



CITY OF COLLEGE PARK

EMPLOYEE BENEFITS GUIDE

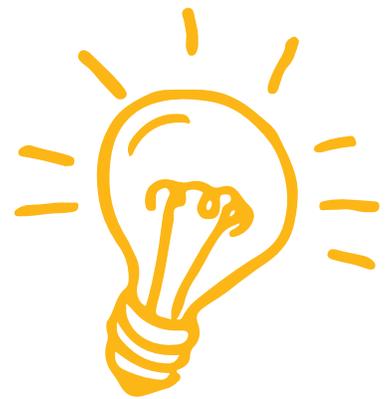


July 1, 2020 - June 30, 2021



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Important Notice about Your Prescription Drug Coverage and Medicare—see page 18 Please read this notice and share it with any of your Medicare-eligible dependents.

ELIGIBILITY

Employees

All full-time employees are eligible to participate in the benefits described in this guide. Part-time employees working 20 or more hours per week are eligible for some of the benefits described. Please check each benefit for details.

Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony.
- Dependent Children: your biological, adopted, or legal dependents up to age 26 regardless of student, financial, and marital status. Dependent coverage terminates at the end of the month in which the dependent ceases to meet the definition of an eligible dependent.

MAKING CHANGES

The benefits plan year runs July 1 through June 30. You will not be able to make changes to your elections during the plan year unless you or one of your dependents experience a qualified change-in-status event. If you do not experience a qualified change-in-status event, the elections you make and their related payroll deductions will remain in effect through June 30, 2020.

You must notify the Human Resources Department within 30 days of the qualified change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

What is a qualified change-in-status event?



Marriage or Divorce



Birth, Adoption, or Death



Change in employment status for you, your spouse, or your dependent child



Eligibility for or loss of other coverage due to your spouse's Open Enrollment period, or loss or gain of benefit eligibility





PROVIDER DIRECTORY

Benefit	Provider	Phone Number	Website/Email
Medical and Prescription	Cigna	1-800-244-6224	www.mycigna.com
Dental	MetLife Dominion	1-800-942-0854 1-800-334-6277	www.metlife.com/dental www.dominionnational.com
Vision	VSP EyeMed	1-800-877-7195 1-866-723-0514	www.vsp.com www.eyemedvisioncare.com
Flexible Spending Account (FSA)	TASC	1-800-422-4661	www.tasconline.com
Life and Disability	Lincoln Financial	1-866-360-0683	www.lincoln4benefits.com
Employee Assistance Program (EAP)	Magellan Health	1-800-523-5668	www.magellanhealth.com
Benefits Hotline	PSA Insurance & Financial Services	1-877-716-6618	help@psafinancial.com

Questions?

You can obtain information by contacting the Human Resources Department or our benefit providers directly.

EMPLOYEE PER PAY COST (24 PAYS)

Health Insurance Monthly Rates As Of July 1, 2020

		Contract Cost	City Pays	Full-Time Employee Pays Pre-Tax*
Cigna HMO	S	\$906.25	\$770.31	\$135.94 (15%)
	2p	\$1812.50	\$1540.62	\$271.88
Low Option	F	\$2537.50	\$2156.88	\$380.62

- \$30/\$40 Physician/Specialist Co-Pays
- Rx Benefit Subject To Mandatory Generic Rx Benefit \$10/\$35/\$60
- Self-Administered Injectables Covered At 50% To Max Of \$75.
- \$300 Co-Pay For Hospital Admission

Cigna HMO	S	\$940.70	\$761.96	\$178.74 (19%)
	2p	\$1881.41	\$1523.95	\$357.46
High Option	F	\$2,633.96	\$2,133.52	\$500.44
\$20/\$30 Physician/Specialist Co-Pays		Rx Benefit \$10/\$30/\$50		

Cigna Opt-Out	S	\$987.75	\$750.69	\$237.06 (24%)
	2p	\$1,975.46	\$1,501.36	\$474.10
Open Access	F	\$2,765.65	\$2,101.89	\$663.76

\$20/\$30 Physician/Specialist Co-Pays Rx Benefit \$10/\$30/\$50 Out-Of-Network Benefits Paid At 80% After \$500/\$1000 Deductible

All Plans Have:

- A Deductible: \$250 Per Person For Opt-Out And High Hmo; \$300 For Low HMO
- \$200 Co-Pay For Emergency Room Visit (Waived If Admitted)
- \$50 Co-Pay For Urgent-Care Facility Visit
- PCP Co-Pay For Telemedicine Call

Effective July 1, 2017 – Hearing Aids For Adults Will Be Covered Up To \$1400.

