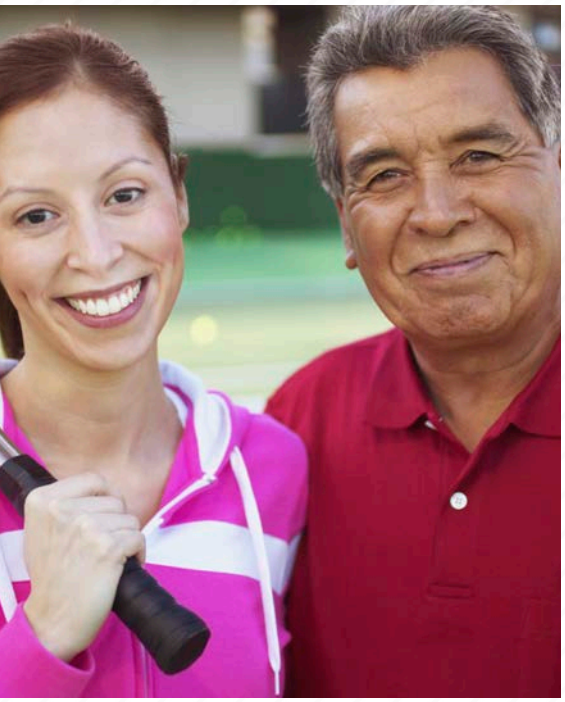
ROUND ROCK TEXAS

2021 Guide to Retiree Benefits



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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 page 20 for more details.

Welcome

Each year, you have the opportunity to choose from a variety of retiree benefits that can make a real difference in your life. You can elect a benefit that's exactly right for your personal situation.

This guide provides a summary of the retiree benefits available to you. Please review it carefully and make your elections before the deadline. All elections you make during Open Enrollment will be effective on January 1, 2021. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

If you have any questions about your benefits choices or about how to enroll, please contact Human Resources so you can be sure to have the benefits you need.

Benefits Staff:

Tyler Jarl, PHR, SHRM-CP
Benefits Manager/FMLA Coordinator
Phone: 512-341-3143
Email: **tjarl@roundrocktexas.gov**

Eligibility

You may enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or declared common law spouse.
- Children under the age of 26, regardless of student, dependency or marital status.
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return.

Eligibility in the City of Round Rock Retiree Benefits Coverage will terminate upon your and/or your dependent's eligibility for health coverage with another employer, and/or your and/or your dependent's eligibility for Medicare. It is the responsibility of retirees to inform the City of Round Rock in the event they become eligible for health coverage with another employer. Failure to do so will cause retiree benefits with the City of Round Rock to terminate.

Open Enrollment:

Each year, Open Enrollment provides you an opportunity to modify your benefits. All eligible retirees must enroll online in ESS October 1 through October 31. Retirees may complete their online enrollment using the computers in the benefits conference room of the City's Human Resources Department (appointment required). Elections made during open enrollment become effective January 1 of the following year.

Qualified Life Events

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment. You are able to make a qualified life event change if you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified life event change or if you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by providing documentation to Human Resources. If you do not enroll online within 30 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified Life Event		Documentation Needed
Change in marital status	» Marriage » Divorce/Legal Separation » Death	» Copy of marriage certificate » Copy of divorce decree » Copy of death certificate
Change in number of dependents	» Birth or adoption » Step-child » Death	» Copy of birth certificate or copy of legal adoption papers » Copy of birth certificate plus a copy of the marriage certificate between employee and spouse » Copy of death certificate
Change in employment	» Change in your eligibility status (i.e., full-time to part-time) » Change in spouse's benefits or employment status	» Notification of increase or reduction of hours that changes coverage status » Notification of spouse's employment status that results in a loss or gain of coverage

Life Event Enrollment Process

1. Submit a Life Event request in ESS.
2. Provide required documentation to Human Resources.
3. Complete your benefits enrollment in ESS.

If you do not contact Human Resources and complete your enrollment in ESS within 30 days of the Qualifying Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualifying Life Event).

Benefit Costs

The City of Round Rock pays the full cost of many of your benefits. For others, the City of Round Rock and you share the cost.

Benefit	Who Pays
Medical, Prescription	City of Round Rock/You
RockCare	City of Round Rock
Alight Health Navigation	City of Round Rock
Dental	City of Round Rock/You
Vision	City of Round Rock/You
Employee Assistance Program	City of Round Rock

Medical Plans

The City's medical plans all provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization.

