visit www.myuhc.com.

ELIGIBLE DEPENDENTS

Your dependents under the age of 13 and dependents of any age who are mentally or physically disabled and whom you claim as dependents for tax purposes.

ELIGIBLE EXPENSES

Licensed daycare providers	Day Camps
Before/After School Care	In-house dependent care provider

REIMBURSEMENT

Reimbursement for dependent care claims is limited to the balance in your account at the time. If your eligible expenses are greater than your actual balance, the unreimbursed amount will carry over and be reimbursed after your next payroll deposit. There are two methods for reimbursement:

Debit Card: Use as a form of payment for day care expenses at daycare facilities that have software to validate the transaction. IRS rules require that all FSA expenses are validated. Funds will be withdrawn directly from your Dependent Care FSA account. To request additional debit cards for your family members, please contact UHC.

Claim Forms: Complete a claim form, which is available on CityLink. This along with a detailed receipt should be submitted to UHC FSA according to the instructions on the form.

Expenses must be incurred by December 31, 2016. Claims must be successfully submitted to UHC FSA no later than April 30, 2017. Any money left in your account will be **forfeited**.

Tip

*New Debit Cards will be mailed to **NEW participants ONLY**. Current participants will use their 2015 card until it exceeds the expiration date on the front of the card. One month prior to your card's expiration, UHC will mail a new card to your home.*



Short Term Disability (STD)

Short term disability (STD) insurance replaces a portion of your income if you become disabled* and are not able to work for more than 30 days due to a non-work related injury or illness. City of Frisco provides basic STD coverage at no cost to you and enrollment in the Basic plan is automatic. Benefits begin on the 31st day of absence due to an injury or illness. For more details, please refer to CityLink.

- ELIGIBILITY:** Full time employee working 30+ hours per week
- ELIMINATION PERIOD:** 30 days of Injury or Illness
- DURATION:** 22 weeks
- BENEFIT:**
 - Base (City of Frisco provided) 40% of your weekly earnings to a maximum of \$200 per week
 - Buy-Up (Employee pays) 60% of your weekly earnings to a maximum of \$1,000 per week

Basic Coverage

If you are out of work for an eligible* injury or illness, you will receive a company provided weekly benefit for up to 22 weeks. This benefit is provided at no cost to you.

Supplemental Coverage

If basic coverage does not meet your needs, you can purchase supplemental STD coverage which will increase your weekly benefit from 40% to 60%.

HOW MUCH WILL THE SUPPLEMENTAL STD COST? Fill in the blanks below to determine your cost per pay check.

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \times .60 = & \underline{\hspace{2cm}} & / \$10 = \$ & \underline{\hspace{2cm}} & \times .24 = & \underline{\hspace{2cm}} / 2 = \underline{\hspace{2cm}} \\
 \text{Your weekly income} & & \text{Weekly Benefit} & & & \text{Your monthly cost} & \text{Per pay period cost} \\
 & & \text{(Max = \$200 Base Plan} & & & & \\
 & & \text{or \$1,000 Buy Up Plan)} & & & &
 \end{array}$$

*As defined by UNUM



Long Term Disability (LTD)

Long Term Disability (LTD) insurance provides income protection by replacing a percentage of your pay if you become disabled* and not able to work for more than 180 days due to a non-work related injury or illness. This benefit is paid for by City of Frisco and enrollment is automatic. For more details, please refer to CityLink.

ELIGIBILITY:	Full time employee working 30+ hours per week
ELIMINATION PERIOD:	180 days
DURATION:	To age 65 if you continue to meet the definition of disability
BENEFIT:	Pays you 60% of your basic monthly earnings (combined with other sources of disability income), up to a maximum benefit of \$5,500 per month

*As defined by UNUM



Accident Plan

The Accident Plan pays a benefit to any covered family member who is injured due to an accident such as laceration, fracture, dislocation, or even poison ivy. For a complete list, please visit CityLink.

Enrollment

Enrollment in this plan is only available during Annual Enrollment which is held each fall. To enroll, complete the form posted on CityLink and turn it into Human Resources prior to the close of Annual Enrollment. Coverage does not begin until approved by UNUM.

Plan Highlights

- No deductibles and no copayments
- No lifetime limits
- No network restrictions – you choose your own medical treatment provider
- No coordination of benefits – benefit paid regardless of any other insurance
- 24/7 coverage, on and off the job
- \$50 annual wellness benefit for certain preventive care screenings. *(This is separate from the City of Frisco Wellness Program.)*

Additional Benefits

As a result of an accident, this plan provides additional benefits for the following:

- Accidental Death and Dismemberment
- Intensive Care
- Hospital Admission
- Hospital Confinement

Rates

ACCIDENT PLAN RATES				
	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY
Per Pay Period	\$8.89	\$14.65	\$16.04	\$21.81

Critical Illness Plan

The Critical Illness Plan pays a benefit to any covered family member who has a critical illness such as heart attack, stroke, end stage renal failure along with other illnesses and conditions that are diagnosed as a result. Visit CityLink for more details.

