

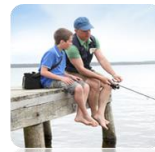
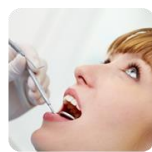
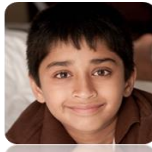
2023 Benefits Enrollment Guide



ENNIS
TEXAS

The bluebonnet spirit of Texas

Plan Year 2023



WELCOME TO OPEN ENROLLMENT FOR YOUR 2023-2024 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.

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Group Number: H870922	
Phone: (800) 716-2852	
Website: www.imagine360.com	
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RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4	
Website: www.express-scripts.com	
Patient customer service: 855-827-2615	
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Group Number: G000BF9D	
Phone: (800) 228-7104	
Website: mutualofomaha.com/dental	
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Group Number: G000BF9D	
Phone: (833) 279-4358	
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Group Number: G000BF9D	
Phone: (800) 228-7104	
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Mutual of Omaha	
Group Number: G000BF9D	
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Mutual of Omaha	
Group Number: G000BF9D	
Phone: (800) 228-7104	
Website: www.mutualofomaha.com	
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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.

Special Enrollment

If coverage was declined under this Plan due to coverage under another plan, and eligibility for the other coverage is lost, you and all of your eligible Dependent(s) may request special enrollment in this Plan. To qualify for special enrollment when enrollment in this Plan was previously declined, it must have been declined in writing with a statement that the reason for declining enrollment was due to other health coverage. Proof of other coverage or a certificate of creditable coverage will be requested.

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.

Dental Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00

Vision Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$0.00	\$0.00
Employee + Child(ren)	\$0.00	\$0.00
Employee + Family	\$0.00	\$0.00

Basic Life and AD&D – Mutual of Omaha	\$0.00
Voluntary Life and AD&D – Mutual of Omaha	See Age Rated Chart on page 32
Voluntary Short Term Disability – Mutual of Omaha	See Age Rated Chart on page 34
Voluntary Long Term Disability – Mutual of Omaha	See Age Rated Chart on page 34



PLEASE CONTACT IMAGINE360 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	\$0	\$0	\$1,000
- Family Limit*	\$0	\$0	\$3,000
Annual Out-of-Pocket Maximum (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$1,500	\$3,000
- Family Limit*	\$3,750	\$3,750	\$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%	90%	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%	90%	70% after Deductible	Payable under covered mother' claim.
Skilled Nursing Facility/Rehabilitation Facility	90%	90%	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%	90%	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%	90%	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services Physical/Occupational Therapy/Speech Therapy Cardiac Rehabilitation	90%	90%	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%	90%	70% after Deductible	
All Other Diagnostic Lab/X-ray (Facility only)	100%	100%	70% after Deductible	
Preventive and Wellness Lab and X-ray	100%		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%	90%	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90%	90%	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother’s discharge.)	90%	90%	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%	90%	70%; Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$25 Copay 100% after \$25 Copay	100% after \$25 Copay 100% after \$25 Copay	100% after \$75 Copay Deductible waived 100% after \$75 Copay Deductible applies	
United Concierge Medicine	N/A	\$0 Consult Fee		Call 844-4-VIPDOC
Chiropractic Services	100% after \$30 Copay	100% after \$30 Copay	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician’s Office or Freestanding Facility)	90%	90%	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%	100%	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.



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	100% after \$30 Copay	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	90%	70% after Deductible	
Home Health Services	90%	90%	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90%	90%	70% after Deductible	UR Notification required.
Durable Medical Equipment	90%	90%	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90%	90%	70% after Deductible	
Ambulance Services	90%			Contact UR Company for Coordination of Care.
All Other Provider Covered Physician Services	90%	90%	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.

