

2021 Benefits Enrollment Guide



Plan Year 2021



WELCOME TO OPEN ENROLLMENT FOR YOUR 2021 -2022 BENEFITS!

***“Working Together for Healthy Well-Being and
Financial Security”***

City of Ennis is pleased to provide you with a benefit program designed to safeguard your health care and financial needs.

This booklet is a guide to help you make benefit choices that are best for you and your family. It is not a complete description of the plan provisions. Copies of the Plan Documents and/or Summary of Benefits and Coverage are available by contacting Human Resources.

Table of Contents

Introduction.....	5
Employee Contributions	6
Medical and Prescription Benefits	7
Group & Pension Administrators, TPA	
Group Number: H870922	
Phone: (800) 827-7223	
Website: www.gpatpa.com	
TelaDoc	10
GPA Member Portal	11
GPA Mobile App	12
Provider Partner Imagine Health	13
GPA Benefits ID Card.....	15
Understanding Your EOB	16
ELAP Member Advocacy.....	18
ELAP Facts and Questions.....	19
Member Services – Nurse Navigator	20
Express Scripts	21
RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4	
Website: www.express-scripts.com	
Patient customer service: 855-827-2615	
Flexible Spending Account.....	22
Voluntary Dental Benefits	23
Mutual of Omaha	
Group Number: G000BF9D	
Phone: (800) 228-7104	
Website: www.mutualofomaha.com	

Table of Contents (continued)

Dental Benefits Rollover..... 24

Find a Dental Provider..... 25

Voluntary Vision Benefits..... 26
Mutual of Omaha
Group Number: G00BF9D
Phone: (800) 228-7104
Website: www.mutualofomaha.com

Find a Vision Provider 27

Voluntary Life Insurance and AD&D Benefits 28
Mutual of Omaha
Group Number: G00BF9D
Phone: (800) 228-7104
Website: www.mutualofomaha.com

Voluntary Short and Long Term Disability Benefits..... 29
Mutual of Omaha
Group Number: G00BF9D
Phone: (800) 228-7104
Website: www.mutualofomaha.com

Wellness Program 31

Aflac..... 32

Employee Assistance Program (EAP)..... 33

Travel Assistance 35

Will Preparation..... 37

Introduction

Who is eligible?

Eligible employees are full-time, working 30 hours or more per week.

When is my coverage effective?

Coverage is effective on the first of the month following date of hire.

When does my coverage terminate?

Coverage terminates the last day of the month in which employment terminates.

Who are my eligible dependents?

Eligible dependents include:

- Legal spouse
- Biological, adopted or stepchildren less than age 26
- Physically or mentally handicapped children (regardless of age)

How do I enroll, cancel or make changes?

To enroll, cancel, or make changes you must complete and submit the following documents:

- Employee Benefits Enrollment / Change Form
- Mutual of Omaha Beneficiary Form

Can I change my coverage during the year?

The benefits you elect during open enrollment will remain in effect through the end of the plan year. Outside of open enrollment, you can only make a change to your coverage when you have a qualifying event.

Qualifying Event changes include:

- Change to your legal marital status
- Birth, legal adoption or legal placement for adoption of a child
- Dependent child ceases to be an eligible dependent
- Death of spouse or dependent child
- Termination of Employment / Reduction of work hours
- Spouse or dependent child's loss of other coverage

Please note, you must notify Human Resources and submit required documentation within 31 days of the qualifying event.

Employee Contributions

Medical, dental and vision premiums are deducted from payroll on a pre-tax basis.

Medical Premiums AFTER Employer Contribution		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$194.00	\$389.00
Employee + Child(ren)	\$149.00	\$299.00
Employee + Family	\$268.00	\$536.00

***Note:**

- An additional \$40 semi-monthly deduction will be added to the medical premium for tobacco users, employees and spouses, who do not complete a tobacco cessation program.
- An additional \$40 semi-monthly deduction will be added to those employees and spouses that do not complete a medical physical.

Voluntary Dental Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$16.00	\$32.00
Employee + Spouse	\$32.00	\$65.00
Employee + Child(ren)	\$43.00	\$86.00
Employee + Family	\$59.00	\$119.00

Voluntary Vision Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$3.00	\$6.00
Employee + Spouse	\$6.00	\$12.00
Employee + Child(ren)	\$6.00	\$12.00
Employee + Family	\$9.00	\$18.00

Voluntary Life and AD&D – Mutual of Omaha	See Age Rated Chart on page 25
Voluntary Short Term Disability – Mutual of Omaha	See Age Rated Chart on page 27
Voluntary Long Term Disability – Mutual of Omaha	See Age Rated Chart on page 27



CITY OF ENNIS

COST PLUS PLAN

Effective October 1, 2021

Group #H870922

PLEASE CONTACT GROUP & PENSION ADMINISTRATORS OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH FACILITIES/PHYSICIANS	ENNIS REGIONAL FACILITY/PHYSICIANS AND HEALTHSMART PPO PHYSICIANS 2), 3)	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS 2), 3)
Lifetime Maximum	Unlimited		
Plan Year Deductible			
- Per Covered Person	\$200	\$400	\$1,000
- Family Limit*	\$600	\$1,200	\$3,000
Annual Out-of-Pocket Maximum (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$3,000	\$3,000
- Family Limit*	\$3,750	\$7,500	\$7,500

FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the **Preferred Provider Organization (PPO) network**.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH FACILITY BENEFIT	ENNIS REGIONAL FACILITY BENEFIT	NON IMAGINE/ ENNIS REGIONAL FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Hospital Services	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90% after Deductible	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%; Deductible waived	80%; Deductible waived	70% after Deductible	Payable under covered mother' claim.
Skilled Nursing Facility/Rehabilitation Facility	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Hospital Emergency Room - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$150 Copay; Deductible waived 80% after \$250 Copay; Deductible applies		70% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services Physical/Occupational Therapy/Speech Therapy Cardiac Rehabilitation	90% after Deductible 90% after Deductible	80% after Deductible 80% after Deductible	70% after Deductible 70% after Deductible	Limited to 20 visits per therapy per Plan Year.
Outpatient Diagnostic Services Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90% after Deductible	80% after Deductible	70% after Deductible	
All Other Diagnostic Lab/X-ray (Facility only)	100%; Deductible waived	80% after Deductible	70% after Deductible	
Preventive and Wellness Lab and X-ray	100%; Deductible waived		70% after Deductible	