Dental And Vision Insurances Monthly Rates As Of July 1, 2019

		Contract Cost	City Pays 80%	Employee Pays 20%*
Metlife Dental	S	\$41.85	\$33.49	\$8.36
	2p	\$82.96	\$66.36	\$16.60
	F	\$151.18	\$120.94	\$30.24

Dominion National Dental	S	\$21.86	\$17.49	\$4.37
	2p	\$41.32	\$33.06	\$8.26
	F	\$53.14	\$42.51	\$30.24

Ameritas Vision	S	\$11.16	\$8.92	\$2.24
	2p	\$20.68	\$16.54	\$4.14
	F	\$28.80	\$23.04	\$5.76

*These rates are for employees working 30+ hours. Rates are pro-rated for part-time employees.



MEDICAL COVERAGE OVERVIEW

Keeping you and your family in good health

City of College Park cares about your health and well-being. The health benefits available to you represent a significant component of your compensation package, and they provide important protection to keep you and your family in good health. Employees have the option to enroll in either the Low OAPIN, the High OAPIN, or the Open Access Plus plan through Cigna.

None of the plans require you to choose a Primary Care Physician (PCP) or obtain a referral to see a specialist. The Low and High OAPIN plans require that you see an in-network provider in order to receive benefits. Under the Open Access Plus plan, you have the freedom to see both in-network and out-of-network; however, staying in-network is more cost-effective.

Choosing the right type of care

Your doctor knows best

- Your personal physician best understands your health.
- Having a personal physician can result in overall better care.

But what if you get sick or injured when your doctor's office is closed?

Cigna Members: 24/7 medical advice

- Health Information Line: get advice on a diagnosis or where to receive care (1-800-244-6224).
- Cigna Telehealth Connection: access virtual doctor visits for common, uncomplicated, non-emergency health issues. See the information the next page for more details.

Urgent Care Centers

- Urgent care centers are usually open after normal business hours, including evenings and weekends.
- Many urgent care centers offer on-site diagnostic tests.
- In most situations, you'll find that you save time and money by going to urgent care instead of the Emergency Room. Make sure that the urgent care center you select is in the network!

Emergency Room (ER)

- ERs are the best place for treating severe/life-threatening conditions.
- ERs provide the most expensive type of care.



Need to locate a participating provider?

Go to www.cigna.com and select "Find a Doctor." Choose "Plans through your employer or school." Choose your search location and select your medical plan option to search for a participating provider near you.

Save money with generic drugs

Ask your doctor if it's appropriate to use a generic drug rather than a brand drug. Generic drugs contain the same active ingredients and are identical in dose, form and administrative method as a brand name, but cost less.

CIGNA MEMBERSHIP INFORMATION

myCigna.com

When you're better informed, you make better choices. Cigna's personalized website, www.mycigna.com, provides access to your plan information, as well as many online tools with information to help you make more informed health decisions. Want to find out how to improve your fitness or eat better? Cigna's online tools can help you stay active and take care of your health.

Cigna Mobile app



The myCigna mobile app gives you an easy way to organize and access your important health information—anytime, anywhere. Download the free app and gain instant access to multiple services.

24/7 Medical Advice

Cigna Telehealth

Good news! Your Cigna medical plans provide you with access to two telehealth services: American Well (AmWell) and MDLIVE. This service is called Cigna Telehealth Connection: telehealth services designed to offer you greater control when you need to see a doctor.

With Cigna Telehealth Connection, you can get the care you need—including most prescriptions—for a wide range of minor conditions. You can connect with a board-certified doctor when, where, and how it works best for you—via video or phone—without having to leave home or work.

AmWell and MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. Costs are the same as a visit with a primary care provider.

- Choose when: Day or night, weekdays, weekends, and holidays
- Choose where: Home, work, or on the go
- Choose how: Phone or video chat
- Choose who: AmWell or MDLIVE doctors

You are encouraged to register for one or both services, so you're ready when and if you need care. Signing up is easy. Set up and create an account with one or both AmWell (AmWellforCigna.com) and MDLIVE (MDLIVEforCigna.com) complete a medical history using their "virtual clipboard," and download AmWell for Cigna App and MDLIVE for Cigna App to your smartphone/mobile device.

