



City of Georgetown

EMPLOYEE BENEFIT GUIDE

January 1, 2009 - December 31, 2009



2009 BENEFITS AT A GLANCE

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WELCOME

You must enroll in your benefits package as a new employee within the first 30 days of employment. Your benefits for health, dental, vision, health savings account (HSA), and Flexible Spending Account start the first of the month after your hire date. The voluntary life insurance, short term disability, and prepaid legal start the first of the second month after your hire date. You may not change your benefit options again until open enrollment unless you have a qualifying life event change. The elections you make now will last through December 31, 2009. During the next open enrollment you will be able to:

- Enroll in or drop the medical or vision plans
- Add, change or drop a dependent from your plan
- Enroll in the Flexible Spending Accounts (Health Care and Dependent Day Care)
- Enroll, increase/decrease, or drop your Life Insurance and Short Term Disability coverage
- Enroll in the Voluntary Benefit Plans

HUMAN RESOURCES STAFF

Kevin Russell

Human Resource Director

Phone: 512-930-2504

Email: krussell@georgetowntx.org

Cynthia Nguyen

Human Resource Administrative Assistant III

Phone: 512-930-3639

Email: cnguyen@georgetowntx.org

Kelly Bressler

Human Resource Generalist - Benefits, Wellness and FMLA

Phone: 512-930-7233

Email: kbressler@georgetowntx.org

Elizabeth Jones

Human Resource Technician - Civil Service

Phone: (512)931-7645

Email: ejones@georgetowntx.org

Rudy Villarreal

Human Resource Generalist - Staffing and Training

Phone: 512-930-3691

Email: rvillarreal@georgetowntx.org

Carina Reason

Human Resource Generalist – Risk Management, Safety and Workers' Compensation

Phone: (512)930-8485

Cell Phone: (512)818-2640

Email: creason@georgetowntx.org

Qualifying Event Changes

If you have a qualifying event change, you must complete a change form within 31 days of the qualifying event date. Examples of qualifying events are:

- birth
- marriage
- divorce
- Qualified Medical Child Support Order
- adoption
- dependent gain or loss of other group coverage

To view City of Georgetown benefit information on the web go to:

www.hrconnection.com

login - georgetown

password - benefits

MEDICAL

You have the option to choose one of the following plans:

- **Humana Copay (NPOS)** - With this plan you are not required to select a Primary Care Physician (PCP), however, you are encouraged to do so to create that initial relationship between you and your doctor should a need arise. You also have the option of going directly to any network provider for covered services - without a referral from your PCP. This includes all specialty providers.
- **Humana HDHP (NPOS)** - The HDHP plan continues to offer you the option of choosing covered services in or out of network. The HDHP plan requires a high annual deductible per individual. You will pay the total discounted amount until the deductible is met at which point insurance pays 100%. Employees selecting this plan qualify for an HSA.
- The City will contribute \$500 to employees choosing employee only coverage and \$1,000 to employees choosing employee + children, employee + spouse or family coverage into a Health Savings Account (HSA). This amount is pro-rated for new employees based on the number of months covered on the plan.
- If you are not eligible for a HSA and would like to participate, please contact Human Resources for an option to have the City contribution placed into the flexible spending account instead.



Humana HDHP (NPOS) Plan		
Features	In-Network	Out-of-Network
Annual Deductible	\$1500/Individual \$3000/Family	\$3000/Individual \$6000/Family
Annual Out-of-Pocket Maximum	\$1500/Individual* \$3000/Family*	\$10000/Individual* \$20000/Family*
H S A Amount	\$500 Individual / \$1,000 Family	
Co-Insurance	100% after ded	70% after ded
Office Visits	100% after ded	70% after ded
Preventive Services	100%	100%
Hospital Care	100% after ded	70% after ded
Urgent Care	100% after ded	70% after ded
Emergency Room	100% after ded	70% after ded
Outpatient Surgery	100% after ded	70% after ded
Prescription Drugs	100% after ded	70% after ded
Mail Order (up to 31-90 day supply)	N/A	N/A

Amounts listed indicate patient responsibility.
*After deductible is met.