PHYSICIAN BENEFITS – Payment Levels and Limits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	90% after Deductible	80% after Deductible	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90% after Deductible	80% after Deductible	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90% after Deductible	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother's discharge.)	90% after Deductible	80% after Deductible	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%; Deductible waived	80%; Deductible waived	70%; Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$25 Copay Deductible waived 100% after \$25 Copay Deductible applies	100% after \$45 Copay Deductible waived 100% after \$45 Copay Deductible applies	100% after \$75 Copay Deductible waived 100% after \$75 Copay Deductible applies	
Teladoc Telephone Consultation	N/A	\$0 Consult Fee		Call 1-800-835-2362
Chiropractic Services	100% after \$30 Copay Deductible waived	100% after \$50 Copay Deductible waived	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	90% after Deductible	80% after Deductible	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%; Deductible waived	100%; Deductible waived	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.



CITY OF ENNIS

COST PLUS PLAN

Effective October 1, 2021
Group #H870922

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Outpatient Therapy/Other Services Physical/Occupational Therapy, Speech Therapy	100% after \$30 Copay Deductible waived	100% after \$50 Copay Deductible waived	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90% after Deductible	80% after Deductible	70% after Deductible	
Home Health Services	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Durable Medical Equipment	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90% after Deductible	80% after Deductible	70% after Deductible	
Ambulance Services	90% after Deductible			Contact UR Company for Coordination of Care.
All Other Provider Covered Physician Services	90% after Deductible	80% after Deductible	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

Getting started with Teladoc®



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at [Teladoc.com](https://www.teladoc.com), click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into the Teladoc website at [Teladoc.com](https://www.teladoc.com) and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit [Teladoc.com/mobile](https://www.teladoc.com/mobile) to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for a \$0 Copay

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 **1-800-Teladoc**

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)

Download
the app: 



MAXIMIZE YOUR HEALTH PLAN with the GPA Member Portal

The GPA Member Portal provides a streamlined, easy-to-navigate platform to access all of your health insurance information, including your:

**Coverage and
plan benefits**

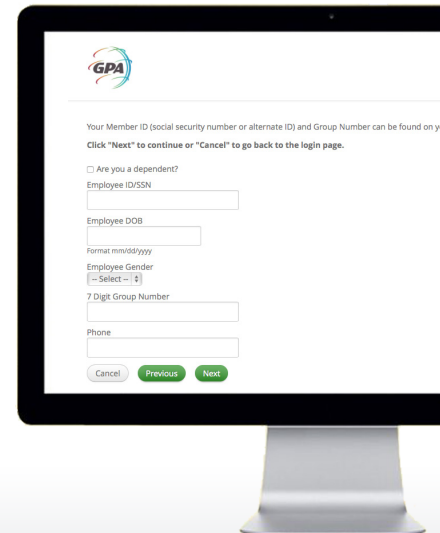
**Claims status and
account balances**

**Wellness program
information**



Signing up takes less than 10 minutes:

- STEP 1** Begin by visiting **www.gpatpa.com** and selecting the **“Members”** button on the top right corner of the homepage
- STEP 2** Next, click the **“Proceed to our sign up process”** link located on the bottom left of your screen
- STEP 3** After agreeing to the license agreement, you will be able to fill in your member information using your benefits card
- STEP 4** Now, you will create your GPA account profile using any email address and password you'd like
- STEP 5** The last step will be ensuring your member profile and information are correct and choosing your EOB delivery method



Have any questions?

Be sure to contact the GPA customer service department to learn more about the GPA Member Portal and how it can make managing your healthcare easier than ever.

www.gpatpa.com



MAXIMIZE YOUR HEALTH PLAN

Whenever And Wherever You Are

The new GPA Mobile App, offered through your health plan, puts our most popular online features at your fingertips.

THE GPA MOBILE APP ALLOWS YOU TO:



CHECK
CLAIM STATUS



ACCESS YOUR
ELIGIBILITY
INFORMATION



VIEW AND
EMAIL YOUR
ID CARD



REVIEW YOUR
ACCOUNT SUMMARY
AND BENEFITS

Have a question regarding your health plan? You can send a secure message to our Customer Service Department through the new "Message Center" or for more general inquiries, visit our Frequently Asked Questions page.

DOWNLOAD THE GPA MOBILE APP TODAY THROUGH
THE GOOGLE PLAY STORE OR THE APPLE APP STORE!



[CLICK HERE](#) for Apple



[CLICK HERE](#) for Android

Available on Android and Apple devices, search for "Group Pension Mobile", download the app for free, register and set up a user ID and password. It's that simple!

www.gpatpa.com





Imagine Health | Dallas-Fort Worth

Enjoy direct access to high-quality healthcare where you live.

- **No Guesswork.** Choose to see a carefully selected Imagine Health provider and receive affordable, quality care.
- **No referrals.** You have the simplicity of direct access to quality hospitals and physicians in your area. It's that easy.
- **Walk-in Care.** You have access to all CVS MinuteClinic® locations nationwide, which provide a broad range of services to help keep you and your family healthy.
- **Lab Services.** Rely on Quest Diagnostics for all your lab-related diagnostic services.
- **Peace of mind.** When you use an Imagine Health provider, you won't be billed for more than your patient responsibility. It makes good sense.

Count on getting the most out of your plan when you
see one of our partners in Dallas-Fort Worth.

23 hospitals

3,800+ providers

80+ urgent
cares

30+ ambulatory
surgical centers

For a current and complete list of
Imagine providers in your area, visit
providers.imaginehealth.com.