Preventive and Wellness Care Benefits

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	NON-PPO BENEFIT 2), 3)	LIMITS & PROVISIONS
All Covered Wellness Benefits	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3) 100%; Deductible waived	100%; Deductible waived	See age and frequency limits and other special provisions below

Examples of Covered Wellness Procedures to include but are not limited to:

- 1) Routine Physical Exam
- 2) Annual Well Woman Exam
- 3) *Annual Pap smear and other routine lab
- 4) *Annual Routine Mammogram
- 5) *Bone Density test
- 6) Annual PSA test (routine)
- 7) Well Baby Care Exam/Well Child Care Exam
- 8) Vision Screenings (to age 19)
- 9) Hearing Screenings for newborns
- 10) Routine Immunizations
- 11) Flu vaccine/pneumonia vaccine
- 12) *Routine lab, x-ray, diagnostic testing and other medical screenings
- 13) Smoking/Tobacco Use Cessation (limited to 2 attempts + 4 counseling sessions per attempt)
- 14) *All FDA-approved Women’s Contraceptive methods/Sterilization procedures
- 15) *Routine Colonoscopy (includes polyp removal) – age 40 and older or family history of colon cancer

- 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.

* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

NOTE: This Summary of Benefits only represents an overview of your medical benefits and are subject to change.

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!

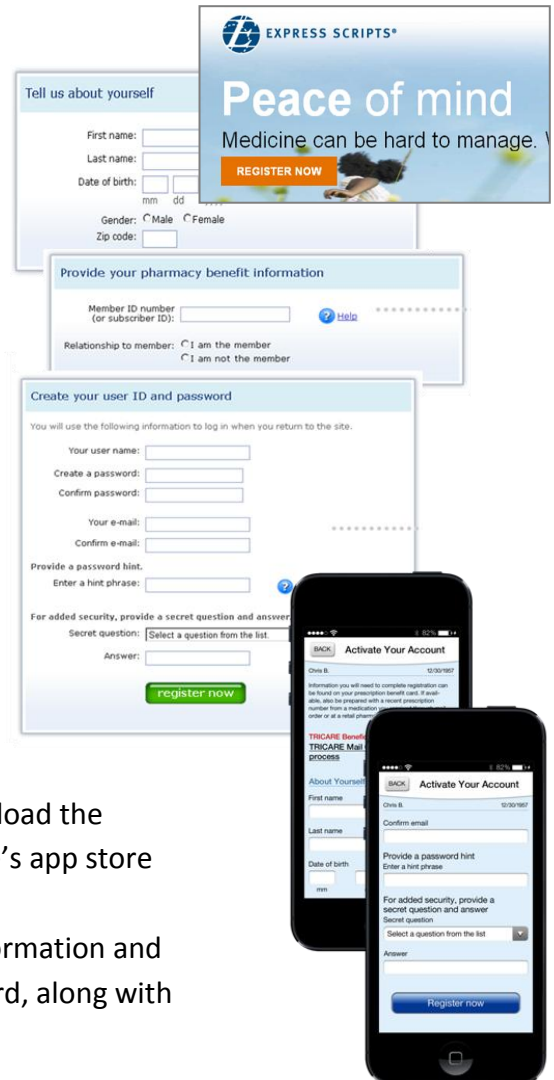
Get Started Today!

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.



Real

**DOCTORS.
CARE.
CONVENIENT!**

24/7 Virtual Care from UCM Digital Health.

When you or your family don't feel well, you want to get help right away. You have immediate access - day or night - to a medical professional through UCM Digital Health (UCM).

5 Reasons to choose UCM's virtual care:

- 1 CONVENIENCE!** Instead of driving to the doctor, ER or clinic and sitting a crowded waiting room, you can get an appointment right in the comfort of your own home.
- 2 SPEED!** UCM's same-day virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For a wellness or regular visits, you can get an appointment fast - perhaps even the same day!
- 3 QUALITY CARE.** You'll receive outstanding care from board-certified providers, licensed counselors, psychiatrists, and care coordinators. In most cases, they can diagnose, triage, and treat you right in your virtual visit. This includes filling any prescriptions you might need.
- 4 SMART.** By choosing virtual care, you'll likely have lower out-of-pocket costs. Your provider will follow up with you to make sure you get all the care you need. If you need to be seen in-person for "hands on" care, your care coordinators can assist you in getting a fast appointment so you can skip the ER or Urgent Care lines.
- 5 IT'S REALLY EASY!** Download the app, go online or call to get started!

Get Started NOW!