2009 Medical Rates

The City pays a significant amount of the overall cost for your benefits. The amount you pay will depend on the choices you make. The City pays 100% of the employee only coverage in the HDHP. You will pay for a portion of your premium if you elect the Copay Plan and premiums for dependent coverage in either plan.

Humana Copay (NPOS)	Semi-monthly Employee Cost	Monthly Employee Cost	City's Monthly Cost	Total Monthly Premium
Emp Only	\$17.24	\$34.47	\$264.67	\$299.14
Emp + Child(ren)	\$84.95	\$169.89	\$356.33	\$526.22
Emp + Sp	\$182.05	\$364.09	\$356.33	\$720.42
Emp + Fam	\$219.43	\$438.85	\$456.33	\$895.18

Humana HDHP (NPOS)	Semi-monthly Employee Cost	Monthly Employee Cost	City's Monthly Cost (includes HSA contribution)	Total Monthly Premium
Emp Only	\$0	\$0	\$264.67	\$264.67
Emp + Child(ren)	\$59.64	\$119.28	\$356.33	\$475.61
Emp + Sp	\$132.03	\$264.05	\$356.33	\$620.38
Emp + Fam	\$147.16	\$294.32	\$456.33	\$750.65

Humana Copay (NPOS) Plan		
Features	In-Network	Out-of-Network
Annual Deductible	\$1,500/Individual \$3,000/Family	\$3,000/Individual \$6,000 Family
Annual Out-of-Pocket Maximum	\$3,000/Individual \$6,000/Family*	\$6,000/Individual \$12,000 Family*
Co-Insurance	80%	50%
Office Visits	\$30 PCP \$40 Specialist	50% after ded
Lifetime maximum	\$5,000,000	
Hospital Inpatient	80% after ded	50% after ded
Hospital Outpatient	80% after ded	50% after ded
Emergency Room	\$200 copay	\$200 copay
Urgent Care	\$40 copay	50% after ded
Preventive Care	100%	50%
Prescription Drugs	Retail -- \$10, \$30, \$50 & 25% Mail -- \$20, \$60, \$100 & 25%	

DENTAL

Dental insurance is offered through Aetna's Freedom-of-Choice Plan. This plan is unique in that it allows you to choose from either the Aetna dental network referred to as the DMO, or you can choose any licensed

dentist for covered services under the PDN. You can also switch between the two plans at any time during the plan year, however, keep in mind that you must notify the plan prior to the 15th of each month in order for your coverage to be effective the first of the coming month. Contact Member Services to make the switch.

Aetna

Features	DMO PLAN	PDN Plan
Annual Maximum	None	\$1,500
Annual Deductible	None	\$50/Individual \$150/Family
Office Visit Copay	\$5	None
Preventive Care (exams, cleanings)	Covered at 100%	Covered at 100%, ded waived
Basic Care (fillings, extractions)	\$5 copay, then 90%	80% after ded
Major Care (inlays, crowns)	\$5 copay, then 60%	80% after ded
Orthodontia	\$2300 copay (Adult and Child) No Lifetime Maximum	Only children up to age 20 \$1000 Lifetime Maximum

2009 Dental Rates

Aetna Freedom of Choice	Semi-monthly Employee Cost	Monthly Employee Cost	City's Monthly Cost	Total Monthly Premium
Emp Only	\$0	\$0	\$23.42	\$23.42
Emp + Child(ren)	\$15.04	\$30.08	\$23.42	\$53.50
Emp + Sp	\$12.96	\$25.91	\$23.42	\$49.33
Emp + Fam	\$27.74	\$55.48	\$23.42	\$78.90

VISION

Voluntary vision benefits will continue to be available through United Healthcare Specialty Benefit (formerly Spectera). This plan gives you flexibility in choosing from a network provider for optimum coverage or selecting any private practice provider for a scheduled reimbursement amount. There are no ID cards for the vision plan. Contact UHC Specialty Benefits Customer Service department or log on to their website for assistance in locating a provider or verifying eligibility.