24-Hour Health Information Line

The 24-Hour Health Information Line (HIL) assists individuals in understanding the right level of treatment at the right time. Trained nurses are available 24 hours a day, seven days a week, 365 days a year to provide health and medical information and direction to the most appropriate resource. To speak with a nurse, call 1-800-244-6224.



Preventive care covered at 100%

Prevention is the best medicine, and your Cigna medical plans cover a wide range of preventive services to help you and your family lead healthy, productive lives. These services include annual routine examinations, well-childcare visits, immunizations, routine OB/ GYN visits, mammograms, PAP tests, prostate screenings, and other services as required by the Affordable Care Act. These preventive services are covered in full in-network.



MEDICAL & PRESCRIPTION PLAN BENEFITS

The chart above highlights your costs for some of the services available to you under the medical plan. For full plan details, please refer to your Cigna plan summaries.

	Low OAPIN	High OAPIN
Plan Features	In-Network ONLY YOU PAY	In-Network ONLY YOU PAY
Plan Network	Open Access Plus	
Referrals for Specialists	No	
Primary Care Physician Required	No	
Annual Deductible Amount you must pay per calendar year before the plan begins to pay benefits for certain services	\$300 Individual \$600 Family	\$250 Individual \$500 Family
Annual Out-of-Pocket Maximum Maximum amount you pay toward covered expenses per calendar year	\$2,000 Individual \$4,000 Family	
Preventive Care Services	No Charge	
Office Visits, Labs, and Testing		
Primary Care Physician Office Visits	\$30 copay	\$20 copay
Specialist Office Visits	\$40 copay	\$30 copay
Diagnostic Lab Tests	No charge	
Diagnostic X-Rays	No charge	
Mental Health/Substance Abuse Office Visits	\$40 copay	\$30 copay
Emergency Care, Urgent Care, and Hospitalization		
Emergency Room (Copay waived if admitted)	\$200 copay	
Urgent Care	\$50 copay	
Inpatient Hospitalization	\$300 per admission	No charge
Outpatient Surgical Facilities	No charge	
Prescription Drugs—In-Network Only		
Annual Deductible	None	
Annual Out-of-Pocket (OOP) Maximum	Combined with medical OOP Maximum	
Retail 30-Day Supply		
Tier 1: Generic	\$10 copay	\$10 copay
Tier 2: Preferred Brand	\$35 copay	\$30 copay
Tier 3: Non-Preferred Brand	\$60 copay	\$50 copay
Tier 4: Self-Administered Injectables	50% coinsurance/prescription	\$50 copay
90-Day Supply	2 times the 30-day supply copay	