Download the "Sam by UCM" mobile App, visit GoSeeSam.com or call **1-844-4-VIP-DOC.**



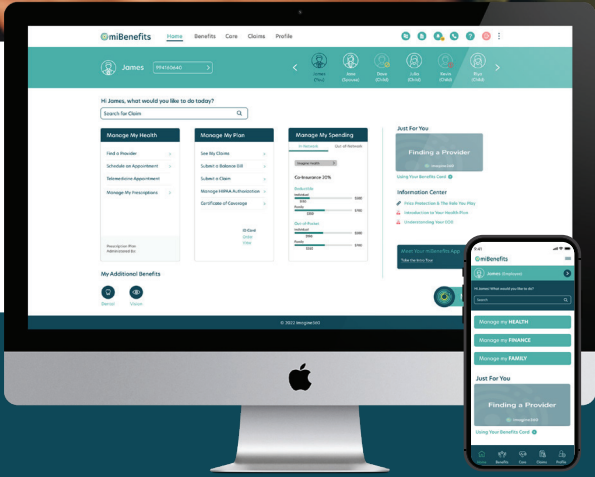
Manage Your Benefits



The miBenefits portal gives you 24/7 access to everything you need.

You can simply and easily:

- Track claims and deductibles for your entire family
- Find a provider
- View and manage all your benefits
- Message us anytime, anywhere




Sign up now!

Our simple registration process makes it easy to access all of your benefit plan details.

Create your account today at:
miBenefits.imagine360.com

The Imagine360 miBenefits app is also available on:



Scan here to watch a short video that explains the miBenefits portal!

Now is the time to do more with your benefits.

Everything in one place

Easily access and manage all benefits, healthcare spending and claims for you and your family. You get all the information you need to make better healthcare decisions while taking full advantage of your benefit plan.

The miBenefits portal is loaded with features:



Find Providers

Find the right provider for you or your family member, get help scheduling appointments, work with your wellness program, manage your prescriptions and more.



Prescription planner

Track when you need to order a prescription refill and then do it right online.



See all your benefits

Get the most out of your healthcare benefits by reviewing your company plan at a glance.



Claims monitoring

View the status of all claims, as well as the details around each.



Track your spending at a glance

Stay on top of your healthcare spending and see where you are in your deductible and out-of-pocket expenses.



Learn more about your benefits

Benefit plans can be hard to understand. The "Just For You" section has educational materials specific to you.



Scan here to watch a short video that explains the miBenefits portal!

Create your account today at:
miBenefits.imagine360.com

We're here for you with expert service and support.

Use the contact information on your Benefits ID card to get in touch with a member experience representative.



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.

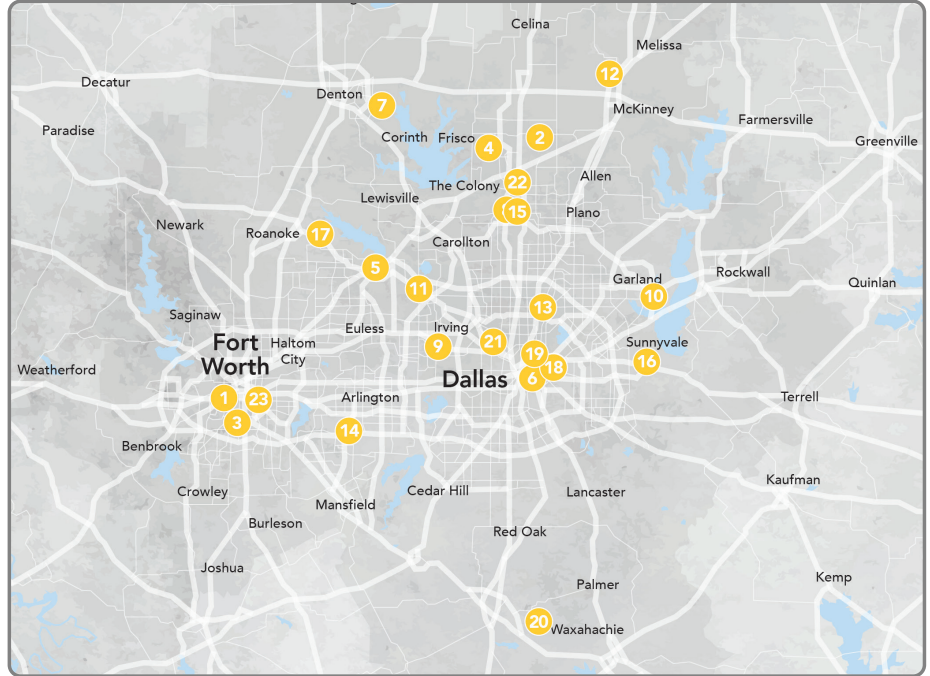
imagine
HEALTH

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 Imagine360, 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 Imagine360 to speak to someone who will work through the issue right away.