Enrollment

Enrollment in this plan is only available during Annual Enrollment which is held each fall. To enroll, complete the form posted on CityLink and turn it into Human Resources prior to the close of Annual Enrollment. Coverage does not begin until approved by UNUM.

Plan Highlights

- No deductibles and no copayments
- Recurrence Benefit for same condition if after 12 months treatment free
- No network restrictions – you choose your own medical treatment provider
- No coordination of benefits – benefit paid regardless of any other insurance
- Benefit available for each catastrophic category
- \$50 annual wellness benefit for certain preventive care screenings (*This is separate from the City of Frisco Wellness Plan*)

Additional Benefits

As a result of a critical illness, this plan provides additional benefits for the following:

- Additional benefit for Cancer diagnosis and treatment
- Intensive Care
- Hospital Admission
- Hospital Confinement

Rates

Employee and Spouse coverage is purchased in increments of \$1,000. For a spouse to be covered, the employee must cover themselves.

Employee May purchase coverage from \$5,000—\$50,000 in increments of \$1,000

Spouse May purchase coverage from \$5,000—to \$30,000 in increments of \$1,000

Child Automatically covered at 25% of employee’s elected coverage amount, up to \$12,500

CRITICAL ILLNESS PLAN RATES					
CURRENT AGE	NON-TOBACCO	TOBACCO	CURRENT AGE	NON-TOBACCO	TOBACCO
<25	.70	1.07	50-54	3.53	7.16
25-29	.77	1.28	55-59	4.65	9.12
30-34	1.01	1.81	60-64	5.96	10.93
35-39	1.37	2.65	65-69	6.70	11.39
40-44	1.95	3.88	70+	12.01	18.36
45-49	2.68	5.37			

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} / \$1,000 = \$ \underline{\hspace{2cm}} + 1.60 = \underline{\hspace{2cm}} / 2 = \underline{\hspace{2cm}}$$

Benefit Amount Non/Tobacco Rate Subtotal Your monthly cost Per pay period cost



Life Insurance

The Life Insurance Plan is through UNUM and provides financial protection to your beneficiaries in the event of your death.

Basic Life Insurance

City of Frisco provides each eligible employee with basic term life insurance at no cost and enrollment is automatic. This benefit is \$50,000.

Voluntary Life Insurance

You may also choose to purchase supplemental life insurance in addition to the City paid basic term life insurance. You will pay the full cost of this benefit through post-tax payroll deductions.

Employee	<p>Benefit amount: \$10,000 increments up to \$250,000 total Basic and Voluntary Coverage</p> <p>Evidence of Insurability during future enrollment periods: New coverage elections or increases in coverage require you to provide Evidence of Insurability and be approved before coverage begins.</p>
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Voluntary Spouse & Child Life Insurance

You may also choose to purchase supplemental life insurance for your spouse and/or eligible children. You pay the full cost of this benefit through post-tax payroll deductions.

Spouse	<p>Benefit amount: \$10,000 increments up to \$250,000, but not more than 100% of employee's Basic and Voluntary coverage.</p> <p>Guarantee Issue during initial eligibility: \$30,000</p> <p>Evidence of Insurability during initial eligibility: Any elections that exceed \$30,000 require you to provide Evidence of Insurability (available on CityLink) and be approved before coverage begins.</p> <p>Evidence of Insurability during future enrollment periods: New coverage elections or increases in coverage require you to provide Evidence of Insurability (available on CityLink) and be approved before coverage begins.</p>
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RATES

Life insurance rates for the employee and spouse are based on the employee's age as of January 1, 2016 (or the effective date of benefits coverage for new hires). The rates below are per pay period and increase on January 1st after the employee moves to the next age bracket.

EMPLOYEE & SPOUSE OPTIONAL LIFE RATES	
Employee Age	Employee / Spouse Rates Per \$1,000
<25	\$.0485
25-29	\$.0485
30-34	\$.0585
35-39	\$.0685
40-44	\$.0875
45-49	\$.126
50-54	\$.1845
55-59	\$.2815
60-64	\$.4665
65-69	\$.758
70+	\$1.28

$$\frac{\text{Benefit Amount}}{\$1,000} = \$ \frac{\text{Covered Units}}{\text{Age Banded Rate}} \times \text{Per pay period cost}$$

AGE REDUCTION SCHEDULE

- At age 70, Basic and Optional Life Insurance benefits are reduced to 65% of the original amount.
- At age 75, Basic and Optional Life Insurance benefits are reduced to 40% of the original amount.
- At age 80, Basic and Optional Life Insurance benefits are reduced to 25% of the original amount.
- At age 85, Basic and Optional Life Insurance benefits are reduced to 15% of the original amount.

Child Life Insurance

You may also choose to purchase supplemental life insurance for your eligible children. You pay the full cost of this benefit through post-tax payroll deductions.