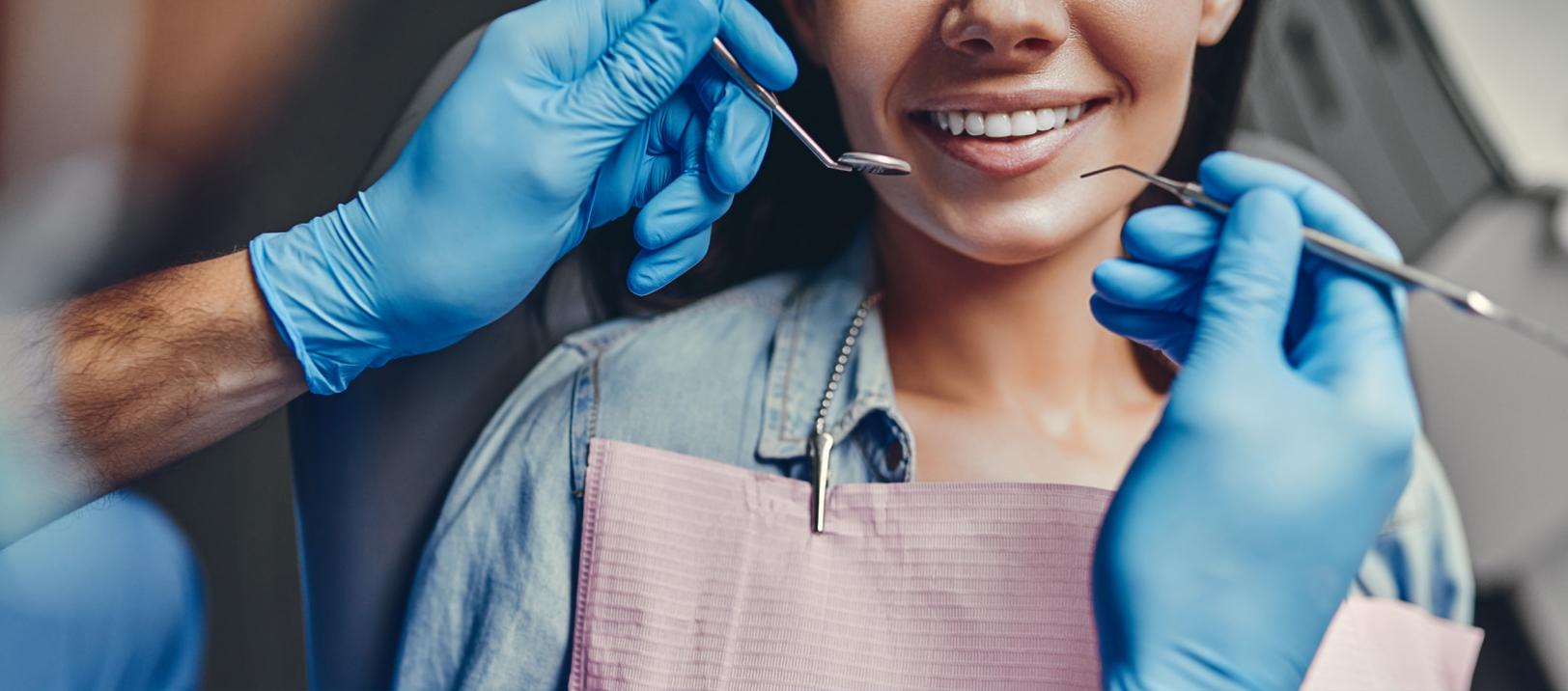
This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

	Open Access Plus	
Plan Features	In-Network ONLY YOU PAY	Out-of-Network ONLY YOU PAY
Plan Network	Open Access Plus	N/A
Referrals for Specialists	No	
Primary Care Physician Required	No	
Annual Deductible Amount you must pay per calendar year before the plan begins to pay benefits for certain services	\$250 Individual \$500 Family	\$500 Individual \$1000 Family
Annual Out-of-Pocket Maximum Maximum amount you pay toward covered expenses per calendar year	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Preventive Care Services	No Charge	20%
Office Visits, Labs, and Testing		
Primary Care Physician Office Visits	\$20 copay	20%
Specialist Office Visits	\$30 copay	20%
Diagnostic Lab Tests	No charge	20%
Diagnostic X-Rays	No charge	20%
Mental Health/Substance Abuse Office Visits	\$40 copay	20%
Emergency Care, Urgent Care, and Hospitalization		
Emergency Room (Copay waived if admitted)	\$200 copay	
Urgent Care	\$50 copay	
Inpatient Hospitalization	No charge	20%
Outpatient Surgical Facilities	No charge	20%
Prescription Drugs—In-Network Only		
Annual Deductible	None	
Annual Out-of-Pocket (OOP) Maximum	Combined with medical OOP Maximum	
Retail 30-Day Supply		
Tier 1: Generic	\$10 copay	20% coinsurance/prescription
Tier 2: Preferred Brand	\$30 copay	20% coinsurance/prescription
Tier 3: Non-Preferred Brand	\$50 copay	20% coinsurance/prescription
Tier 4: Self-Administered Injectables	Not Covered	20% coinsurance/prescription
90-Day Supply	2 times the 30-day supply copay	20% coinsurance/prescription

Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review. If you are currently enrolled, you will be provided a copy of the SBC for the plan in which you are currently enrolled in connection with Open Enrollment. If you are a new hire and enrolling for the first time, you will be provided a copy of the SBC for each medical plan option with your benefits enrollment materials.