Aetna Choice Point of Service Plan

The Point of Service (POS) plan offers in-network and out-of-network benefits. When you need care, you decide whether to go to Rock Care, an Aetna in-network doctor, or to an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because Aetna network providers discount their fees. And, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Here's how it works:	
Health Plan Pays 100% for eligible expenses after both deductible and out-of-pocket limit have been met.	
Member Pays: 20% Co-insurance In Network Out-of-Pocket Limit $5,000 Individual (Includes $1,000 deductible) $14,500 Family (Includes $3,000 deductible)	**Plan Pays:** 80% Co-insurance
Member responsible for 100% Deductible up to $1,000 Individual / $3,000 Family	

Aetna Whole Health – Seton

The Aetna Whole Health – Seton Plan offers in-network benefits only. When you need care, you decide whether to go to Rock Care or an Aetna in-network doctor. With in-network providers, you generally do not have to file claims. If you receive care from out-of-network providers and/or out-of-network facilities, you will be responsible for all costs billed.

Here's how it works:	
Health Plan Pays 100% for eligible expenses after both deductible and out-of-pocket limit have been met.	
Member Pays: 10% Co-insurance In Network Out-of-Pocket Limit $2,500 Individual (Includes $500 deductible) $5,000 Family (Includes $1,500 deductible)	**Plan Pays:** 90% Co-insurance
Member responsible for 100% Deductible up to $500 Individual / $1,500 Family	

Retiree Health Plans Surcharges

- If you were employed by the City of Round Rock for less than 10 years prior to your retirement, there is an additional $100.00 per month retiree responsibility to your medical rate.
- If you were employed by the City of Round Rock for more than 10 and less than 20 years prior to your retirement, there is an additional $50.00 per month retiree responsibility to your medical rate.
- If you were employed by the City of Round Rock for more than 20 years prior to your retirement, there is no additional retiree responsibility to your medical rate.

Medical Plans Comparison

This is a summary. Please reference plan documents for full information.

Cost Sharing Provisions	Aetna Choice Plan		Aetna Whole Health Seton Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Calendar Year Deductible			
Individual	$1,000	$2,000	$500
Family	$3,000	$6,750	$1,500
Calendar Year Out-of-Pocket Maximum (Includes Deductible)			
Individual	$5,000	$12,000	$2,500
Family	$14,500	$36,000	$5,000
	You Pay		You Pay
Coinsurance			
Preventive Care	$0 copay	50%*	$0 copay
Primary Care Physician	$25 copay	50%*	$25 copay
Specialist	$45 copay	50%*	$35 copay
Urgent Care	$35 copay	50%*	$35 copay
Allergy Injections	20%*	50%*	10%*
Diabetes Education and Counseling	$45 copay	50%*	$35 copay
Inpatient	20%*	50%*	10%*
Outpatient	20%*	50%*	10%*
Hospital & Physician Services – Emergency	$300 copay + 20%*	$300 copay + 50%*	$300 copay + 10%*
Hospital Services – Non Emergency	Not covered	Not covered	Not covered
Ambulance Services (Ground & Air)	20%*	50%*	10%*
Outpatient Diagnostic Service (CT scans, PET scans, MRI, nuclear medicine)	20%*	50%*	10%*
Outpatient Therapeutic Treatments (dialysis, intravenous chemotherapy or infusion therapy)	20%*	50%*	10%*
Spinal Treatment / Chiropractic Care	100% at Airrosti $45 copay all others	50%*	100% at Airrosti $35 copay all others
Durable Medical Equipment, Prosthetic Devices, Orthopedic Appliances	20%*	50%*	10%*
Orthotic Devices	20%*	50%*	10%*

* You pay after deductible

	Aetna Choice Plan		Aetna Whole Health Seton Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
	You Pay		You Pay
Cost Sharing Provisions			
Home Health Care	20%* (120 visits per year)	50%*	$0* (60 visits per year)
Hospice Care	20%*	50%*	$0 copay
Occupational, Speech and Cardiac Therapy	20%* (combined 60 visits per year)	50%*	$35 copay (combined 60 visits per year)
Skilled Nursing Facility – Inpatient Rehab Facility (90 days per year maximum)	20%*	50%*	0%*
Organ or Tissue Transplant Services (must be pre-certified)	20%*	50%*	10%* (must be performed at a Preferred Transplant Center)[1]
Travel, Lodging and Meals Benefit	20%*	50%*	$0*[2]
Outpatient Mental Illness	$45 copay	50%*	$35 copay
Outpatient Substance Abuse	$45 copay	50%*	$35 copay
Outpatient Chemical Dependency	$45 copay	50%*	$35 copay
Inpatient Mental Illness	20%*	50%*	10%*
Inpatient Substance Abuse	20%*	50%*	10%*
Inpatient Chemical Dependency	20%*	50%*	10%*
Hearing Aids	20%* up to $4,000 per year	50%*	10%* up to $4,000 over 36 months
Radial Keratotomy LASIK Procedure	50%* $1,500 lifetime limit	Not covered	50%* $1,500 lifetime limit
Newborn Inpatient Care	20%*	50%*	10%*
Wig (when prescribed by MD or DO as a result of hair loss due to chemotherapy or radiation)	20%*, not to exceed $1,000 per 365 days [3]	Not covered	10%*, not to exceed $1,000 per 365 days [3]

* You pay after deductible.