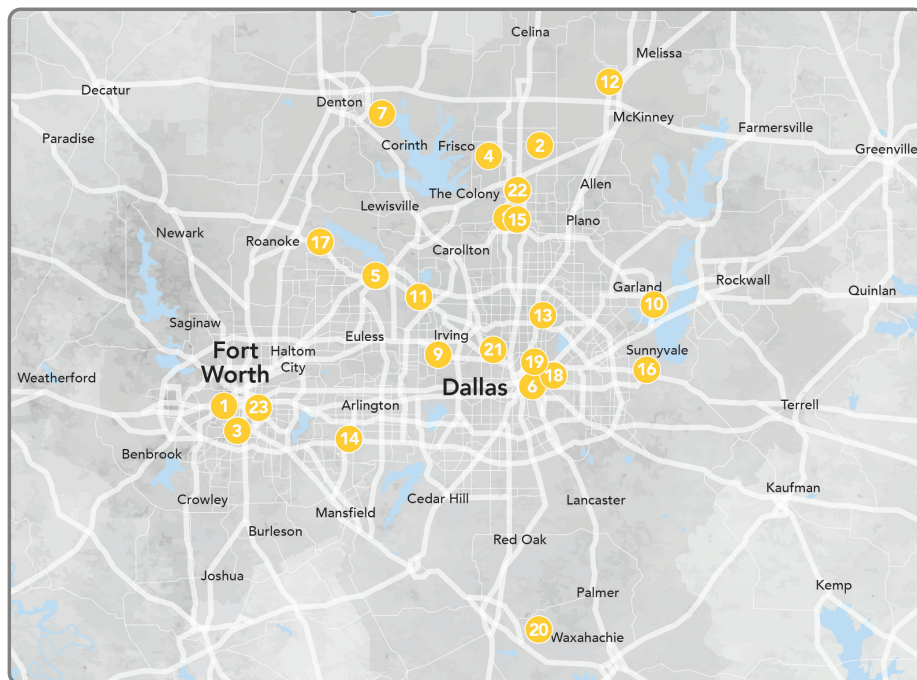
imagine
HEALTH

Now it's easier than ever before to get quality healthcare in Dallas-Fort Worth.

Provider Partners Include: Baylor Scott & White Health | Children's Health | Cook Children's Health Care System

Hospitals

- 1. All Saints & Andrews Women's**
1400 8th Ave
Fort Worth, TX 76104
- 2. Baylor North TX - Centennial**
12505 Lebanon Rd
Frisco, TX 75035
- 3. Baylor North TX - Fort Worth Surgical**
1800 Park Place Ave
Fort Worth, TX 76110
- 4. Baylor North TX - Frisco**
5601 Warren Pkwy
Frisco, TX 75034
- 5. Baylor North TX - Grapevine**
1650 W College St
Grapevine, TX 76051
- 6. Baylor North TX - Hamilton Heart**
621 N Hall St
Dallas, TX 75226
- 7. Baylor North TX - Heart Denton**
2801 S Mayhill Rd
Denton, TX 76208
- 8. Baylor North TX - Heart Plano**
1100 Allied Dr
Plano, TX 75093
- 9. Baylor North TX - Irving**
1901 N Macarthur Blvd
Irving, TX 75061
- 10. Baylor North TX - Lake Pointe**
6800 Scenic Dr
Rowlett, TX 75088
- 11. Baylor North TX - Las Colinas**
400 W I-635
Irving, TX 75063
- 12. Baylor North TX - McKinney**
5252 W University Dr
McKinney, TX 75071
- 13. Baylor North TX - N. Central Surgical**
9301 N Central Expy
Dallas, TX 75231
- 14. Baylor North TX - Orthopedic & Spine**
707 Highlander Blvd
Arlington, TX 76015
- 15. Baylor North TX - Plano**
4700 Alliance Blvd
Plano, TX 75093



NOTE: Members also have access to ambulatory surgical centers, urgent care centers and all CVS MinuteClinic® locations.

- | | |
|---|--|
| 16. Baylor North TX - Sunnyvale
231 S Collins Rd
Sunnyvale, TX 75182 | 20. Baylor North TX - Waxahachie
2400 N I-35E
Waxahachie, TX 75165 |
| 17. Baylor North TX - Trophy Club
2850 E State Hwy 114
Trophy Club, TX 76262 | 21. Childrens MC - Childrens Dallas
1935 Medical District Dr
Dallas, TX 75235 |
| 18. Baylor North TX - University
3500 Gaston Ave
Dallas, TX 75246 | 22. Childrens MC - Childrens Plano
7601 Preston Rd
Plano, TX 75024 |
| 19. Baylor North TX - Uptown
2727 E Lemmon Ave
Dallas, TX 75204 | 23. Cook Childrens - Fort Worth
801 7th Ave
Fort Worth, TX 76104 |

For a current and complete list of Imagine providers, visit
providers.imaginehealth.com.

Need to see a non-partner provider or have questions?
Make the most out of your health plan, wherever you go for care.
Call the member services number on your benefits ID card.

Understanding Your Benefits ID Card



Your benefits ID card may look different from other cards you've had, but it has all the information you'll need about your plan.

Your card includes the contact information for GPA, the main point of contact for your health plan. They handle it all!

- ✓ Answer all your questions - just call the phone number on the card
- ✓ Help you choose the right healthcare provider
- ✓ Send you an Explanation of Benefits (EOB) that detail your plan coverage for each claim

Your health plan includes Imagine Health, and the logo will appear on your benefits ID card. This means:

- To find a participating Imagine Provider, **visit providers.imaginehealth.com**. When you visit an Imagine provider, you'll get quality care without having to worry about any charges beyond your plan's co-payment or co-insurance amount.
- Choose to visit a provider outside of Imagine Health, and you'll benefit from built-in price protection so you don't overpay.
- You can rely on Quest Diagnostics for all your lab-related diagnostic services. You also have access to all CVS MinuteClinic® locations nationwide.

When you go to a provider for care, there are a few "rules of the road."

- At check-in or registration, provide your benefits ID card.
- If the provider does not recognize the Imagine Health logo or indicates they don't accept your insurance, encourage them to call the provider phone number to verify your eligibility for benefits.
- At any time, if you are asked to pay up front, immediately call GPA to speak to someone who will work through the issue right away.

Have questions about your coverage? Call 800-827-7223.



GROUP & PENSION ADMINISTRATORS, INC
PO BOX 749075
DALLAS, TX 75374-9075

PLAN PART (972) 238-7900 (800) 827-7223
PROVIDERS (972) 744-2486 (866) 206-3224
8:00AM-7:00PM CST MON-THURS
8:00AM-5:00PM CST FRIDAY



Temp-Return Service Requested

000720-001081-000001-001081 2009660 3472CK02_1

JOE SMITH
1234 W ANY STREET
ANY TOWN, US 12345-6789

Group Voyagers, Inc.

EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Group#: H8707123456789
Date: 05/13/2016
Employee: JOE SMITH
Patient: MARY SMITH
Document #: 16123456789
Patient ID: NAHA1234
EOB#: 2012345-939

3 4 5 6 7 8 9 10 11 12

Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/16 02/17/16	52759.01	40305.75	1				80% 100%	3344.92 8272.11
TOTAL: AMOUNTS		52759.01	40305.75						11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.

EXPLANATION OF CODE

1- 882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES

TOTAL SUBMITTED CHARGES 52759.01
TOTAL BENEFITS PAID 11617.03
TOTAL DISCOUNT
OTHER INSURANCE CARRIER PAYMENT

INELIGIBLE CHARGES 40305.75
DEDUCTIBLE
CO-PAY
PATIENT'S COINSURANCE 836.23
TOTAL DUE TO PROVIDER 836.23

YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2016 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00 THE 2016 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

PAYEE NAME: AMOUNT:

COMMUNITY HOSPITAL \$11617.03



UNDERSTANDING YOUR EOB

An EOB is provided for every claim to help you understand how your benefits will be applied to each claim. The following is an example of what is found on the EOB.

1. This is identifying information such as employee name, patient name, participant's ID number, etc.
2. This is the address to whom the EOB is being mailed. If it is the employee's address it will reflect the current information in our system. If it is incorrect, please notify our GPA Member Services at 800-827-7223 or 972-238-7900 so we can update our records.
3. This is a brief description of the services rendered.
4. These are the dates the services were rendered.
5. This is the total amount of charges billed by your provider.
6. This box indicates any charges that are considered ineligible under your plan. This dollar amount may include services that are considered as ineligible amounts as a result of the Cost Plus audit program. (See box 13 for explanation of ineligible charges)
7. If any charges are ineligible, the charges are assigned an ineligible code (the number shown in this box). Any code shown will be explained in box 13.
8. If you have utilized a PPO provider for physician services, the number in this box will represent the discount amount your provider negotiated with your PPO network for this type of service. The discount amount is subtracted from the total charges submitted and you are not responsible for payment of this amount. If there is no amount listed in this box, there was no discount negotiated with the provider.
9. This box contains a dollar amount that reflects the applicable copay amount for the services rendered. This amount is subtracted from the total charges submitted and your are responsible for payment of this amount. Refer to your Summary Plan Description for applicable copay amounts.
10. Any charges that are applied to your deductible are shown in this box. Refer to your Summary Plan Description for any applicable deductible amounts.
11. The percentage your plan paid for eligible charges. This amount can vary depending on the type of service, deductible amounts, copay amounts and out-of-pocket maximums.
12. The benefit payable by your plan for these services.
13. Explanation of the codes used in box 7. This box can also be used to provide comments regarding your claim. Please read this section to see if you need to take any action.
14. This explains the total submitted charges, total benefits paid, total discounts and other insurance carrier payments.
15. This box includes a summary of ineligible charges, amounts applied to deductible, copays and coinsurance. Total due to provider is the amount you owe to this provider.
16. Year to date deductible amounts. This box provides the dollar amount that has been satisfied for the patient's deductible and the dollar amount satisfied for the family deductible for the calendar year.
17. Payee Information.

Advocating for Members and Their Families



Personal and proactive outreach is the hallmark of the **Member Services team**. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that exceed your responsibility.

How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. If you receive a bill for more than this amount, immediately contact ELAP.



What will ELAP do for you?

Once ELAP receives your bill, you and your family are assigned a personal Member Services Advocate who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.

Who can you call with questions?

Your dedicated Advocate is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. We are always here to help you better understand your plan benefits.



Keep an Eye on Your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Your Advocate will take it from there, keeping you in the loop throughout the process.

Our Motto: Advocate, Engage, Empower.



Members and their families are at the center of all we do.

Phone: 1-800-977-7381 | Email: bb@elapservices.com

Page 18

Fax: 1-888-560-2447 | Mail: 1550 Liberty Ridge Drive Ste. 330 Wayne, PA 19087

ELAP Facts and Questions

1. *What is the Claim Review and Audit Program?*

ELAP protects your Health Plan against unreasonable charges for medical services. The Program reimburses hospitals, doctors, and other medical providers in a manner that recognizes appropriate charges as defined by federal ERISA laws.

2. *Why is it so important to review each bill; isn't the price for medical care standard from one provider to the next or one patient to the next?*

No. The price of care from one provider to the next (or one patient to the next) can vary significantly. This is the issue. It is not uncommon to see prices for a procedure (surgery) vary from \$10,000 to over \$100,000 in the same region for the same operation. The price charged for an aspirin can be as much as \$8.00 in the hospital, and many other items are equally inflated. When your benefit Plan pays these inflated prices, even with a "discount," this may result in overspending which can ultimately result in higher costs to you the medical consumer.

3. *What happens when ELAP audits a medical provider's bill and the provider is not satisfied with the Plan's payment?*

The Plan allows for two levels of appeal. The medical provider is encouraged to follow the appeal process to obtain higher payment if it can be justified. ELAP will utilize independent experts to address the provider's appeal and make every effort to keep charges consistent with ERISA Laws.

4. *Does ELAP audit every bill for our Plan?*

ELAP audits bills from all hospitals (and from other facilities such as nursing homes and rehab centers), all ambulatory surgical centers, and all dialysis clinics in excess of \$10,000 in billed charges.

5. *Don't some medical providers bill employees directly for amounts over the Plan's payment?*

Yes. This is known as a "balance bill." If an employee is balanced billed by a provider, they should immediately submit this bill directly to ELAP. Once received, ELAP takes over all correspondence and communication should be between ELAP and the provider. ELAP will notify the provider of their representation of the employee in the dispute of their over charge. There are some cases where providers have computer generated automatic billing services and in that case, the employee may receive several follow up statements. These should be forwarded to ELAP as soon as they are received. Of course in the case of any phone calls or collection agency service, the caller should be provided ELAP contact information. These services are provided by ELAP at no charge to the employee or covered dependent.