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

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

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 Imagine360 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 you 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.

Imagine360
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

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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

Making Sure You Don't Overpay for Care

Price Protection and Billing Support

While you focus on getting better, we focus on the bills. We do the hard work, so you can stop worrying about costs and have peace of mind that what you are paying is fair.



We help with bills from:

- ✓ Hospital Visits
- ✓ Emergency Rooms
- ✓ Outpatient Surgery
- ✓ Doctor Visits and Check-ups*

*Depending on your health plan benefits

We examine every bill line-by-line so you don't overpay for healthcare. Claims are reviewed to make sure they do not exceed your plan's allowable limits and that there are no errors. If there's an adjustment made to a provider reimbursement after the review, we will notify you. That's when you need to be on the lookout for a balance bill. If you receive one, send it to us right away.

Only Pay What's Fair

Overinflated healthcare bills cause plans to raise rates and members to pay more. We're here to help eliminate this problem so everyone only pays what's fair.

We help:

- Limit healthcare charges to what's fair and reasonable
- Eliminate excessive charges
- Avoid overpayments for healthcare needs

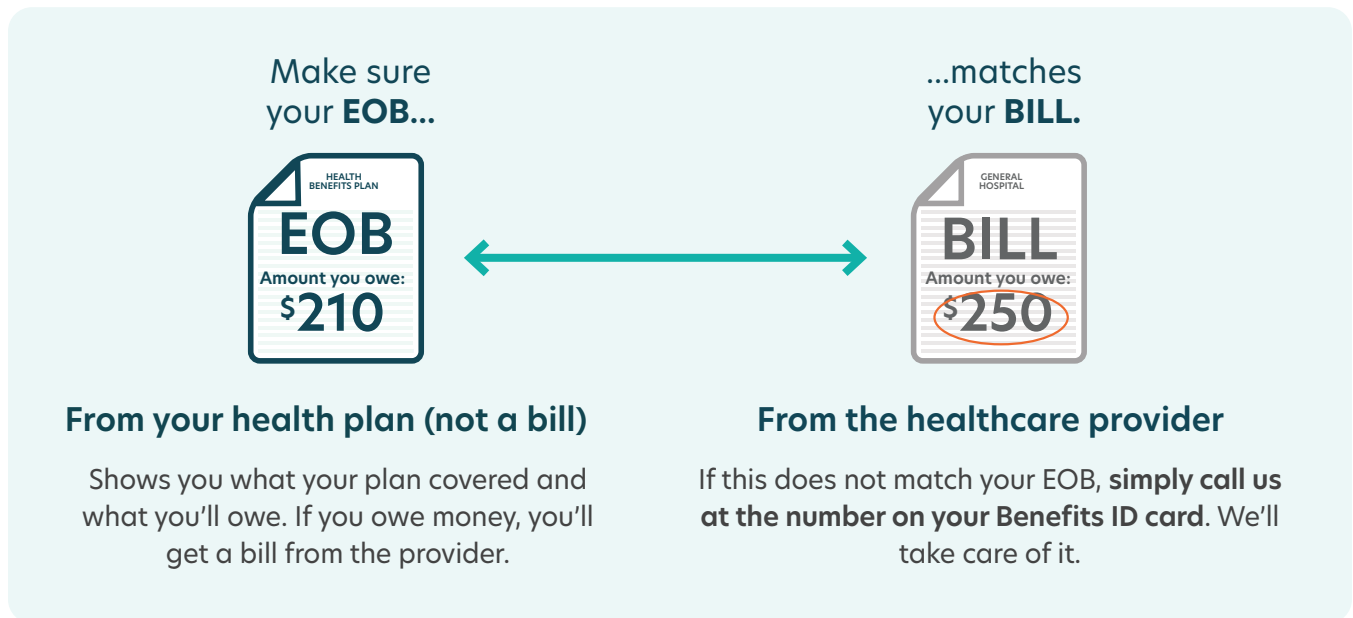
GENERAL HOSPITAL

CT Scan	\$2100
	\$500
Therapy Eval	\$330
Surgical Supp	\$312

YOUR PART: Identify Balance Bills

After you receive medical care, we will review every provider bill to catch overcharging or billing errors. If we find any, the provider is notified and sent an adjusted payment. Most of the time, providers accept this payment amount.