[1]Preferred Transplant Center means a medical facility for which the plan, either directly or through the network, has obtained special billing discounts for the covered person and the plan and for which the plan or network has ascertained based upon objective criteria that the facility and its physicians have a superior degree of expertise for the transplant services provided, and the facility's positive patient outcomes are significantly high.

[2]$10,000 maximum benefit per year/lodging and meals payable at 100% at rate of $50 per day for patient or up to $100 per day for patient and one companion.

[3]If medical criteria is met.

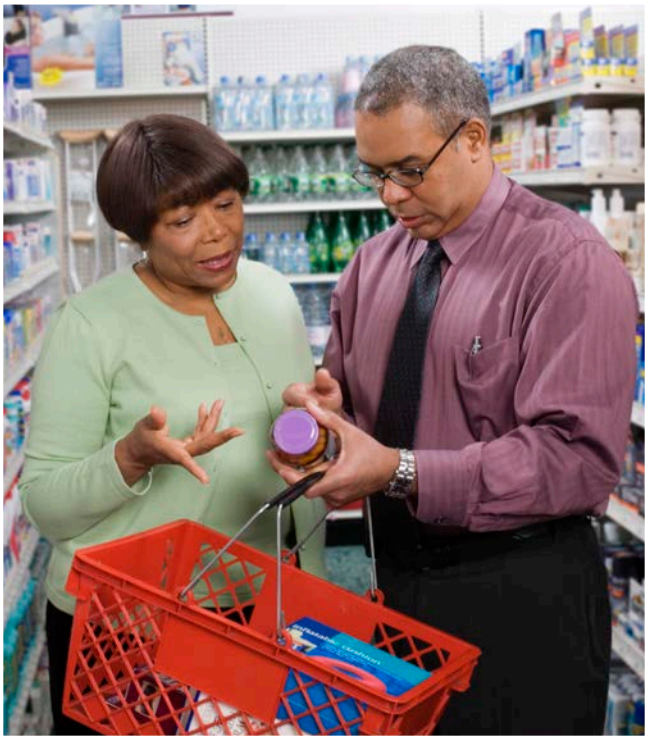
	Aetna Choice Medical Rates		
	MONTHLY RATE	CITY MONTHLY RATE	RETIREE MONTHLY RATE
Retiree Only	$1,399.00	$1,000.00	$399.00
Retiree + Child(ren)	$1,718.00	$1,000.00	$718.00
Retiree + Spouse	$1,798.00	$1,000.00	$798.00
Retiree + Family	$2,196.00	$1,000.00	$1,196.00

	Aetna Whole Health - Seton Medical Rates		
	MONTHLY RATE	CITY MONTHLY RATE	RETIREE MONTHLY RATE
Retiree Only	$1,377.00	$1,000.00	$377.00
Retiree + Child(ren)	$1,674.00	$1,000.00	$674.00
Retiree + Spouse	$1,754.00	$1,000.00	$754.00
Retiree + Family	$2,147.00	$1,000.00	$1,147.00

Prescription Benefits

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

Prescription (Rx) Drug Coverage	
	(Rx) You Pay
Pharmacy	
Retail Rx (up to 30-day supply)	
Generic	$0
Preferred Brand	$30
Non-Preferred Brand	$50
Retail Rx (up to 90-day supply)	
Generic	$0
Preferred Brand	$90
Non-Preferred Brand	$150
Aetna/CVS Mail Order Rx (up to 90-day supply)	
Generic	$0
Preferred Brand	$50
Non-Preferred Brand	$90



Mail Order Program

For people who take medicine regularly for chronic conditions, prescription drug costs can be expensive. Mail order service can help. Aetna Rx Home Delivery® fills prescriptions for millions of members who take medications for arthritis, asthma, diabetes, high cholesterol, high blood pressure and other chronic conditions.

Advantages:

- Convenient, consistent care – Instead of monthly trips to the pharmacy, you can get medications shipped directly to your home.
- Great supplies, lower copayments. Instead of a 30-day supply, you get a 90-day supply, with your doctor's approval. And, depending on the medication, you may pay less for that larger amount than for three smaller fills at a retail pharmacy.
- Generic mail order prescriptions are FREE!