UHC Specialty Benefits

Features	In-Network	Out-of-Network
Eye Exam (once every 12 months)	\$10 copay	Reimbursed up to \$40
Eyeglass Lenses (once every 12 months)	\$25 copay*, then covered at 100%	Single - up to \$40 Bifocal - up to \$60 Trifocal - up to \$80
Eyeglass Frames (once every 12 months)	\$25 copay*, then covered at 100%	Reimbursed up to \$45
Contact Lenses - Medically Necessary	\$25 copay*, then covered at 100%	Reimbursed up to \$210

Elective Contact Lenses	\$25 copay*, then covered at 100%	Reimbursed up to \$105
All Other Elective Contacts	Covered up to \$105	Reimbursed up to \$105
Refractive Eye Surgery	Discount up to 15% with selected providers	N/A

*Combined for lenses and frames

2009 Vision Rates

UHC Spectera	Semi-monthly Employee Cost	Monthly Employee Cost	City's Monthly Cost	Total Monthly Premium
Emp Only	\$4.36	\$8.72	\$0	\$8.72
Emp + Child(ren)	\$9.59	\$19.18	\$0	\$19.18
Emp + Sp	\$9.15	\$18.30	\$0	\$18.30
Emp + Fam	\$12.20	\$24.40	\$0	\$24.40

LONG TERM DISABILITY (LTD)

LTD pays you up to 60% of your monthly earnings if you are disabled for longer than 90 days and unable to fulfill your job duties, up to the age of retirement (as determined by Social Security National Retirement Age).

LTD benefits are provided to all regular full-time employees at no cost through Assurant Employee Benefits.

LIFE INSURANCE/ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

As a Texas Municipal Retirement System (TMRS) member, you are automatically provided with life insurance in an amount equal to one times your annual average salary for the twelve months prior to the month of death.

You can also purchase additional Life Insurance with Accidental Death and Dismemberment (AD&D) through The Standard Insurance Company. You may elect up to 150,000 without providing evidence of insurability. If you wish to enroll in more than \$150,000 you will need to complete Evidence of Insurability. You may apply for up to 25,000 on your spouse without evidence of insurability. If you request more than the 25,000 in your spouse's coverage you will be required to complete Evidence of Insurability. The cost per thousand is based on age. See the rate chart for details. Dependent/child coverage do not require Evidence of Insurability.

Employees can enroll in up to 5 times their annual salary or \$500,000 whichever is less. Spousal Insurance is limited to \$125,000 or 1/2 of Employee's coverage, whichever is less. Child insurance can be in any \$1,000 increment from \$1,000 to 10,000 and this insurance will cover all eligible children. The cost for child / dependent coverage is \$0.50 semi-monthly per 10,000.

2009 Voluntary Life Rates

Age	Semi-Monthly Employee Rate Per \$1,000 of Benefit Unit
0 - 29	\$0.0265
30 - 34	\$0.030
35 - 39	\$0.0435
40 - 44	\$0.0615
45 - 49	\$0.08
50 - 54	\$0.1265
55 - 59	\$0.2165
60 - 64	\$0.326
65 - 69	\$0.532
70 +	\$0.848

VOLUNTARY BENEFITS

Voluntary Short Term Disability

The Standard will continue to provide Voluntary Short Term Disability benefits.

Short Term Disability pays you up to 60% of weekly earnings to a maximum of \$1,000 when unable to work for greater than 7 days due to a non-work related injury or illness, including pregnancy. Premiums are paid post-tax and benefits are not subject to federal income tax. This insurance can be beneficial to new hires who do not have sufficient benefit time to compensate them while out on leave or for those employees with low leave balances.

To determine your semi-monthly deduction, follow the example below.