DENTAL PLAN BENEFITS

You have the option to enroll in either the MetLife or the Dominion plan for dental coverage. With both plans, it is recommended that you choose an in-network dentist, so you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

MetLife DPPO Dental Plan

Plan Features	In-Network YOU PAY	Out-of-Network* YOU PAY
Calendar Year Deductible (Waived for preventive and orthodontia)	\$50 Individual \$150 Family	\$100 Individual \$300 Family
Calendar Year Maximum The maximum amount the plan will pay for covered services per calendar year	Plan pays \$1,250 per person per calendar year	
Preventive Care Exams, cleanings, fluoride, x-rays, periodontal maintenance, space maintainers, emergency palliative treatment, sealants	No charge, no deductible	No charge*, no deductible
Basic Care Periodontal root planing and scaling, periodontal surgery, fillings, simple extractions, root canal, surgical extractions, repairs (crowns)	Deductible, then 20%	Deductible, then 40%*
Major Care Crowns, dentures, bridges, implants, bruxism appliances	Deductible, then 50%	Deductible, then 50%*
Orthodontia Care Children up to age 19 only	50%, no deductible Plan pays \$1,250 lifetime maximum	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*Out-of-network dentists may balance bill up to their usual fees.

To locate an in-network provider for the MetLife plan, visit www.metlife.com/dental. Enter your zip code and select your plan's network under "Find a participating dentist."



Prevention first!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to the annual deductible and the plan covers 100 percent of the cost if you visit an in-network provider!

Dominion Access ePPO Dental Plan

Plan Features	In-Network You Pay	Out-of-Network* YOU PAY
Calendar Year Deductible (Waived for preventive)	\$25 Individual \$75 Family	Not covered
Calendar Year Maximum The maximum amount the plan will pay for covered services per calendar year	Plan pays \$2,000 per person per calendar year	
Preventive Care	See fee schedule	Not covered
Basic Care	See fee schedule	Not covered
Major Care	See fee schedule	Not covered

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*There are no benefits for services received out-of-network under the Dominion Access ePPO plan.

To locate an in-network provider for the Dominion plan, visit www.dominionnational.com. Enter your zip code and select your plan under "Find a Dentist."





VISION PLAN BENEFITS

You may elect vision coverage through either VSP (Choice network) or EyeMed (Select network). With these plans, you have the ability to use both in-network and out-of-network providers; however, if you choose to receive services from an out-of-network provider, you will be required to pay that provider in full at the time of service and submit a claim form for reimbursement. The charts to the left highlight your costs and copays for certain covered services in-network, as well as your potential out-of-network plan reimbursements.

VSP (Choice Network)

Basic Benefit	In-Network YOU PAY	Out-of-Network Plan Reimbursement
Exam Once every 12 months	No charge	Up to \$45
Lenses Once every 12 months		
Single Vision	No charge	Up to \$30
Lined Bifocal	No charge	Up to \$50
Lined Trifocal	No charge	Up to \$65
Frames Once every 24 months	\$150 allowance + 20% off remaining balance	Up to \$75
Contacts (Instead of glasses) Once every 12 months	\$150 allowance (15% discount on fitting/exam)	Up to \$120

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

To locate a participating provider, visit www.ameritasgroup.com/member. Click on "Find a Provider" at the top of the screen and select your provider/network.



Did you know your eyes can tell an eye care provider a lot about you?

In addition to detecting eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

EyeMed (Select Network)

Basic Benefit	In-Network YOU PAY	Out-of-Network Plan Reimbursement
Exam Once every 12 months	\$10 copay	Up to \$52
Lenses Once every 12 months Single Vision Lined Bifocal Lined Trifocal	No charge No charge No charge	Up to \$68 Up to \$96 Up to \$129
Frames Once every 12 months	\$150 allowance + 20% off remaining balance	Up to \$120
Contacts (Instead of glasses) Once every 12 months Fitting/ Exam Contact Lenses	Standard: up to \$40 Premium: 10% off retail \$150 allowance + 15% off remaining balance	N/A Up to \$120

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.





FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses. There are two types of FSAs: Health Care FSA and Dependent Care FSAs. The FSAs are administered by **TASC**.

In order to participate in the FSA, **you must enroll each year**. Your annual contribution stays in effect during the entire year (July 1 through June 30). The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event.

All employees who participate in a Flexible Spending Account Plan will receive an FSA debit card as a way to pay up front for qualified expenses. The FSA debit card will be mailed to your home. If you already have a card, keep it! You will not receive a new one until it expires.

Health Care FSA

The Health Care FSA helps you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to \$2,750 annually in pre-tax dollars, which is deducted out of your pay throughout the year.