Ordering Refills Is Easy – Choose one of these ways

1. **Online:** You go online to order refills, track the status of an order, and more. Just visit www.aetna.com and log into Aetna Navigator. Or go directly to www.aetnanavigator.com.
2. **By Phone:** Call Rx Member Services toll free at 888-RX- AETNA (888-792-3862). Have your member ID number, your prescription number, and your credit card number ready.
3. **By Mail:** Complete the reorder form that you received with your last order and mail it back with your payment. The reorder form will also tell you when you can place your next refill order.

Medical Extras

Airrosti

Airrosti is a health care group that treats the root cause of soft tissue injuries (including strains, sprains, muscle pulls and chronic knee, hip, back or neck pain.) The time Airrosti providers spend with each patient — a full hour of one-on-one care — leads to a more accurate diagnosis and better outcome. Plus, the highly individualized evaluation and treatment often eliminates unnecessary imaging, injections, pharmaceuticals and other costly procedures.

Here's how it works:

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity — usually within 3 visits (based on patient-reported outcomes).

Retirees and their dependents enrolled with the City's medical plans may receive treatment at Airrosti for a $0 copay (not to exceed 20 visits per member per year).

Contact: www.airrosti.com or 800-404-6050

AIRROSTI

24-Hour Nurse

A registered nurse will take the time to understand what's happening and provide personalized information — all at no cost to retirees and their dependents enrolled with the City's medical plans.

Ask a Registered Nurse — Available 24/7:

- 800-556-1555
- For help deciding if you should seek Urgent Care, follow-up with your doctor, or go to the ER.
- Find in-network doctors and schedule appointments, explain medications, drug interactions or medication alternatives
- Inform you about preventive care

Aetna Member Website (formerly Navigator®)

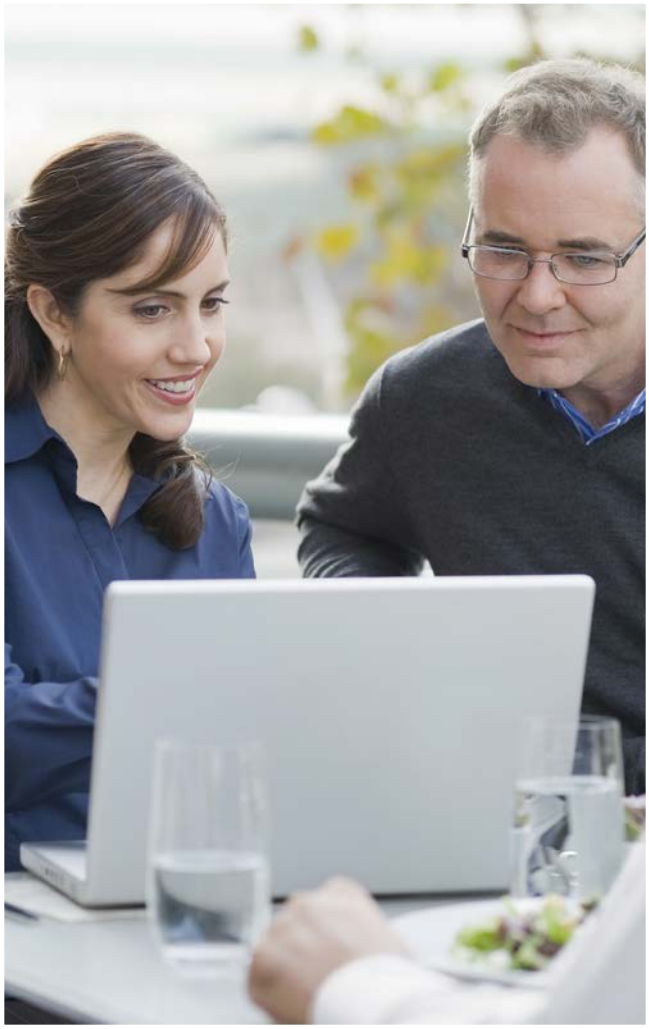
Aetna's Member Website is a one-stop online resource available to all members of an Aetna medical plan. This website allows you to find doctors, print an ID card, view plan documents and claims, and check what your plan covers. Use your member website to access everything the Aetna Online Portal has to offer.