Employee Age	Monthly Rate Per \$10 of weekly benefit
< = 50	\$0.60
50 - 54	\$0.80
55 - 59	\$1.10
60 - 64	\$1.25

Example: Lucy is 29 years old. Annual salary - \$25,000. Average weekly earnings = \$481.

60% of average weekly earnings = $\$289/10 = \28.90

Her monthly rate is \$0.60

$\$28.90 \times \$0.60 = \$17.34 =$ Approximate monthly premium

$\$17.34 \times 12 \text{ months} = \$208.08 =$ Annual premium

$[\$208.08 / 24 \text{ semi-monthly deductions} = \$8.67 \text{ semi-monthly deduction}]$

Voluntary Pre-Paid Legal Plan

The City will continue to offer voluntary benefits through Pre-Paid Legal and Identity Theft Shield. This plan is designed to meet the most common legal needs encountered by employees and their families. Members have access to professional legal counsel not only for traditional legal problems, but also for everyday events such as buying a house or a car, creating a will, handling a problem with an insurance company, dealing with identity theft, and much more.

RETIREMENT PROGRAMS

Texas Municipal Retirement System (TMRS)

You will continue to contribute 7% of your pre-tax earnings to TMRS. After 5 years of employment, you are considered to be vested. Once you are vested, the City will match your contributions on a 2 to 1 basis. You are eligible to receive the match upon retirement, either at any age with 20 years of service or 60 years of age with 5 years of service.

457 Deferred Compensation Plans

The City of Georgetown now offers you the choice of two 457 Deferred Compensation Plans - one through ICMA-RC and a new offering through Nationwide Retirement Solutions.

Want to contribute more to your nest egg but unsure how? A 457 Plan offers eligible employees a convenient, tax-deferred method to save for retirement. You can contribute additional monies to a tax deferred retirement plan, up to IRS annual maximum allowable. You can choose between a percentage of your income or a flat amount. In addition, you select the funds in which you want to invest in. You can also join this plan at any time during the course of your employment. Contact Human Resources for details.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



MHNet Behavioral Health

1-800-492-4357
www.mhnet.com

The City offers you and your dependents guidance and confidential counseling through MHNet Behavioral Health.

Benefits include:

- Up to eight (8) counseling session packages per family member, per problem, per year, for assessment, problem solving, and/or referrals.
- 24-Hour Call Center answered by a live counselor.
- Work Life Solutions, a program designed to assist you and your family members with legal and financial assistance, health and wellness programs, and personal and professional development.
- Legal and Financial assistance.
- Preventative health and complementary care coaching and education services.

FLEXIBLE SPENDING ACCOUNTS (FSA)

There are two types of accounts:

- **Healthcare Expense Reimbursement Account** used to pay for eligible out-of-pocket expenses, such as:
 - Deductibles and copays for medical, dental, or vision coverage
 - Retail and mail-order prescription copays
 - Certain over-the-counter medicines
 - Any IRS deductible expense not covered by a health plan
- **Dependent Care Reimbursement Account**—allows you to reimburse day care expenses for children up to 13 years of age or disabled dependents.

Discovery Benefits will administer the Flexible Spending Accounts, effective January 1, 2009.

Here is how the spending accounts work:

- **Decide how much to deposit.** Estimate the medical expenses not reimbursed by insurance and/or dependent care expenses you expect to have between January 1, 2009, and December 31, 2009. Then, using the worksheets provided at the end of this section, decide how much you want to deposit to each account.
- **File a claim when you have expenses.** When you have an eligible health care or dependent care expense, submit your receipt and a claim form for reimbursement. Forms are available on our HR Connection website and on the Discovery Benefits website.
- **You receive payment.** You are reimbursed for your eligible expenses with tax-free dollars from your account. You may participate in either or both accounts, and may choose to deposit up to:
 - \$5,000 per year into your Healthcare Expense Reimbursement Accounts and
 - \$5,000 per year per household combined into your Dependent Care Flexible Spending Account.