We need you to compare the “amount you owe” on the EOB and the bill sent by the doctor or facility. If they don't match, this is a balance bill. We can help - just send it to us!



Here are three simple things that you need to do:

1. Compare bills from your provider to the EOB from your health plan.
2. Send the bill to us if they do not match, so we can work on your behalf.
 - **Email:** bb@imagine360.com
 - **Fax:** 888.560.2447
 - **Mail:** 1550 Liberty Ridge Drive, Wayne, PA, 19087
3. Watch your mail for any additional provider bills to send to us.

OUR PART: Advocate on Your Behalf

Most of the time, you'll never have a reason to contact us about a bill. But if you do, you can count on our dedicated team of advocacy experts, including legal support, if needed. Just call us at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST



Welcome to Your Health Plan

We're here for you with 360° service & support.

Benefits Information

Coverage explained clearly so you can make the most of your benefits



Find a Provider
Assistance finding and comparing providers right for you



Billing Support
Advocates to provide guidance and manage billing questions on your behalf



Manage a Medical Condition
Clinical support from licensed professionals and counselors



Price Protection
All claims reviewed for errors and overcharges to make sure you don't overpay

Your Benefits ID Card

All the plan information you and your provider need.

- Take your card to every appointment.
- Ask your provider to call the number on the card if they have claims or coverage questions – we'll do the rest.
- Call the Member Services number on your card for benefits or billing questions.

Sample Company Name Logo	Sample Company Name
	Group: H88XXXX
Medical Plan Network Access:	Employee: JOHN SAMPLE
	ID: SMPL0001
Sample Network www.samplenetwork.com	Dependent: JANE SAMPLE
	Dependent: JIMMY SAMPLE
Member Services: For help finding providers, questions on claims, or information on your health plan:	
<ul style="list-style-type: none"> • Email: myplan@imagine360.com or • Call (888) 123-1234 	

24/7 Online Plan Access: Register at mibenefits.imagine360.com

Questions? We're here to help.

Call the number on your Benefits ID card to talk with a member experience representative.



New Breast Exam Benefit with Bexa Technology

THE CITY OF ENNIS is now providing Bexa as an option for those who do not want or cannot have a mammogram. Breast exams with Bexa are pain-free, radiation-free, and accurate complete breast exams. Breast exams with Bexa are effective in dense breast tissue and safe for women who are pregnant, breastfeeding, or under the age of 40. We are excited to bring this safe, comfortable, and convenient option to all medically covered employees and spouses as part of our commitment to your health and well-being.



SCAN CODE TO SCHEDULE YOUR APPOINTMENT

or click **HERE**

www.mybexa.com/cityofennis

Bexa is typically onsite once or twice a year.



SCAN CODE TO HEAR WHAT WOMEN ARE SAYING ABOUT BEXA

or click **HERE**

ELIGIBILITY: All medically covered employees and spouses on the City of Ennis Medical Plan are eligible for one free breast exam with Bexa per calendar year. A breast exam with Bexa will count toward the wellness rewards program.

How is Bexa™ Better?

IT'S A BREAST EXAM WITHOUT THE SQUEEZE

PAINLESS: The soft, handheld Bexa sensor is moved gently over the surface of the breast and underarm, much like in an ultrasound.
No painful squeezing!

QUICK: A Bexa exam typically only takes 15-20 minutes.

NO RADIATION: A Bexa exam is radiation-free, making it completely safe for pregnant and breastfeeding women.

IMMEDIATE: The results of a Bexa exam are provided after the exam.

CONVENIENT: Bexa is brought to you in a relaxing, non-medical office setting.

BY WOMEN: All Bexa examiners are women.

EFFECTIVE: Bexa is highly accurate, including with dense breast tissue. 96% of women receiving a breast exam with Bexa do not require further imaging.