Programs and Perks

- The online search assistant can help you find a doctor who accepts your health plan, answer questions about claims and help you get the most out of your benefits.
- Use DocFind, Aetna's online provider directory, to find information about doctors in your network including which languages they speak, which hospitals they work with and if they are accepting new patients.
- With the Informed Health Line, you can speak to a registered nurse about any health issue 24 hours a day, seven days a week. Call a nurse toll-free at 800-556-1555.
- Personal Health Record is an interactive online tool that helps you make informed decisions about your health care and can help you spot potential issues, such as drug reactions or gaps in care, and explains how to resolve those issues.
- Simple Steps to a Healthier Life provides members with helpful support and guidance on their individual health strengths and risks, and suggests opportunities to sustain or improve them.
- The Member Payment Estimator is a health care cost estimating tool that uses your own health plan details to tell you how much you will pay, how much Aetna will pay and how much you will save with your Aetna medical or dental plan.
- Fill and refill your maintenance medications from the comfort of your home with CVS Rx Home Delivery – a mail-order pharmacy.

Additional Perks

- Aetna Discount Programs
- Aetna Fitness℠
- Aetna Natural Products and Services℠
- Aetna Hearing℠
- Aetna Mobile App



RockCare — Provided by CareATC

All retirees, and their dependents age 5 and above, enrolled with the City's medical plans may receive primary care at RockCare at no cost.

RockCare Services

- Abdominal pain/cramps
- Allergies
- Animal/insect bites
- Asthma
- Backache
- Blood pressure issues
- Bronchitis
- Cold and flu symptoms
- Dizziness
- Eye infection/irritation
- Headaches/migraines
- Laryngitis
- Poison ivy/oak
- Respiratory infection
- Sinusitis
- Sore throat
- Sprains/strains
- Strep

RockCare Hours

- Monday – Thursday: 7:00 a.m. – 4:00 p.m.
- Friday: 7:00 a.m. – 3:00 p.m.
- Saturday and Sunday: Closed

Note: RockCare is closed from 12:00 p.m. – 1:00 p.m. Monday – Thursday.

Walk-ins: Acute/Sickness Only

- Monday – Friday: 7:00 a.m. – 7:45 a.m.
- Monday – Friday: 1:00 p.m. – 1:45 p.m.

Location

901 Round Rock Ave. | Suite 300 | Round Rock, TX 78681
To make an appointment, call the scheduling line at 800-993-8244.

How to access the CareATC Mobile App

Securely activate your account by downloading the CareATC app or visiting www.careatc.com/activate.

4 Easy Steps:

1. **Tell Us About Yourself** – Provide personal details. It is important you double check that this matches your employer records.
2. **Verify Your Identity** – Complete a short verification quiz.
3. **Create Your Account** – Set up your username and password.
4. **Set Up Your Recovery Options** – Provide a phone number and/or email address to recover login information.

Know Where To Go

Save time and money by knowing your options when RockCare is closed.

You never know when you may need medical care. So it's always good to understand your options. If your health or life is in serious danger, call 911 or go to the nearest Emergency Room. But go elsewhere for non life-threatening events.

Where to Go and What To Go For	
Retail Walk-in Clinic	Sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot
Primary Care Doctor's Office	Wellness exam, sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot
Urgent Care Center	Broken bones, sprains, strains, bites, rashes, burns, cuts
Emergency Room	Concussions, seizures, chest pain, broken bones

Tip: Make sure any Urgent Care Center you visit is in-network. This helps you save the most money.

Austin Regional Clinic Round Rock

940 Hesters Crossing, Round Rock, TX 78681
Phone: 512-244-9024 Fax: 512-218-3704

Clinic Hours
Monday – Friday: 7:15 p.m. – 5:00 p.m.
After-Hours Clinic: Monday – Friday: 5:00 p.m. – 9:00 p.m.
Saturday and Sunday: 8:00 a.m. – 5:00 p.m.,
or according to demand

Seton Express Care

Primary Care copayment. Staffed with doctors and advanced practitioners, and in-network with both health plans. Open 7 days a week and walk-ins welcome.

Clinic Hours
Monday – Friday: 7:00 a.m. – 9:00 p.m.
Saturday: 10:00 a.m. – 4:00 p.m.
Sunday: 1:00 p.m. – 7:00 p.m.

Common Conditions Treated

- Fevers, colds and flu
- Sore throats
- Sprains and strains
- Minor cuts
- Minor breaks
- UTIs
- Rashes

Seton Services

- Minor illness and injury treatment
- Vaccinations and immunizations
- Physicals and wellness exams
- Onsite X-rays
- Onsite lab testing
- Bilingual providers

Round Rock Location

Seton Family of Doctors at Round Rock
201 University Oaks Blvd., Suite 1260
Round Rock, TX 78665
512-324-4780
seton.net/expresscare – for more information and locations

CVS MinuteClinic

CVS MinuteClinic locations are a great alternative for medical care. MinuteClinics are in-network with both medical plans, so services are affordable. You may visit a MinuteClinic for a $0 copay. Locations are staffed and equipped to meet your family's health care needs. They offer fast walk-in services at facilities nationwide for minor health conditions such as:

- Upper respiratory infections, strep throat, flu symptoms
- Sprains, strains, minor cuts, burns, bruises, blisters
- Diabetes, cholesterol, high blood pressure
- Athlete's foot, chicken pox, canker sores, poison ivy
- Travel Health: Typhoid, malaria, pre-travel consultation
- Vaccinations: Tetanus shots, flu shots
- Wellness and Physicals: Sports physicals, TB testing
- Pregnancy tests, bladder infections, birth control

Visit www.cvs.com/minuteclinic and search for MinuteClinics in your area by ZIP code.

Alight — Health Pro Consultants

Let us handle the health care stuff.

Health benefits can be confusing, medical costs are rising, and finding the right care for you and your family can be frustrating and time consuming. We are here to simplify your health care experience and help you take control of health care costs. Your personal Health Pro® consultant will take care of you, so you can spend more time on what matters most. We can help you...

How Alight Takes Care of You

Understand your benefits

Clear up any confusion about your health plan.

Pay less for prescriptions

Get recommendations for lower-cost medications.

Find great doctors

Locate highly-rated doctors, dentists and eye care professionals.

Resolve billing errors

Over 30% of medical bills are wrong. Don't get overcharged.

Save money on health care

Compare prices and choose more cost-effective options.

Schedule appointments

Have your appointments scheduled at times most convenient for you.

Get Started – Member Portal: member.alight.com
Health Pro: Damonti.Battonjackson@alight.com | 800-513-1667

Health Care Support for You and Your Family

Simply visit member.alight.com and click on "Register" to get started. Note: All contact with Alight is strictly confidential.

Health Care Help on the Go
Whether you need help finding a great doctor or lowering health care costs, you can make smarter, in-the-moment health care decisions with the Health Pro Cloud app. Get instant answers to health care questions 24/7.

Testimonials

James — Savings of $800
"When I hurt my shoulder, my doctor told me I needed a CT Scan. Luckily, I used Alight to check prices first because the hospital was going to charge me $1,500. Alight found an imaging center near my home that only charged $700."

Sarah — Savings of $600
"After my surgery, I wanted to check my various bills and charges to make sure I wasn't being overcharged. I had absolutely no time to do this, so I called Alight and they found several mistakes. They worked everything out between the hospital and the insurance company and it saved me $600."

Teladoc Telemedicine

On-Demand Care with Teladoc is a great option when RockCare is closed and as an alternative to urgent care and emergency room visits. It provides you and your enrolled dependents (no age limitations) access 24/7/365 to U.S. board-certified doctors to receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to RockCare or your primary care physician.

Convenient

Speak with a provider with or without an appointment. Save time by connecting to care via computer, tablet or mobile device. Available in all 50 states. Just call 800-835-2362.

Affordable

On average, the cost of an urgent care visit may be two times more expensive, and an ER visit may be eight times more, depending on insurance*. Teladoc is in-network with medical plans and has a $25 copay.

High Quality Care

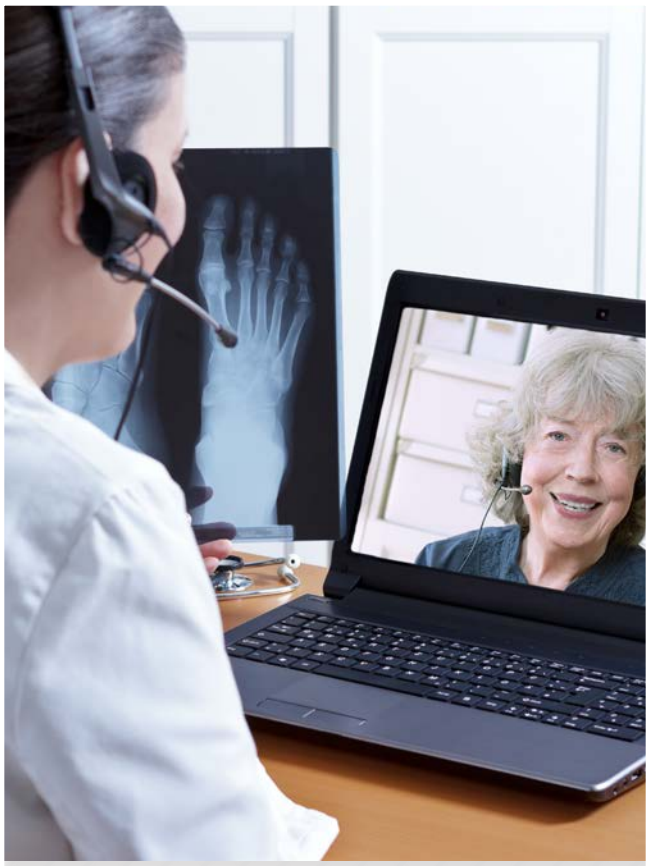
Non-emergency medical health conditions evaluated by video by an experienced provider. Prescriptions can be sent directly to your pharmacy.