Please remember the following important features:

- **Estimating Your Expenses.** The IRS restricts how you may use the funds in your spending accounts, so if you decide to contribute to either or both accounts, you should carefully estimate your expenses for the coming year. The accounts operate on a “use it or lose it” basis, meaning you forfeit any money left in your accounts at the end of the plan year.
- **Grace Period.** At the end of each plan year, you have an additional 2-month, 15-day grace period to incur healthcare claims for unused benefits from the previous plan year. This additional period is January 1 through March 15. You have until May 15 to submit claims from the previous plan year.
- **Account Restriction.** If you participate in both accounts, you may not transfer money between the accounts.

Example of Savings

Here is an example of how much you save—and how much more you have to spend on other things—by participating in the Spending Accounts. This example assumes you earn \$30,000 per year, are in the 15% tax bracket, and participate in both types of accounts.

How Much You Can Save	With	Without
Annual Pay	\$30,000	\$30,000
Before-tax Dependent Care Flexible Spending Account	5,000	--
Before-tax Medical Flexible Spending Account	2,000	--

Taxable Pay	\$23,000	\$30,000
Federal Tax Withholding	3,390	4,500
Social Security (FICA)	1,729	2,295
After-Tax Dependent Care Costs	--	5,000
After-Tax Health Care Costs	--	2,000
Take-Home Pay	\$17,881	\$16,205
Savings	\$1,676	

As you can see, by participating in the Spending Accounts, you reduce your taxes and increase your spendable pay by \$1,676 in this example.

Healthcare Expense Reimbursement Account

You decide how much to contribute to the General Purpose Account, up to \$5,000 per plan year. You can use the money in your account to reimburse yourself for eligible health care expenses not covered by any insurance, such as plan deductibles, coinsurance, or co-payments. Examples of deductible medical expenses are listed below. If you have a question about any expense, especially if it does not appear on the list, contact the Human Resources Department.

Who is covered? You can use the Healthcare Expense Reimbursement Account to receive tax-free reimbursement of expenses for:

- You,
- Your spouse,
- Your children, and
- Anyone else you claim as a dependent on your federal income tax return, regardless of whether you cover the dependent on your City medical coverage.

You can elect to automatically receive a check from Discovery Benefits out of your General Purpose Healthcare Expense Reimbursement Account when you incur out-of-pocket expenses such as co-pays, coinsurance, and deductibles.

If you do not want automatic reimbursement from your Flexible Medical Account, you must check where indicated when completing your elections on your form.

How it works:

(If you waive automatic reimbursement)

- *Submit your receipts for expenses, along with a completed claim form to the administrator for reimbursement.*
- *When you receive an explanation of benefits (EOB) from your plan that shows your co-pay, send a copy with your completed claim form.*

- *You may be reimbursed up to the full amount you have elected to deposit for the year. If your claim is for more than the amount in your account, your ongoing deposits will repay your account for any early reimbursements.*

A Medical Flexible Spending Account Worksheet is provided at the end of this section to help you estimate your expenses for 2009 and decide how much you want to contribute.

Dependent Care Reimbursement Account

The City offers an opportunity for you to save money on day-care for eligible dependents through the Dependent Care Reimbursement Account. You decide how much to contribute, up to \$5,000 per year per household combined. To be eligible to use the account, you (and your spouse, if married) must both work outside the home.

Who is covered? You may claim dependent care expenses for a dependent that lives with you and relies on you for more than half of his or her financial support. You must claim the person as a dependent on your federal income tax return. Eligible dependents include:

- Your children under age 13, and
- Any eligible disabled dependent.

You may be reimbursed for care provided by a relative, as long as the person is not your spouse, child under age 19, or someone you claim as a dependent on your federal income tax return.

How it works:

- Pay your day-care expenses to your care provider and ask for a receipt.
- File a spending account claim form indicating the amount of the expense, the period of time it covers, and the federal tax ID or Social Security number of the dependent care provider. Attach your receipt to the claim form.
- You will be reimbursed up to the balance in your account at the time you file your claim. If your claim is for more than the amount in your account, you will be reimbursed for the rest of your expense as deposits are made by payroll deduction.