Funds can be used to pay for qualified health care expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children. Your annual contribution amount is deposited into your account and is available to you at the beginning of the plan year. As you incur expenses, use your debit card to pay for your expenses or submit a claim to be reimbursed.



The Health Care FSA allows you to rollover up to \$500 in your account at the end of the plan year. You will have 90 days after the end of the plan year to submit claims incurred during that plan year.



Over-the-Counter (OTC) Medication Reminder

Based on new regulations issued in March, 2020 many over-the-counter (OTC) products are now treated as qualified medical expenses. These include menstrual care and birth control products.

Carryover Provision

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. The Health Care FSA allows you to rollover up to \$500 in your account at the end of the plan year. Any funds exceeding \$500 in your Health Care FSA and ANY funds remaining in your Dependent Care FSA at the end of the plan year will be forfeited.

You will have 90 days after the end of the plan year to submit claims incurred during that plan year.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to \$5,000 annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. It includes daycare (center or individual daycare), before and after school care, summer day camp, and elder care.

Eligible expenses include the below:

- Care for your dependent child who is under the age of 13 whom you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself





LIFE & AD&D INSURANCE

Basic Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident.

City of College Park provides you with a basic life insurance benefit **at no cost to you** through **The Lincoln National Life Insurance Company** in the amounts below:

- Class One - All Full-Time Employees Participating in the Maryland State Pension Plan working at least 40 hours per week - \$50,000
- Class Two - All Full-Time Employees Not Participating in the Maryland State Pension Plan working at least 40 hours per week – 1 x Basic Annual Earnings, rounded to the next higher \$1,000; subject to a minimum of \$50,000 and a maximum of \$150,000
- Class Three - All Other Full-time Affiliate Employees working at least 40 hours per week - 1 x Basic Annual Earnings, rounded to the next higher \$1,000; subject to a minimum of \$50,000 and a maximum of \$150,000

Benefits will reduce by 35% at age 70 and at age 75, benefits will reduce an additional 15% of the original amount.



Don't forget to designate a life insurance beneficiary and keep it up-to-date as your life status changes.



DISABILITY INSURANCE

City-Paid Long-Term Disability (LTD)

The LTD plan through Lincoln Financial is designed to provide you with continuing income in the event of a prolonged illness or injury. This benefit is provided at no cost to you. Full-time employees are eligible for this benefit after six months of employment.

Benefits are 60% of your monthly salary up to a maximum monthly benefit amount of \$7,500. Benefits begin after 90 days of disability, and will last as long as you remain disabled or until age 65 or your Social Security Normal Retirement Age (whichever is later). LTD benefits may be reduced by income you receive from other sources, such as workers' compensation, Social Security, Maryland State Retirement, or other disability coverage. Pre-existing condition limitations may apply.

Lincoln Financial Group – Additional Benefits

TravelConnect

- Services include emergency travel arrangements and free emergency medical help whenever insured employees and their dependents are traveling more than 100 miles from home.

Visit mysearchlightportal.com and enter your group ID: LFGTravel123.

Call collect from anywhere in the world: 603-328-1955.

Call toll free from U.S. or Canada: 866-525-1955.

Email: mail@oncallinternational.com

Employee Assistance Program (EAP)

- Services include in-person guidance with up to 5 counseling sessions per year, 24/7 assistance online/ phone/app for family matters, legal information, and financial guidance, and online resources to access articles, tutorials, videos, and interactive financial tools. For more information about the program, visit GuidanceResources.com, download the GuidanceNowSM mobile app or call 888-628-4824.

GuidanceResources.com login credentials:

Username: LFGSupport

Password: LFGSupport1

LifeKeys

- Services include access to the Working Advantage discount network, online resource library for legal, financial, family and career advice, protection against identity theft, and online will preparation.

Just visit GuidanceResources.com, download the GuidanceNow mobile app, or call 1-855-891-3684.

(First-time user: Enter Web ID LifeKeys)





Employee Wellness Program

The City of College Park supports the overall health and wellbeing of its employees. A healthy workforce results in a more productive workforce with less absenteeism, fewer accidents and lower health care demands. City employees are encouraged to participate in wellness program activities in order to reduce health risks before serious health problems occur and to improve management of existing health conditions.

Several times throughout the year, HR will offer the following:

- Lunch and Learn on Physical and Mental Health and Financial Topics
- Different Exercise Programs
- Health and Wellness Fair

We encourage all employees to participate whenever possible.