General Medical Consult

What can I use it for?*

Virtual providers are available without an appointment. Members can receive treatment within minutes for non-emergency, acute general medical needs including but not limited to the following. Visit Teladoc.com for a complete list.**

- Flu
- Cough
- Sinus problems
- Pink eye
- Bronchitis
- Upper respiratory infection
- Nasal congestion
- Sore throat
- Sinusitis
- Seasonal allergies
- Cold
- Arthritis
- Backache
- Rash/poison ivy
- Bug bites
- Food poisoning
- Sunburn
- Rash



Aetna Dental Plan

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

	DPPO PLAN
	IN-NETWORK
Calendar Year Deductible	
Individual	$50
Family	$150
Calendar Year Out-of-Pocket Maximum	
Per Individual	$1,500
	You Pay
Preventive Care	
Exams, Cleanings, X-rays, Fluoride Treatments	$0
Basic Services	
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%*
Major Procedures	
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%*
Orthodontia	
24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding	
Adults	N/A
Children (up to 20th birthday)	50% after $50 deductible, up to a lifetime maximum benefit of $1,500 per individual

Aetna Dental Plan Rates	
TIER	RETIREE MONTHLY RATE
Retiree Only	$37.00
Retiree + Children	$58.00
Retiree + Spouse	$62.00
Retiree + Family	$92.00

Aetna Vision Preferred Plan

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Vision care services and supplies are covered in-network and out-of-network, your benefits are greater when you use in-network providers.

	Vision Plan	
	IN-NETWORK	OUT-OF-NETWORK
	You Pay	You Pay (Reimbursement Only)
Cost		
Routine Eye Exam Benefit	$10 copay	$25 Reimbursement
Exam Options (fit and follow-up)	Member pays discounted fee of $40	Not covered
Frames (at provider location)	$130 allowance then additional 20% off	$65 Reimbursement
Covered Services – Standard Plastic Lenses		
Single Vision	$10 copay	$20 Reimbursement
Bifocals	$10 copay	$40 Reimbursement
Trifocals	$10 copay	$65 Reimbursement
Lenticular	$10 copay	$65 Reimbursement
Progressive Lenses – Standard	$75 copay	$40 Reimbursement
Progressive Lenses – Premium	$75 copay, $120 allowance Additional 20% off balance over the allowance	$40 Reimbursement
Covered Services – Lens Options		
UV Treatment	$15	Not covered
Tint (solid and gradient)	$15	Not covered
Standard Plastic Scratch Coating	$15	Not covered
Standard Polycarbonate	$40	Not covered
Standard Anti-Reflective Coating	$45	Not covered
Polarized	80% of retail	Not covered
Covered Services – Contacts in lieu of Frames/Lenses		
Contact Exam – Standard or Premium	Member pays discounted fee of $40	Not covered
Conventional	Member pays 85% of balance over $130	$90 Reimbursement
Disposable	Member pays 100% of balance over $130	$90 Reimbursement
Medically Necessary	$0 copay	$200 Reimbursement
Other		
Laser Vision Correction **LASIK or PRK from US Laser Network**	15% off retail price or 5% off promotional price	Not covered
Benefit Frequency		
Comprehensive Exam	Once every rolling 12 months	
Lenses (including contact lenses)	Once every rolling 12 months	
Frames	Once every rolling 12 months	
Second Pair Discount	Member can receive up to 40% off additional pairs of eyeglasses. Additional discounts are available on contact lens purchases. Use of this program is unlimited.	Not covered

Aetna Vision Plan Rates	
TIER	RETIREE MONTHLY RATE
Retiree Only	$7.00
Retiree + Children	$10.00
Retiree + Spouse	$13.00
Retiree + Family	$23.00

Employee Assistance Program

Everyone may need a little help from time to time. That's why we offer you and your eligible family members access to licensed counselors through our Employee Assistance Program (EAP).

You can contact the EAP for help with the following:

- Stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues — including identifying schools, daycare, tutors and more
- Aging parents
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities

Through the EAP, you and your family can receive immediate support and guidance, as well as assessments and referrals for further services. Note - the EAP is not available for children under age 7.