Breast Exams Made Better

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 **\$3,050** 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 \$610 of unused amounts in the FSA remaining at the end of one Plan Year to the immediately following Plan Year. Amounts in excess of \$610 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.



Flexible Spending Account

Take advantage of intelligent, seamless, and user-friendly FSAs from WEX.

What is a Flexible Spending Account (FSA)?

A flexible spending account (FSA) helps participants save on out-of-pocket qualified medical, dental, and vision expenses, or qualified dependent care expenses.



Medical FSA

A medical FSA covers general-purpose health expenses and can be used for qualified expenses such as prescription drugs, insurance copayments and deductibles, and medical devices.



Dependent Care FSA

A dependent care FSA helps participants save money on eligible dependent care services, such as child (up to age 13) or adult daycare, before or after school programs, summer day camp, and more!

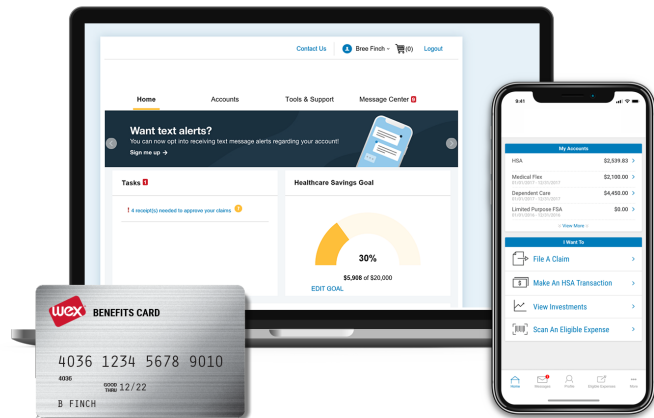


WEX debit card

The FSA debit card can pull from the right account (at the right percentage) based on their purchase. Plus, participants can even add their debit card to their mobile wallet to take advantage of contactless payment options.

WEX mobile app to access their benefits on-the-go.

We manage almost all aspects of our lives from the palms of our hands. The WEX benefits mobile app was built with that in mind, and includes a consistent, simple, and modern experience. And when you're using a desktop, you can expect the same user-friendly experience.



Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother’s portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Flu shots
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist’s or ophthalmologist’s fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)
- Physician’s fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations
- X-ray fees

For more information regarding eligible expenses, please review IRS Publication 502/503 at irs.gov or ask your employer for a copy of your Summary Plan Description (SPD).

Eligible OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are now reimbursable via FSA, HRA, and HSA without a prescription or physician’s note if purchased on or after 01/01/2020.

Eligible OTC products include items that are for medical care and are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Feminine care products (tampons, pads, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Hydrogen peroxide & rubbing alcohol
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Nasal spray
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

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		
<ul style="list-style-type: none"> Routine Exams, Bitewing X-Rays, Full Mouth X-Rays, Prophylaxis/Cleaning, Sealants, Space Maintainers 	0%	0% of U&C*
Basic Services		
<ul style="list-style-type: none"> Fillings, Simple Extractions 	20%	20% of U&C*
Major Services		
<ul style="list-style-type: none"> 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)		
<ul style="list-style-type: none"> Orthodontia Services 	50%	
<ul style="list-style-type: none"> Orthodontia Lifetime Maximum 	\$1,000	