ALL SERVICES. ONE CONTACT.



CONTACT GPA MEMBER SERVICES BY WEB, APP OR PHONE.



1.800.827.7223



memberservices@gpatpa.com



www.gpatpa.com

Monday–Thursday 7am–9pm CST | Friday 7am–7pm CST

Member Services will provide support for questions related to your health plan and will guide you to Nurse Navigator as needed to support coordination of complex medical service requests.

MEMBER SERVICES + NURSE NAVIGATOR

- ✓ Eligibility
- ✓ Benefits
- ✓ Claims and EOB Questions
- ✓ Pharmacy
- ✓ Medical Claim Forms
- ✓ ID Card Requests
- ✓ Appeal and Pre-Determination Status
- ✓ GPA Portal Questions

- ✓ Talk to Registered Nurse
- ✓ Locate Doctors, Specialist and Facility Options Accepting Medical Benefit Plan
- ✓ Assist Members with Provider and Facility Options for Complex Medical and Medication Needs
- ✓ Guide Members to Your Medical Management Programs

BALANCE BILLS

What to do if you receive a balance bill? Send it to ELAP immediately at balancebills@elapservices.com. If you have a question as to the status of your claim, you may contact the ELAP Balance Bill Response Team any time at 1-800-977-7381. Remember, it is important to send every bill you receive to ELAP!

Express Scripts Registration

Register now to experience the fast, easy way to manage your prescriptions and costs – anywhere, anytime

- Check order status and track your prescriptions
- Refill and renew prescriptions for you and your family
- View claims history and pay balances
- Find potential lower-cost options using My Rx Choices®
- Receive safety alerts for possible medication interactions
- Contact a pharmacist anytime, day or night
- Locate an in-network retail pharmacy in your area
- Review your plan's coverage guidelines
- And so much more!

Get Started Today!

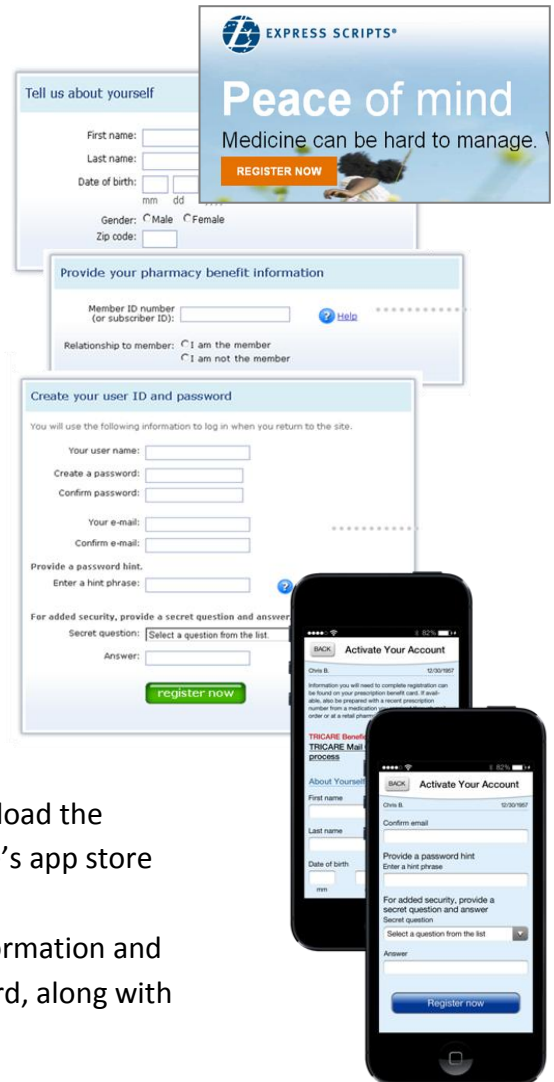
Registering is safe and simple. Your information is secure and confidential. Please have your member ID number available.

- Go to **Express-Scripts.com** and select **Register Now** or download the **Express Scripts Mobile App** for free from your mobile device's app store and select **Register Now**
- Complete the information requested, including personal information and member ID number, and create your user name and password, along with security information in case you ever forget your password
- Click **Register now** and you're registered
- On the final page, you can set preferences* now, or later in **My Account** on Express-Scripts.com
- Click **Continue**

* Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, Android™, Windows Phone® and Blackberry® mobile devices.



Flexible Spending Accounts (FSA)

City of Ennis provides all eligible employees with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax funds through the Flexible Spending Account. You can save approximately 25% of each dollar spent on these expenses when you participate in the FSA.

Medical Expense FSA – Out of pocket medical, dental and vision care expenses can be made with pre-tax dollars up to a maximum of **\$2,750** per plan year. You can contribute to this account even if you do not participate in the medical, dental or vision benefit plans.

Dependent Care FSA - Dependent care expense can be made with pre-tax dollars up to a maximum of **\$5,000** per plan year; \$2,500 if married and filing separately. Examples of dependent care expenses include the costs associated with an individual providing care either in or out of your home or nursery schools and preschool (excluding kindergarten) for children under age 13 or caring for elders.

Important: An employee covered by a High Deductible Health Plan and a Flexible Spending Account that pays or reimburses qualified medical expenses generally cannot make contributions to a Health Savings Account (HSA). Tax consequences could result if contributions are made to an HSA. Please consult your tax advisor for further guidance.

What is the Wex Claim Card?

With the Wex Claim Card you can pay at the point of services for your medical and dependent care expenses. Use the Wex Claim Card to eliminate the need to submit your claim by paper, fax or the website.

Where can the Wex Claim Card be used?

Use the Wex Claim Card for eligible medical expenses at doctor and dentists offices, pharmacies and vision service locations. Your Wex Claim Card can also be used for eligible dependent daycare expenses, based on the funds available for those benefits as defined by your plan. If a business does not accept the Wex Claim Card, submit your request online, by mail or fax your request to the address on the Reimbursement Form.

What are the rules for the Flexible Spending Account?