A Dependent Care Reimbursement Account Worksheet is provided below to help you estimate your expenses for 2009 and decide how much you want to contribute.

A childcare tax credit is available on your federal income tax return. The amount you contribute to the Dependent Care Reimbursement Account reduces the tax credit you may claim. If you earn less than

\$25,000, you may benefit more by using the tax credit. Ask your tax advisor which option is better for you.

Flexible Spending Account Worksheets

Use these worksheets to decide how much to contribute to each spending account for the year. Estimate carefully, because you FORFEIT any money you do not claim as an eligible expense incurred between January 1, 2009, and December 31, 2009.

Healthcare Reimbursement Account Worksheet	
Step 1: Estimate deductible expenses that you, your spouse, and eligible dependents will have during the year that will not be reimbursed by any insurance coverage - even if your spouse and children are not covered under your medical plan.	
Medical Care Deductibles, coinsurance, or co-payment amounts, prescription drug co-payments, and other medical expenses.	\$
Dental Care Deductibles, coinsurance, or co-payment amounts, orthodontia, and other dental expenses.	\$
Vision Care Eye exams, glasses or contact lenses, and other vision expenses.	\$
Total Estimated Healthcare Expenses	\$
Step 2: Calculate the amount you want to contribute each paycheck.	
Total Estimated Healthcare Expenses from Step 1 divided by 26 paychecks <i>Equals per paycheck maximum contribution you should consider*</i>	\$

**The maximum amount you may contribute for the year is \$5,000.*

Dependent Care Reimbursement Account Worksheet	
Step 1: Calculate the amount you want to contribute each month.	
1. Weekly dependent care expenses	\$
times	
2. Number of weeks you use dependent care*	x
Equals	
3. Your annual expense	= \$
Your annual expense divided by 26 paychecks <i>Equals per paycheck maximum contribution you should consider*</i>	\$

**Remember that there may be times you do not use dependent care, such as vacations, holidays, or other times when you aren't at work. The maximum amount you can contribute is \$5,000 per household combined.*

A health care tax deduction is available on your federal income tax return if you have expenses that are more than 7.5% of you and your spouse's taxable pay. Most people do not have medical expenses of more than 7.5% of income. If you think your expenses will be more than 7.5%, you should consult your tax advisor before using this account because you may not use the Medical Flexible Spending Account and the tax deduction for the same expenses.

HEALTH SAVINGS ACCOUNT (HSA)

What is an HSA?

An HSA is a tax-free way to save and budget for healthcare expenses. **HSA contributions go in tax-free, earn interest tax-free, and can be used tax-free for IRS-approved expenses.** Your employer or anyone else can put money in your account, too.

To put money in an HSA, you must be enrolled in a High Deductible Health Plan (HDHP) and you can't have coverage under any other non-qualifying health plan. According to the IRS, an "HSA-compatible" HDHP has certain features:

1. The minimum deductible and maximum out-of-pocket expense amounts are within a range the IRS sets.
2. All covered expenses, including prescriptions, have to apply to the same deductible and out-of-pocket maximum. Preventive services like yearly gynecological exams are an exception to this rule.

Why might you want an HSA?

The HSA lets you control how you save, invest, and use your healthcare dollars:

- **Reduce your taxable income.** You don't pay taxes on the money you put in your HSA, so you keep more of your paycheck. By using tax-free money - instead of your take-home pay, which you've paid taxes on - you're essentially getting a discount every time you use your HSA for eligible items.
- **The money always belongs to you.** Any money you put into the HSA, along with any contributions your employer makes, belongs to you - even if you leave the City.
- **Your account earns interest tax-free.** Money you put into an HSA earns interest - a lot or a little, depending on the type of account you invest in and your balance. All the interest earned is tax-free, too.