The City also reimburses up to \$75 per fiscal year for any wellness item intended for long-term fitness for a full-time employee. Amount will be prorated for part-time employees working more than 20 hours/week.

Please see the Personnel Regulations, Section 28.5 for more details.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Everyone experiences stress and challenges in life from time to time. Whether your concerns are big or small, the Employee Assistance Program (EAP) can help.

You and your family members have access to confidential and professional counseling at no cost to you. Licensed counselors are available 24 hours a day, seven days a week, 365 days a year to help you handle stress, grief, loss, and other personal issues. The EAP is offered through Magellan Health. Some of the issues the EAP can help with are listed below:

- Counseling (up to five face-to-face short-term problem resolution sessions)
- Referral Services

To take advantage of the EAP services, call 1-800-523-5668 or visit www.magellanhealth.com.

HOLIDAYS AND LEAVE

Paid Holidays

- Ten paid holidays per year (11 in a presidential election year)

Personal Days

- Two additional personal days per year

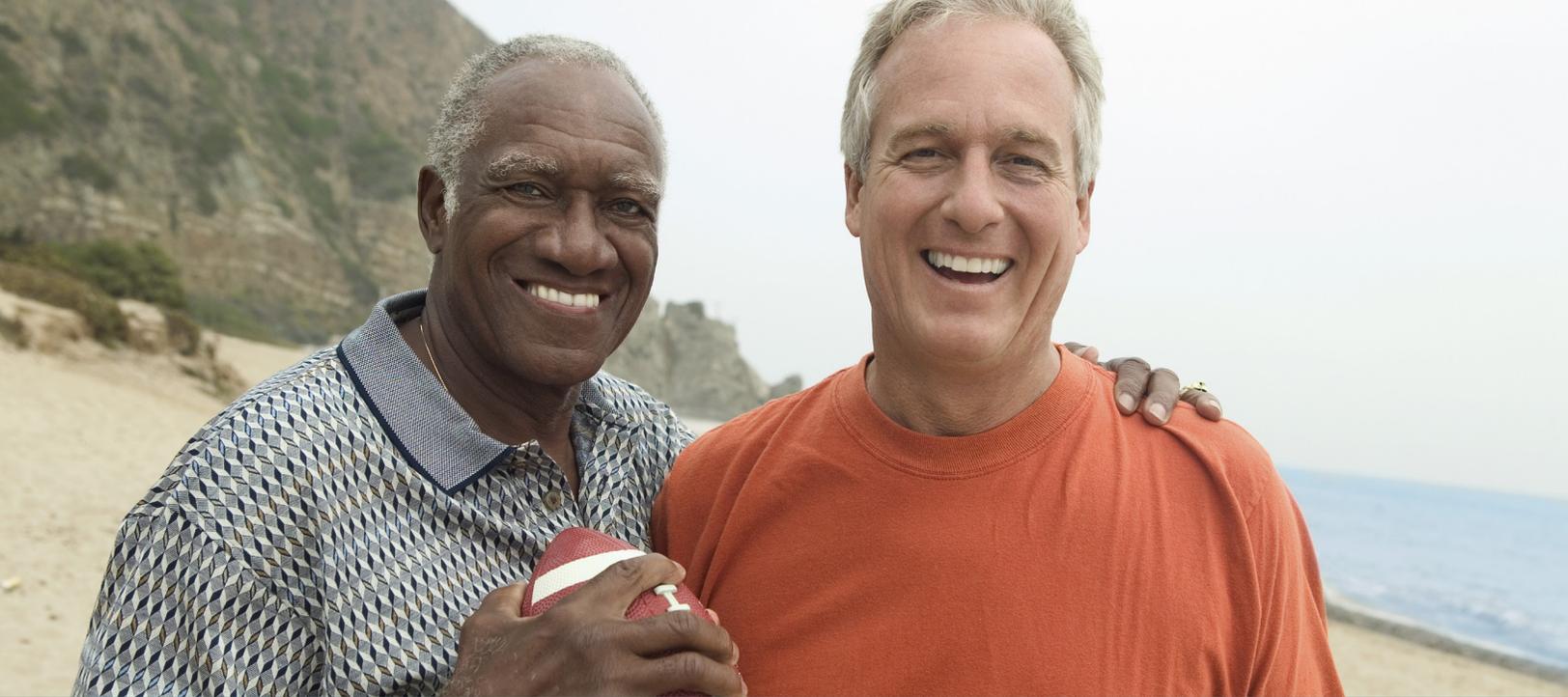
Sick Leave

- Accrue up to 15 days per year
- Unlimited accrual

Annual Leave

- One day per month at start of employment
- One and one half days per month after three years of service
- Two days per month after 15 years of service
- 24 days per year for Directors