Be sure to choose your annual election amount carefully as you cannot change your election during the plan year, unless you have a qualified change in status, such as:

Marriage

Birth or Adoption

Death

Employment status change for employee or spouse (Please refer to the Summary Plan Description for details of qualified change in status)

Carryover balance:

A participant in the Health Flexible Spending Account may roll over up to \$550 of unused amounts in the FSA remaining at the end of one Plan Year to the immediately following Plan Year. Amounts in excess of \$550 will be forfeited.

Reminder: Dependents do not have to be covered on the group medical, dental or vision plans for their expenses to be reimbursable under the Flexible Spending Account. You must retain records and documentation that support and validate your Flex System Claim Card transactions. In some cases, you may be required to submit receipt and/or all other related claim documentation to substantiate a claim. If you fail to comply, payment may be denied and/or your card may be suspended.

Voluntary Dental Benefits – Mutual of Omaha

Network: Mutually Preferred

PPO Dental Benefits		
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services		
• Routine Exams, Bitewing X-Rays, Full Mouth X-Rays, Prophylaxis/Cleaning, Sealants, Space Maintainers	0%	0% of U&C*
Basic Services		
• Fillings, Simple Extractions	20%	20% of U&C*
Major Services		
• Crowns, Onlays, Endodontics, Periodontics, Implants, Complex Extractions, Anesthesia	50%	50% of U&C*
Calendar Year Maximum Benefit:		
	\$2,000	
Orthodontia Benefit (Child up to age 19)		
• Orthodontia Services	50%	
• Orthodontia Lifetime Maximum	\$1,000	

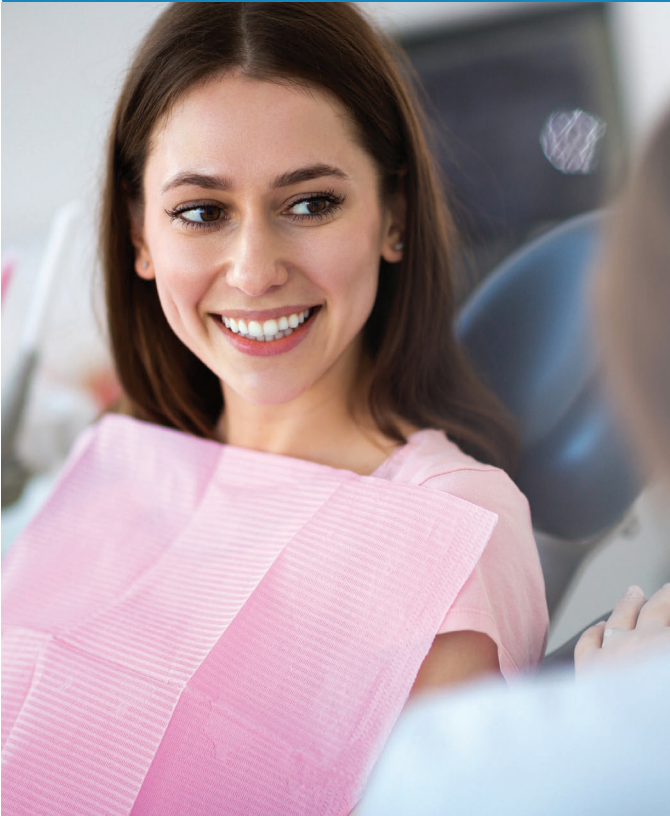
*The non-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.

Inspection and early detection of dental conditions are key elements to having a healthy smile!



Benefits Rollover

Available to all enrolled employees



How it Works

- Employees who have at least one cleaning and exam in a policy year but spend less than 50% of the policy year maximum benefit, can enjoy a higher max benefit amount in future years
- Employees can roll over 25% of the policy year maximum benefit dollars to the next year
- A higher max in future years makes the plan more valuable to keep in place
- Adjusted annual maximum can grow up to 2x the policy year maximum benefit
- Employees can track available max dollars through mutualofomaha.com/dental

Rollover benefit is administered automatically for all enrolled members.

Example 1:	Example 2:
<p>The member's plan has a \$1,000 annual maximum.</p> <p>During the plan year, the member has two cleanings and examinations and one set of X-rays for a total of \$200 in services.</p> <p>The member can rollover \$250, or 25% of the policy year maximum.</p>	<p>The member's plan has a \$1,000 annual maximum.</p> <p>During the plan year, the member has one cleaning and examination and two root canals for a total of \$900 in services.</p> <p>The employee is not eligible for rollover because they spent more than 50% of their policy year maximum.</p>

Note: Member must satisfy any benefit or late entrant waiting period to be eligible for max rollover. Not available with PreventiveEdge.®

An Added Bonus for Takeover Plans

The employer must provide a report from their current carrier showing each member's rollover amount.

Valued Employee
Benefits Partner



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

> Find a Provider

City of Ennis

It's Fast and Easy to Find a Dentist with
Our Online Provider Directory



With our dental insurance, you have complete freedom to select the dentist of your choice either in network* or out of network. However, you'll enjoy greater savings by selecting a dentist who is part of the network. The network currently has thousands of dentists nationwide, so chances are good there's a participating dentist near you.

1. Go to MutualofOmaha.com/dental
2. Click on the "Member Portal Link" and select "Provider Quick Search"
3. Enter your ZIP code or address to find a provider near you
4. Optional search criteria include:
 - Specialty
 - Provider last name
 - Office name

If you have questions or need additional assistance during business hours, contact our service team at (800) 927-9197.

Mutually Preferred®

Voluntary Vision Benefits – Mutual of Omaha

Network: EyeMed Insight

Vision Benefits		
	In-Network	Out-of-Network
Eye Exam Copay (every 12 months)*		
Routine / Comprehensive	\$10	Up to \$37 Reimbursement
Material Copay		
	\$10	\$10
Standard Lenses (every 12 months)*		
• Single Vision Lenses	\$10	Up to \$32 Reimbursement
• Bifocal Vision Lenses	\$10	Up to \$48 Reimbursement
• Trifocal Vision Lenses	\$10	Up to \$76 Reimbursement
• Lenticular Vision Lenses	\$10	Up to \$76 Reimbursement
• Standard Progressive Vision Lenses	\$65	Up to \$48 Reimbursement
Contact Lens - Elective (in lieu of lenses and frames)		
	\$150 allowance	Up to \$102 Reimbursement
Frames (every 24 months)*		
	\$150 allowance	Up to \$66 Reimbursement

*From date of service

Laser Surgery savings averaging 15% off the regular price, or 5% off a promotional offer including LASIK or PRK.



