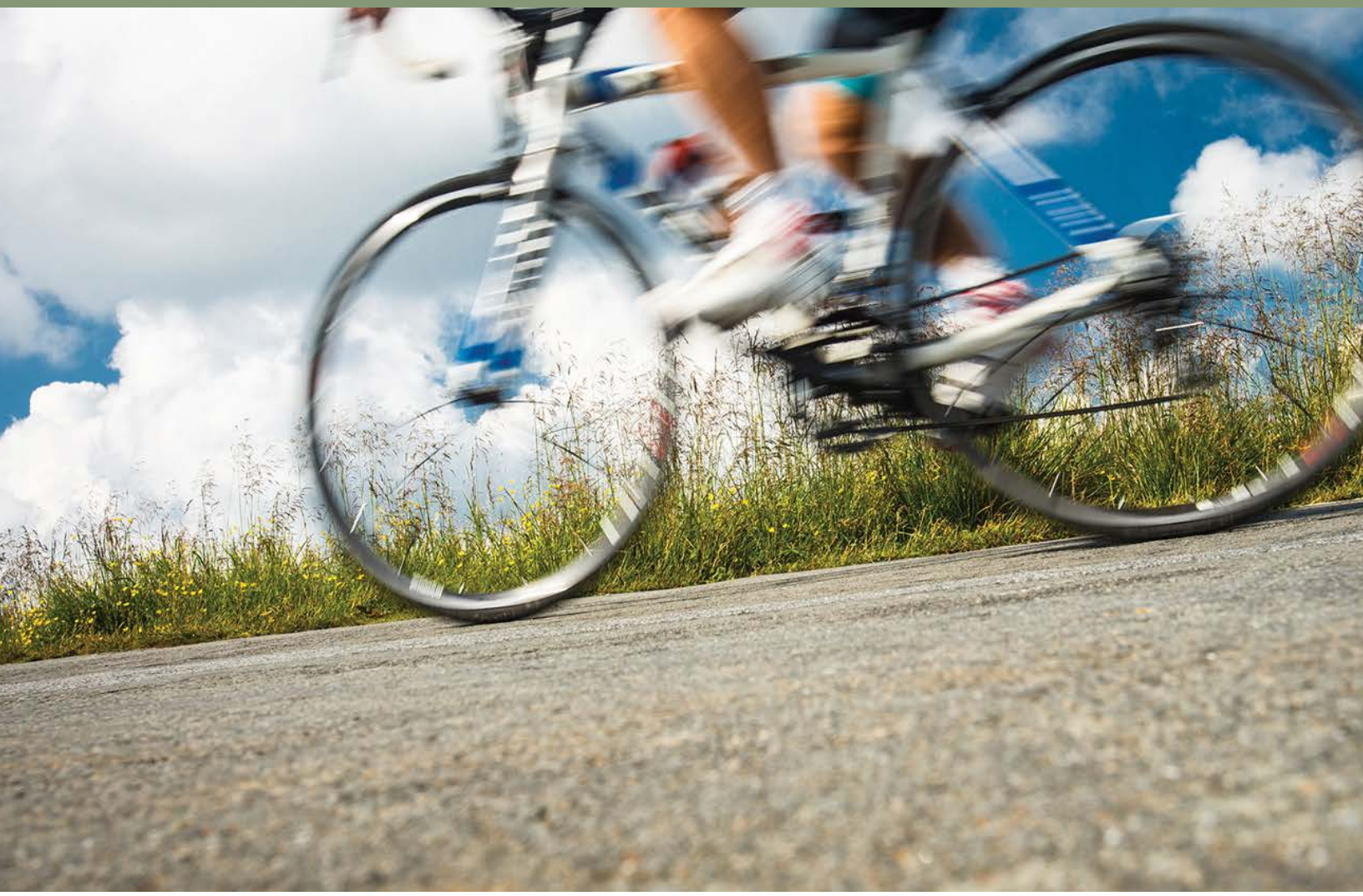
2017

Employee Benefits Overview



City of
MOUNT
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Take a Closer Look

At City of Mount Vernon, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health physically, emotionally and financially is the reason City of Mount Vernon offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices supplement for more details.

The benefits in this summary are effective:

January 1, 2017 - December 31, 2017

TABLE OF CONTENTS

Who Can You Cover? 2

Making the Most of Your Benefits Program 3

Medical 4

Prescription Drugs 5

HRA VEBA 6

Key Terms 7

Cost of Coverage 9

Meet Ben-IQ 10

For Assistance 10

Who Can You Cover?

WHO IS ELIGIBLE?

Full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical plan.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your children:
    - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
    - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
    - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of City of Mount Vernon cannot also be covered as a dependent.
- Employees who work less than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

WHEN CAN I ENROLL?

Coverage for new employees begins on the First of the month following Date of Hire (DOH).