ICMA-RC

The City of College Park also offers opportunities for tax-deferred retirement savings through ICMA-RC Retirement Corporation. ICMA-RC is a non-profit independent financial services corporation focused on providing retirement plans and related services for over a million public sector participants accounts and approximately 9,300 retirement plans. The City has several options in which an employee can enroll. They are:

- 457 defined contribution plan - the City will match up to a certain amount of your contribution into the plan after being employed for one year. The schedule of matching contributions is below.

Schedule Of Contributions For 457 Plan

Years Of Service	Employee Contribution Per Pay	City \$:\$ Match Per Pay
0 to 1	Available	0
1 to 5	Available	Max \$ 30
5 to 10	Available	Max \$ 60
10 to 15	Available	Max \$ 90
15 +	Available	Max \$ 120

- Roth and Traditional IRA's are also available for any employee who wants to make after-tax investments to save for retirement.



Maryland State Retirement and Pension System

The City of College Park became a member of the Maryland State Retirement and Pension System (MSRP) on July 1, 2014. Enrollment into the Employees' Reformed Contributory Pension Plan is mandatory for any employee employed after this date. Employees are required to contribute 7% of their annual compensation into this plan. The contributions are made with pre-tax dollars, thereby; reducing the employee's taxable income for the year. In order for any employee to receive a benefit from this plan, they have to participate for at least 10 years. Normal retirement is at age 65 with 10 years of service.





IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE & MEDICARE

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of College Park and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- City of College Park has determined that the prescription drug coverage offered by City of College Park is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with City of College Park will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through City of College Park, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of College Park and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed on this notice for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of College Park changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the
- "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2020
Sender:	City of College Park
Contact- Position/ Office:	Jill Clements Director of HR
Address:	8400 Baltimore Ave Suite 375 College Park, MD
Phone:	240-457-3533



PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer- sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility.

Alabama – Medicaid	Website: http://myalhipp.com/ Phone: 1-855-692-5447
Alaska – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com
	Medicaid Eligibility: Website: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas – Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
Florida – Medicaid	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
Georgia – Medicaid	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Indiana – Medicaid Healthy Indiana Plan For Low-Income Adults 19-64	Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

Iowa – Medicaid	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
Kansas – Medicaid	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
Kentucky – Medicaid	Website: https://chfs.ky.gov Phone: 1-800-635-2570
Louisiana – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
Maine – Medicaid	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
Maryland - CHIP	Website: https://mmcp.health.maryland.gov/chp/Pages/Home.aspx Phone: 1-855-642-8572 (TTY: 1-855-642-8573).
Massachusetts – Medicaid And Chip	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
Minnesota – Medicaid	Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670
Missouri – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
Montana – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
Nebraska – Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
Nevada – Medicaid	Medicaid Website: http://dhcfp.nv.gov/Medicaid Phone: 1-800-992-0900
New Hampshire – Medicaid	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext5218
New Jersey – Medicaid And Chip	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
New York – Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
North Carolina – Medicaid	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
North Dakota – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825



PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

Oklahoma – Medicaid And Chip	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
Oregon – Medicaid And Chip	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Pennsylvania – Medicaid	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
Rhode Island – Medicaid	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
South Carolina – Medicaid	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
South Dakota - Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
Texas – Medicaid	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
Utah – Medicaid And Chip	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
Vermont – Medicaid	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
Virginia – Medicaid And Chip	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
Washington – Medicaid	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext.15473
West Virginia – Medicaid	Website: http://mywvhipp.com/ Toll-free phone:1-855-MyWVHIPP (1-855-699-8447)
Wisconsin – Medicaid And Chip	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Wyoming – Medicaid	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4,Ext. 61565

REQUIRED FEDERAL NOTICES

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from the insurance carriers for medical, dental, and vision insurance. A copy of the Notice of Privacy Practices for the Health Care Flexible Spending Account is available from Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

This guide provides a summary of the benefits available. City of College Park reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.