Find a Vision Care Provider



Contact me for more information.

Our vision insurance product gives you and your clients access to an extensive network of providers that includes popular chain retailers such as Pearle Vision and Target, as well as thousands of independent providers.

We're here to help you easily navigate our expanding network of vision care providers.

Steps to Locating a Provider

- 1 Go to **MutualofOmaha.com/vision**.
- 2 In the **Extensive Network** section, click on the **Locate a Provider** link.
- 3 Enter a **ZIP code** or click on **Use My Location** to see providers in your area. You can also click **Advanced Search** for more options.
- 4 Click on **Get Results** to access the list of providers.

Extensive Options for Vision Care

With our vision network, your clients have access to care and services offering flexibility and savings.

98,600

Total in-network provider
access points

25,600

Total in-network provider
locations

We're committed to continually growing our network so your clients can receive care from the vision provider they prefer.



Valued Employee
Benefits Partner



Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Vision insurance is underwritten by United of Omaha Life Insurance Company, a Mutual of Omaha company. United of Omaha Life Insurance Company is licensed nationwide, except in New York. For broker and consultant use only. Some exclusions and limitations may apply.

Voluntary Life and AD&D Benefits

Mutual of Omaha

If you want a greater level of protection, City of Ennis provides you with the opportunity to elect Voluntary Life Insurance on yourself as well as your family.

Please Note: Employees electing voluntary life will also have the opportunity to elect coverage on their spouse and/or child(ren). Spouse's voluntary life election cannot exceed 100% of the employee's voluntary life election.

Voluntary Life Insurance Coverage	
You can purchase coverage on yourself :	
<ul style="list-style-type: none"> In increments of .5k, 1X, 1.5X, 2X, 2.5X or 3X basic annual earnings To a maximum of \$150,000 or 3X your salary, whichever is less With a guarantee issue amount of \$100,000 or 3X your salary, whichever is less 	
You can purchase coverage on your spouse :	
<ul style="list-style-type: none"> In increments of \$5,000 To a maximum of \$35,000 or 100% Employee election, whichever is less With a guarantee issue amount of \$35,000 	
You can purchase coverage on your child(ren) :	
<ul style="list-style-type: none"> In increments of \$2,500 To a maximum of \$10,000 With a guarantee issue amount of \$10,000 	

***All employees must complete an Evidence of Insurability form to enroll or increase Voluntary Life insurance coverage.**

Voluntary Life and AD&D Age-Banded Rates

*EMPLOYEE LIFE AND AD&D PREMIUMS:										
AGE	Age <34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
Monthly Premium per \$1,000	\$.144	\$.174	\$.234	\$.334	\$.484	\$.874	\$1.414	\$2.104	\$2.454	\$4.314
**SPOUSE LIFE AND AD&D PREMIUMS:								CHILD LIFE AND AD&D PREMIUMS:		
PER \$ BENEFIT	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	Monthly Premium per \$1,000		
Monthly Premium per \$5,000	\$2.17	\$4.34	\$6.51	\$8.68	\$10.85	\$13.02	\$15.19	\$.248		

***If you are age 65 or older:** The benefit amounts will reduce 65% at age 65; 40 % at age 70; 25% at age 75.

****Employee and spouse rates:** Are calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70.

Voluntary Short and Long Term Disability Benefits – Mutual of Omaha

Voluntary Short Term Disability (STD) and Long-Term Disability (LTD) provides the protection you need to ensure that your way of life is protected in case of a serious injury or illness. The following is a summary of the STD and LTD disability plans offered through Mutual of Omaha.

You must complete an Evidence of Insurability Form to Mutual of Omaha if you are enrolling more than 31 days after your eligibility date.



Voluntary STD Coverage	
Basic Benefit	60% of salary
Maximum Benefit	\$1,000 weekly
Elimination Period	Injury – Benefits start on 31 st day Illness – Benefits start on 31 st day
Maximum Benefit Duration	22 weeks
Pre-existing Conditions	3/12 (Pre-existing conditions; there is a 3 month look-back from effective date and a 12 month waiting period on pre-existing conditions)



Voluntary LTD Coverage	
Basic Benefit	60% of salary
Maximum Benefit	\$7,500 monthly
Elimination Period	180 days
Maximum Benefit Duration	Age 65 or Social Security Normal Retirement Age
Pre-existing Conditions	3/12 (Pre-existing conditions; there is a 3 month look-back from effective date and a 12 month waiting period on pre-existing conditions)

Voluntary STD Composite Rate

The monthly composite rate (Per \$10 of Weekly Benefit) **\$0.38**. Please refer to the table below to determine the cost.

Voluntary STD Rate Example	
Example Weekly Earnings	\$500
Example Weekly Benefit (60% of weekly earnings)	\$300
Weekly Benefit Divided by 10	\$30
Multiplied by rate (see rate table above)	X \$0.38
=	
Example Monthly Cost	\$11.40
To determine the Semi Monthly Premium – Enter the Monthly Cost times 12 then divide by 24.	
Example Cost/Semi Monthly Pay Period	\$5.70

Voluntary LTD Age-Banded Rates

AGE	Under 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.112	\$0.129	\$0.178	\$0.271	\$0.426	\$0.619	\$0.828	\$0.988	\$1.037	\$1.041	\$1.166

The following example is based on Age 40 – 44 employee earning \$2,000 per month. Monthly benefit will be 60% of your monthly earnings to a maximum of \$7,500 per month.

Voluntary LTD Rate Example	
Example Monthly Salary	\$2,000
Divided by 100	20
Multiplied by rate (see rate table above)	X \$0.426
=	
Example Monthly Cost	\$8.52
To determine the Semi Monthly Premium – Enter the Monthly Cost times 12 then divide by 24.	
Example Cost/Semi Monthly Pay Period	\$4.26

Rates are calculated based on the employee's current age on the effective date of the plan.

City of Ennis Wellness Program Benefit

October 1, 2021 – September 30, 2022

Wellness Pays Off!