Open enrollment for current employees is generally held in November. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child (60 days)
- Loss of other healthcare coverage (31 days)
- Eligibility for new healthcare coverage (31 days)
- Marriage (31 days)
- Divorce (31 days)

As you can see, depending on the type of event, you have 31 to 60 days to make your change.

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

TAKE YOUR PILLS!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

City of Mount Vernon provides you with two comprehensive coverage options through Premera Blue Cross.

	Premera Heritage Prime HRA Plan		Premera Heritage Prime PPO Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	$1,500 Individual (offset by annual contribution to HRA) $3,000 Family (offset by annual contribution to HRA)		$0 Individual $0 Family	
Annual Out-of-Pocket Max	$4,000 Individual (offset by annual contribution to HRA) $8,000 Family (offset by annual contribution to HRA)	Unlimited Individual Unlimited Family	$1,100 Individual $2,200 Family	
Lifetime Max	Unlimited		Unlimited	
Office Visit				
Primary Provider	Plan pays 80% after deductible	Plan pays 60% after deductible	$10 copay then 100%	Plan pays 70% after deductible
Specialist	Plan pays 80% after deductible	Plan pays 60% after deductible	$10 copay then 100%	Plan pays 70% after deductible
Preventive Services	Plan pays 100%	Not covered	Plan pays 100%	Not covered
Chiropractic Care	Plan pays 80% after deductible (up to 15 visits per calendar year)	Plan pays 60% after deductible (in-network limitations apply)	$10 copay then 100% (up to 15 visits per calendar year)	Plan pays 70% after deductible (in-network limitations apply)
Lab & X-Ray	Preventive covered 100%; all others plan pays 80% after deductible	Plan pays 60% after deductible	Preventive covered 100%; all others plan pays 90% after deductible	Plan pays 70% after deductible
Inpatient Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Outpatient Surgery	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible
Urgent Care	Plan pays 80% after deductible	Plan pays 60% after deductible	$10 copay then 100%	Plan pays 70% after deductible
Emergency Room	Plan pays 80% after deductible		$75 copay then plan pays 90% after deductible (copay waived if admitted)	

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Here are the prescription drug plans that are offered with our Premera Heritage Prime HRA and PPO Plans.

	Premera Heritage Prime HRA Plan		Premera Heritage Prime PPO Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Pharmacy				
Generic	Plan pays 80% after deductible	Plan pays 80% after deductible (of allowable cost)	$5 copay then 100%	$5 copay then 60% of allowable cost
Preferred Brand	Plan pays 80% after deductible	Plan pays 80% after deductible (of allowable cost)	$15 copay then 100%	$15 copay then 60% of allowable cost
Non-preferred Brand	Plan pays 80% after deductible	Plan pays 80% after deductible (of allowable cost)	$30 copay then 100%	$30 copay then 60% of allowable cost
Supply Limit	30 Days	30 Days	30 days	30 days
Mail Order				
Generic	Plan pays 80% after deductible	Plan pays 80% after deductible (of allowable cost)	$10 copay then 100%	Not covered
Preferred Brand	Plan pays 80% after deductible	Plan pays 80% after deductible (of allowable cost)	$30 copay then 100%	Not covered
Non-preferred Brand	Plan pays 80% after deductible	Plan pays 80% after deductible (of allowable cost)	$60 copay then 100%	Not covered
Supply Limit	90 Days	90 Days	90 days	Not applicable

Impact to Premera customers using the Heritage Prime network after Dec. 31, 2016

All Swedish and Providence Health & Services hospitals, facilities, physicians, and other providers will be out of network beginning Jan. 1, 2017, for Premera customers with group plans that use the Heritage Prime network. Emergency care will still be treated as In-network at any hospital (see table on previous page).

If a Premera customer using the Heritage Prime network is in the middle of care with a Providence hospital, facility or physician's group on Jan. 1, 2017, Premera will take great care to assist them. Premera will follow the guidelines for continuity of care outlined in plan contracts. Continuity of care allows a set amount of time for in-network rates to apply while care is completed or transitioned.

If a Premera customer whose plan uses the Heritage Prime network attempts to schedule an appointment in 2017 with a Providence facility or provider, they should be informed by Providence that they are not in-network. If a customer receives care from a Providence doctor or facility in 2017 for non-emergency care, the cost for the services will be processed as an out-of-network benefit, and the customer will be expected to pay according to their plan benefits.

HRA VEBA

HRA VEBA

HRA VEBA contributes will be made based on the unused portion of your healthcare deductible that the city provides through the HRA. See your HR team for more details.

COMPASS PROFESSIONAL HEALTH SERVICES

Compass provides the tools and resources to evaluate your medical options. Services include everything from physician/facility locations and cost comparisons, to a detailed review of your medical bills and charges. Employees and families enrolled in the Premera Heritage Prime Plan have access to the Health Pros at Compass at no additional cost.

EMPLOYEE ASISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through First Choice Health Plan can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free.

Help is available 24/7, 365 days a year by telephone at 800-777-4114. Other resources are available online at firstchoiceeap.com.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 3.