It's important to note that all EAP conversations are voluntary and strictly confidential. In addition, there's never a cost to you when you contact an EAP counselor; the City pays the full cost. You have a benefit of 6 covered sessions per issue per year. However, if you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

iConnectYou: Your EAP on the Go

iConnectYou is an app that instantly connects you with professionals for instant support and help finding resources for you and your family.

To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode below. For additional information, you may access your EAP's website following the details listed below.

iConnectYou Passcode: 52291
Toll Free: 866-327-2400
Website: www.deeroakseap.com
Website Username/Password: roundrocktexas

DEER OAKS EAP SERVICES

Important Notices

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.86% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Tyler Jarl at tjarl@roundrocktexas.gov.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Company Name	City of Round Rock
Employer Identification Number (EIN)	74-6017485
Employer address	231 E Main Street, Ste 100 Round Rock, TX 78664
Employer phone number	512-218-5490
Who can we contact about employee health coverage at this job?	Tyler Jarl
Phone number (if different from above)	512-341-3143
Email address	tjarl@roundrocktexas.gov

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to: All employees. Eligible employees are full time employees working at least 30 hours per week.
- With respect to dependents: We do offer coverage. Eligible dependents are: Your legal spouse, a child under the limiting age shown in your schedule of coverage, a child of your child who is your dependent for federal income tax purposes at the time application for coverage of the child is made, and any other child included as an eligible dependent under the plan.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

Medicare Prescription Drug Notice

Important Notice from the City of Round Rock About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Round Rock 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:

1. 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.
2. The City of Round Rock has determined that the prescription drug coverage offered by the City of Round Rock plan 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 15th to December 7th.

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 City of Round Rock coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Round Rock coverage, be aware that you and your dependents may not be able to get this coverage back.

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 the City of Round Rock 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 below 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 the City of Round Rock 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 "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 creditable coverage 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).

October 1, 2020
City of Round Rock
Tyler Jarl
231 E Main Street, Ste. 100
Round Rock, TX 78664
512-341-3143 — tjarl@roundrocktexas.gov

COBRA Rights Notice

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the City of Round Rock, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Human Resources.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

October 1, 2020
City of Round Rock
Tyler Jarl
231 E Main Street, Ste. 100
Round Rock, TX 78664
512-341-3143 – tjarl@roundrocktexas.gov

Other Notices

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the City of Round Rock's medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the City's medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact the City of Round Rock's Human Resources Department.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

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). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Human Resources or your medical plan administrator.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information which is maintained by and for the plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources.

Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, the City of Round Rock provides female plan participants with expanded access to recommended preventive services, including contraceptives, without cost sharing. Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

Premium Assistance under Medicaid and 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 the City of Round Rock 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 July 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: http://www.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:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (1-855-692-7447)
COLORADO – Medicaid and CHP+
Medicaid Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943
TTY: State Relay 711
CHP+: www.Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991
TTY: State Relay 711
FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: http://dch.georgia.gov/medicaid
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://www.dhs.iowa.gov/hawk-i
Phone: 1-800-257-8563
KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 785-296-3512

KENTUCKY – Medicaid
Website: http://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
MASSACHUSETTS – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: http://www.mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739
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
Website: http://dhcfp.nv.gov
Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999
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
OKLAHOMA – Medicaid
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742
OREGON – Medicaid
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
Medicaid and CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
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
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://www.wyequalitycare.acs-inc.com
Phone: 307-777-7531

To see if any other States have added a premium assistance program since **July 31, 2020**, or for more information on special enrollment rights, you can 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

Notes

Important Contacts

Coverage	Contact	Phone	Website/Email
Medical	Aetna	855-339-9406	www.aetna.com
Employee Medical Clinic	RockCare	800-993-8244	RockCare webpage on Employee Net
Alight Navigation Health Services	Health Pro	800-513-1667	Member Portal: member.alight.com Health Pro: Damonti.Battonjackson@alight.com
Pharmacy	Aetna	888-792-3862	www.aetna.com
Dental	Aetna Dental	877-238-6200	www.aetna.com
Vision	EyeMed	877-973-3238	www.eyemed.com
Retirement	Texas Municipal Retirement System (TMRS)	512-476-7555	www.TMRS.com
Employee Assistance Program	Deer Oaks EAP Services	866-327-2400	www.deeroaks.com eap@deeroaks.com
Teladoc	Teladoc	855-835-2362	teladoc.com
Human Resources	Tyler Jarl, Benefits Manager	512-341-3143	tjarl@roundrocktexas.gov
	Sharon Callis, Benefits Specialist	512-671-2701	scallis@roundrocktexas.gov

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This brochure highlights the main features of the City of Round Rock Retiree Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. City of Round Rock reserves the right to change or discontinue its employee benefits plans at any time.