The City of Ennis is pleased to introduce the 5th Year of the City of Ennis Wellness Program through Group & Pension Administrators (GPA).

For the 2021-2022 year, this program will focus on health screenings/annual physical exams and continue to provide you with resources to improve your overall health and well-being. The goal for this year will be to make the program requirements attainable for more employees, while providing additional opportunities to earn more incentives throughout the year. Opportunities for wellness checks and various additional items will be offered.

By participating in wellness activities, you have the opportunity to improve your health one step at a time and get rewarded for it!

More information about the program can be found on your *2021-2022 Wellness Program Overview*.



If you have any questions regarding the wellness program, please contact your GPA Wellness Coordinator.

Layla Najm

Wellness Coordinator

BeWell Line: [800-827-7223](tel:800-827-7223)

Direct: 972-619-2695

Laylan@gpatpa.com

Get help with expenses health insurance doesn't cover



Aflac for City of Ennis

Are you among the 57% of Americans who've had to pay an unexpected medical bill?¹ Did you think, "But I have health insurance. I should be covered?" That's why there's Aflac. We can pay you cash directly² to help cover that bill or any other expense you may have. Aflac helps provide you with peace of mind when you need it most.

These Aflac supplemental plans are now available to you

These Aflac insurance plans are available during your enrollment, 09/01/2021 to 09/24/2021.

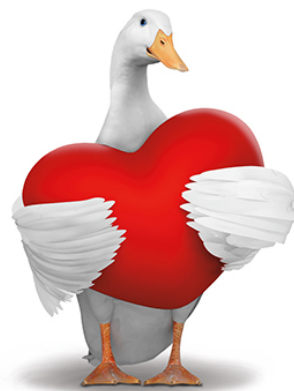
Group Accident Insurance :

helps pay for out-of-pocket costs that arise from covered accidents.



Group Critical Illness Insurance :

helps pay the expected and unexpected expenses that arise from diagnosis of a covered critical illness.



Group Whole Life Insurance :

helps provide financial security for your family members in the event of an unexpected loss.

Your enrollment is 09/01/2021 between 09/24/2021.

For more information and to enroll, Call Keri Norton @ 469-258-1091

Or email her at keri_norton@us.aflac.com

**Continental American
Insurance Company**



In California, coverage is underwritten by Continental American Life Insurance Company.

¹NORC AmeriSpeak Omnibus Survey: Surprise Medical Bills, August 16-20, 2018. <https://www.norc.org/PDFs/Health%20Care%20Surveys/Suprise%20Bills%20Survey%20August%202018%20Topline.pdf> – accessed March 30, 2020. ²Unless otherwise assigned.

The Aflac coverage described here is a brief description of coverage and subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochures, as this material is intended to provide general summaries of the coverage. Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company • Columbia, South Carolina • 1-800-433-3036
In Arkansas, Policy Forms CA7700-MP-AR, CAI7800AR, CAI2800AR, C21100AR, C50100AR, C70100AR, C60100AR, C80100AR, C81100AR, GP5000-MP, CA8500-MP (AR), CAI9100, WL9800-MP AR, and CAI1100AR. In Idaho, Policy Forms CA7700-MP(ID), CAI7800ID, CAI2800ID, C70100ID, C21100ID, C80100ID, C60100ID, C50100ID, C81100ID, GP5100-MP ID, CA8500ID, CAI9100R, and WL9800-MP ID. In Oklahoma, Policy Form CA7700-MP(OK), CAI7800OK, C70100OK, CAI2800OK, C21100OK, CAI50100OK, GP5100-MP (OK), CA8500-MP (OK), CAI9100OK, C60100OK, WL9800-MP OK, CAI1100OK, C80100OK, and C81100OK. In New York, Policy Form Numbers AF7700NY, AF2800NY, AF8500NY, AF1100NY, AF21100NY, AF70100NY, and AF80100NY. In Texas, Policy Form Numbers CA7700-MP-TX, CAI7800TX, C60100TX, C70100TX, CAI2800TXrev, C21100TX, C50100TX, GP5000-MP TX 5/06, C80100TX, C81100TX, CA8500-MP, CAI9100TX, WL9800-MP, and CAI1100TX.

EXP 6/21

City of Ennis

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, **confidential** services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>
Select "Access Your Benefits"

Registration Code:
AWP-ENNIS-4005

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

WellCoach

Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 3 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services.
(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

> Worldwide Travel Assistance

TRAVEL ASSISTANCE TRAVELS WITH YOU



Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues or lost luggage is critical. Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

ENJOY YOUR TRIP – WE’LL BE THERE IF YOU NEED US

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

PRE-TRIP ASSISTANCE**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home you may access Travel Assistance services 24/7 by calling the toll-free number for immediate help from a travel assistance professional.

EMERGENCY TRAVEL SUPPORT SERVICES

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company

*Brought to you by Mutual of Omaha. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius

MUGC9734



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the
U.S. call toll free:

1-800-856-9947

Outside the U.S.
call collect:

(312) 935-3658



WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the
U.S. call toll free:

1-800-856-9947

Outside the U.S.
call collect:

(312) 935-3658

MEDICAL ASSISTANCE

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

IDENTITY THEFT

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

EDUCATION AND PREVENTION

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

RECOVERY INFORMATION

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha Companies. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation.

ASSISTANCE

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

TRAVEL ASSISTANCE PLAN LIMITATIONS

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

Expenses for emergency evacuation, medically necessary repatriation, repatriation of remains, return of dependent children, family or friend transportation arrangement and vehicle return are limited to \$200,000 per person per event.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA

Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA

Will Preparation Services

Services provided by Epoq, Inc.



Create your will at
www.willprepservices.com
 and use the code **MUTUALWILLS**
 to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code **MUTUALWILLS** to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements



Mutual of Omaha

Underwritten by
 United of Omaha Life Insurance Company
 A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Companion Life Insurance Company (United and Companion) and Epoq are independent, unaffiliated companies. Although United and Companion make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United and Companion do not provide, are not responsible for, do not assume any liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United and Companion also are not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United and Companion.

Notes

[illegible]

Notes

[illegible]

IMPORTANT: The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. Every effort was taken to accurately report your benefits. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.