- **You control the money.** You decide how to invest the funds, including any amounts your employer contributes.
- **You can save the money for future needs.** Even if you don't use many healthcare services now, your HSA funds will be there if you need them in the future - even after retirement. If you never need the money, it goes to your heirs.
- **It's easy to use the funds.** Humana gives you a debit card, the HumanaAccess Visa® card that lets you take money out of your HSA for medical expenses without the hassle of reimbursement forms.

To sign up for the Health Savings Account, first decide how much money to set aside in the account for the plan year, January 1, 2009 - December 31, 2009. Once you make your election it is set for the entire year so be sure to determine your expenses accordingly. The pre-authorized amount, determined by you, is taken out of your check before taxes and placed in your specially designated account.

Who is eligible for an HSA?

Following IRS rules, the HSA is available only to those employees participating in the High Deductible Health Plan option who have no other group medical plan coverage, cannot be claimed as a dependent on another individual's tax return, and are not eligible for Medicare.

What is the maximum I can contribute to the HSA?

The maximum that can be contributed in 2009 into the Health Savings Account is \$3,000 for employee only coverage and \$5,950 for family coverage. This maximum is total contributed including the City contribution of \$500 or \$1,000. There is also a "catch-up" provision for employees age 55 or older. This provision allows you to contribute an additional \$1,000.

Other Benefits

Free Recreation Center Membership

All employees can receive free recreation center membership by stopping by the recreation center at and showing your employee identification. This membership also includes your spouse and dependent children. The Recreation Center Membership includes aerobic classes, weight room/fitness center, full court gym, two racquetball courts, game room, children's room, lockers, and showers. You also receive free tennis center membership.

City employees also receive a 10% discount on summer and spring break camp, are able to register as residents

regardless of where you live, and receive two pool passes valued at \$20, which can be used for admission or applied towards a pool membership.

Free Library Cards

All employees and their family members are eligible for free library cards regardless of their residency. The library offers free computer and internet and wireless internet access, free computer classes, children's programs, tutoring, and free tax assistance and e-filing between January and April 15th.

BENEFIT CONTACT INFORMATION

Did you know that you can choose a provider...verify plan benefits...request an ID card...switch from the DMO to PDN plan...file a claim, just by making a phone call to your plan administrator?

Hold onto this contact sheet for future use!

Benefit Plan	Phone	Website
Medical <ul style="list-style-type: none"> • Humana NPOS and HDHP (NPOS) Plan 	800-4-HUMANA	www.humana.com
Dental <ul style="list-style-type: none"> • Aetna Freedom of Choice 	877-238-6200	www.aetna.com
Vision <ul style="list-style-type: none"> • United Healthcare Specialty Benefits 	Customer Service 800-638-3120 Provider Locator 800-839-3242	www.myuhcspecialtybenefits.com
Employee Assistance Program (EAP) <ul style="list-style-type: none"> • MHNet Behavioral Health 	800-492-4357	www.mhnet.com
Flexible Spending Accounts (FSA) <ul style="list-style-type: none"> • Discovery Benefits 	866-451-3399, Option 1, 1	www.discoverybenefits.com
Voluntary Life Insurance/AD&D <ul style="list-style-type: none"> • The Standard - General Questions 	888-937-4783	www.standard.com
Short Term Disability <ul style="list-style-type: none"> • The Standard - General Questions 	888-937-4783	www.standard.com
Long Term Disability <ul style="list-style-type: none"> • Assurant Employee Benefits - General Questions • Assurant Employee Benefits - Claims 	800-733-7879 800-451-4531	www.assurantemployeebenefits.com
Group Legal Plan <ul style="list-style-type: none"> • Pre-Paid Legal Services 	888-516-9357 ext. 1	www.prepaidlegal.com
Retirement Programs <ul style="list-style-type: none"> • Texas Municipal Retirement System (TMRS) • ICMA-RC 457 Plan 	800-924-8677 800-735-7202	www.tmrs.com www.icmarc.org