Additional benefits are available through your medical plan. Review your medical benefit booklet for more information.

Key Terms

MEDICAL/GENERAL TERMS	
Allowable Charge	The negotiated amount that in-network providers have agreed to accept as full payment.
Balance Billing	A practice where out-of-network providers bill a member for charges that exceed the plan's allowable charge.
Coinsurance	The percentage cost share between the insurance carrier and a member.
Copay	The dollar amount a member must pay directly to a provider at the time of service.
Explanation of Benefits (EOB)	The statement you receive from the insurance carrier that details how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay your provider until you have received this except for copays.
Family Deductible	The maximum dollar amount any one family will pay out in individual deductibles in a year.
Individual Deductible	The dollar amount a member must pay each year before the plan will pay benefits for certain services.
In-Network	Services received from providers (doctors, hospitals, etc.) who have agreed to limit their fees for health plan members to a negotiated allowable charge.
Out-of-Network	Services received from providers (doctors, hospitals, etc.) who have not agreed to limit their fees to a negotiated allowable charge. Out-of-network benefits are usually lower and additional balance billing charges will apply whenever the provider charges more than the plan's allowable charge.
Out-of-Pocket Maximum	That maximum amount that you will pay each year for covered services.
Preventive Care	A routine exam - usually yearly that may include a physical exam, immunizations and tests for cancer.

PRESCRIPTION DRUG TERMS	
Brand Prescription Drug	A drug which is produced and distributed under patent protection with a trademarked name from a single drug manufacturer. A generic drug may be available if the patent has expired.
Dispense as Written (DAW)	A prescription that does not allow for substitution of an equivalent generic or similar brand drug.
Maintenance Medications	Medications taken on a regular basis for an ongoing condition. Examples of maintenance medications include oral contraceptives, blood pressure medication and asthma medications.
Non-Preferred Brand Drug	A brand drug for which alternatives are available from either the insurance carrier's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug	A brand drug that an insurance carrier has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of their clinical effectiveness and their cost.
Specialty Pharmacy	Provide special drugs that are used to treat complex conditions such as multiple sclerosis, cancer and HIV/AIDS.
Step Therapy	The practice of beginning drug therapy for a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

Cost of Coverage

City of Mount Vernon pays for the full cost of coverage for employee only coverage and 90% of dependent coverage on the Premera **Heritage Prime HRA Plan**. If you are on the **Premera Heritage Prime PPO Plan** the City will pay for 86% of the medical premiums for you and your covered dependents.

In general, you pay for health coverage before federal, state and social security taxes are withheld, so you pay less in taxes. Please note that domestic partner contributions, are regulated by the IRS and generally must be made on an after-tax basis. Similarly, the company contribution toward the cost of domestic partner coverage and his/her dependents is taxable income to you. Contact your tax advisor for more details on how this tax treatment applies to your specific situation.

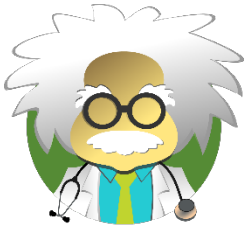
MEDICAL

Premera Heritage Prime HRA Plan	Total Cost	Your Cost
Employee Only	$385.17	$0.00
Employee + Spouse	$739.75	$35.46
Employee + Child	$552.86	$16.77
Employee + Children	$706.74	$32.16
Employee + Spouse + Child	$907.44	$52.23
Employee + Spouse + Children	$1,061.32	$67.62
Premera Heritage Prime PPO Plan	**Total Cost**	**Your Cost**
Employee Only	$723.95	$101.35
Employee + Spouse	$1,399.96	$195.99
Employee + Child	$1,026.74	$143.74
Employee + Children	$1,267.59	$177.46
Employee + Spouse + Child	$1,702.75	$238.39
Employee + Spouse + Children	$1,943.60	$272.10

Meet Ben-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips - your smartphone. Ben-IQ is available for Android and iPhone. Search for Ben-IQ in your mobile app store and download it today.

Getting Started with Ben-IQ



1. Launch the app.
2. Enter your assigned username: "COMV".
3. Accept the "Terms and Conditions"
4. Take a tour of Ben-IQ and review plan summaries, important contacts like EAP, store and organize ID cards using your phone's camera and much more!

Make sure to share Ben-IQ with your covered family members too.

For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website
Medical/Rx	Premera Blue Cross	800.722.1471	Premera.com
Employee Assistance Program	First Choice Health	800-777-4114	firstchoiceeap.com
HRA/VEBA	BPAS, Inc.	855-404-8322	Bpas.com

In addition, City of Mount Vernon offers you confidential access to Benefit Advocates who can help you with benefit questions or resolving claim issues:

Email: mybenefits@alliant.com

Telephone: 800.410.6571

Hours: 8:00am-4:30pm, M-F

Benefit Advocates are a service provided by Alliant Employee Benefits.

Notes

Notes

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EMPLOYEE BENEFITS

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