Child	<p>Benefit amount: \$5,000 or \$10,000 only</p> <p>Coverage Limits: 1 - 10 children up to age 26</p> <p>Evidence of Insurability: Not required</p> <p>Rates: \$1.05 per paycheck for \$5,000 Coverage \$2.10 per paycheck for \$10,000 Coverage</p>
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Accidental Death & Dismemberment (AD&D)

City of Frisco provides each eligible employee with Accidental Death and Dismemberment (AD&D) insurance at no cost and enrollment is automatic. The AD&D plan is administered by UNUM and provides financial protection in the event of a loss (injuries or death) that specifically results from an accident.

Benefit

The maximum benefit under this Plan is \$50,000. However, the benefit you receive is dependent on the loss incurred due to an accident. Some examples include:

LOSS	BENEFIT PAYABLE
Life	100% of coverage amount
Both hands or both feet	100% of coverage amount
Sight of both eyes	100% of coverage amount
One hand or one foot	50% of coverage amount
Sight of one eye	50% of coverage amount
Thumb & index finger of same hand	25% of coverage amount

Additional losses due to an accident are covered under the AD&D plan. Check your Summary Plan Description to review the full loss schedule.

Age Reduction Schedule

At age 70, Basic and Optional Life Insurance benefits are reduced to 65% of the original amount.
 At age 75, Basic and Optional Life Insurance benefits are reduced to 40% of the original amount.
 At age 80, Basic and Optional Life Insurance benefits are reduced to 25% of the original amount.
 At age 85, Basic and Optional Life Insurance benefits are reduced to 15% of the original amount.



Compass

Compass Professional Health Services (Compass) is a concierge service that is provided free of charge by City of Frisco to medical plan participants. Compass provides the price-transparency, quality checks and patient advocacy that unlock the power of healthcare consumerism. Because they are not affiliated with any insurance company, doctor, or hospital, Compass will give you unbiased information.

How does it work?

Compass is knowledgeable with all of City of Frisco's benefit plans and they have access to all of the plan details so they are well equipped to answer any questions you may have. They even know what specific benefits you're enrolled in which enables them to provide you with information specific to your benefits.

What can they assist with?

Need a new physician?

Compass can help you find a physician that is accepting new patients and is located conveniently to your home or work. During this process they will review the physician's medical record to ensure you are provided the best options available.

Need a test or procedure performed?

Compass will perform a quality and price comparison at different facilities located near your work or home and then provide you with their recommendation. Compass knows in-network prices vary by 300% locally, which means the same MRI can cost \$500 or \$1,500 depending on the facility chosen.

Reduce Rx Costs?

Compass has access to the most current UHC Rx lists. They can use these to cross reference your Non-preferred drug to a Preferred Drug or even to a Generic. They can also confirm which drugs are available on the \$0 Copay Plan.

Confusing medical bills?

Email or fax the bill to your health pro, Katy. She will review the bill against the medical plan and contact the physician or facility's office on your behalf to initiate any billing corrections.

Katy is your Health Pro. She is available weekdays 8:00 a.m.-6:00 p.m. at

(855) 777-0534 or katym@compassphs.com

Logon to the Compass Member Portal at www.member.compassphs.com



2016 City of Frisco Holiday Schedule

New Year's Day	Friday	January 1
Memorial Day	Monday	May 30
Independence Day	Monday	July 4
Labor Day	Monday	September 5
Patriot Day	Sunday	September 11 **Firefighters Only
Thanksgiving Day	Thursday	November 24
Day After Thanksgiving	Friday	November 25***
Christmas Eve	Friday	December 23
Christmas Day	Monday	December 26
New Year's Day 2017	Monday	January 2, 2017

**** Firefighters as defined by the City of Frisco Personnel Policies**

***** Except Firefighters**

Note: 'Firefighters' as defined by the City of Frisco Holiday policy in section 8.6.2

Contacts & Resources

CARRIER	PLAN
Medical - UHC	1-800-842-5658 www.myuhc.com Group# 730270
Prescription – EXPRESS SCRIPTS	1-844-516-3323 www.express-scripts.com
Clinic 21—Frisco Square	1-214-618-8390 www.clinic-21.com
Dental – ASSURANT	1-800-443-2995 www.assurantemployeebenefits.com PPO Group# K1900850 DHMO Group# 5455211
Vision – SUPERIOR	1-866-265-0517 www.superiorvision.com Group #329640
FSA & HRA – UHC	1-866-755-2648 www.myuhc.com
Compass	1-855-777-0534 katym@compassphs.com
Life and AD&D – UNUM	1-800-445-0402
Disability & Worksite – UNUM	1-800-445-0402
FMLA/Leave Services – UNUM	1-866-779-1054
EAP – OPTUM	1-866-248-4094 www.liveandworkwell.com (Access code: Frisco)
Retirement – TMRS	1-800-924.8677 https://www.tmrs.org/MyTMRS/Logon
Retirement (457) – ICMA	1-877- 313-8316 www.icma-rc.org Eunice Brogdon—Retirement Plan Specialist
Human Resources	972-292-5200 Option 3 benefits@friscotexas.gov