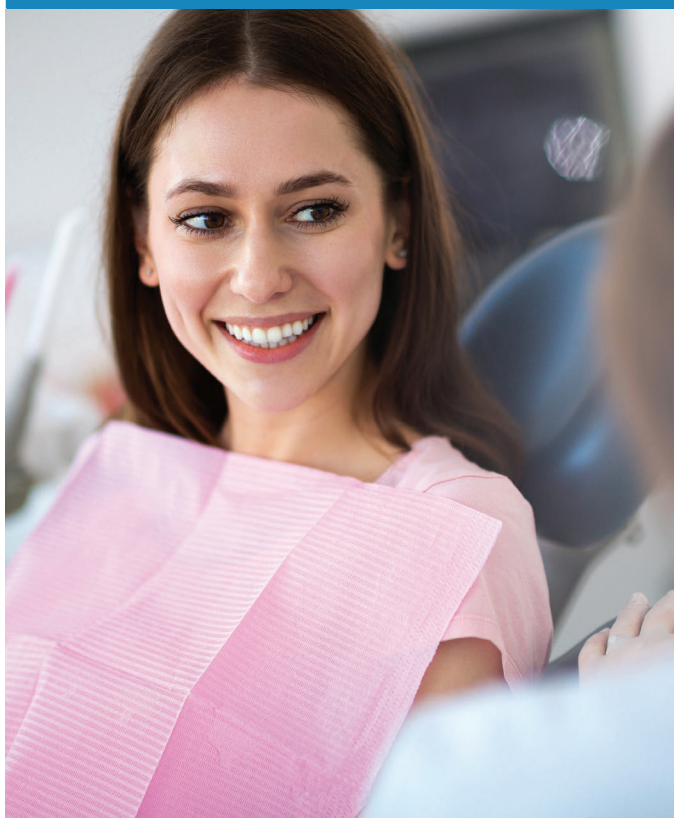
*The non-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.

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. Under Resources, click on "View Member Portal" 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

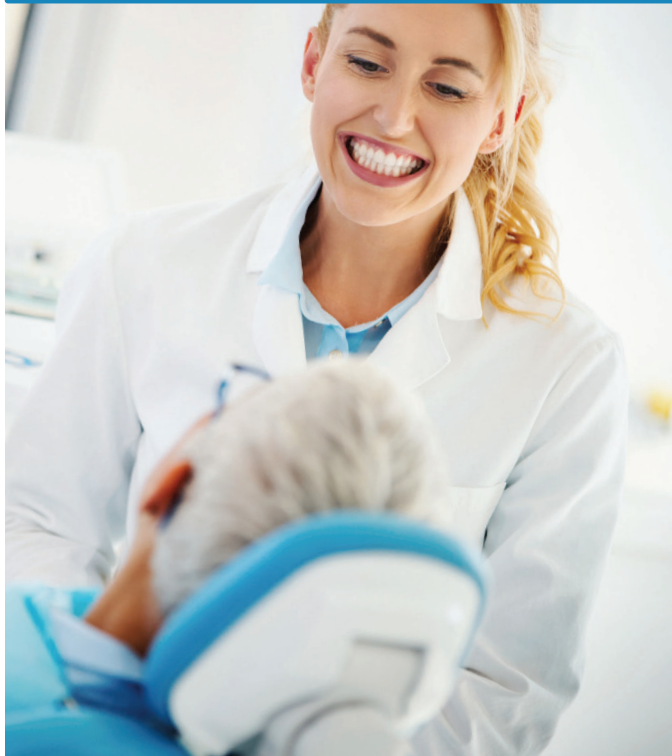
Vision Benefits		
	In-Network	Out-of-Network
Eye Exam Copay (every 12 months)*		
Routine / Comprehensive	\$10	Up to \$37 Reimbursement
Material Copay		
	\$10	\$10
Standard Lenses (every 12 months)*		
<ul style="list-style-type: none"> • Single Vision Lenses • Bifocal Vision Lenses • Trifocal Vision Lenses • Lenticular Vision Lenses • Standard Progressive Vision Lenses 	\$10 \$10 \$10 \$10 \$65	Up to \$32 Reimbursement Up to \$48 Reimbursement Up to \$76 Reimbursement Up to \$76 Reimbursement 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



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 eyemedvisioncare.com/mutual
- 2 In the **Extensive Network** section, click on the **Find an eye doctor** link at the top of the page.
- 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.

Contact me for more information.



Valued Employee Benefits Partner



Mutual of Omaha

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

Basic Life and AD&D Benefits

Mutual of Omaha

Eligible employees are full-time, working 30 hours or more per week and actively at work as of the effective date of coverage.

Basic Life Insurance:

City of Ennis provides each eligible employee with a Basic Life and Accidental Death & Dismemberment (AD&D) benefit equal to one times the annual salary, not to exceed \$250,000*.

*Age Reduction Formula: 35% reduction at age 65
 50% reduction at age 70

Basic Accidental Death & Dismemberment:

In addition to your Basic Life benefit, Basic Accidental Death & Dismemberment benefits are payable to your beneficiary, if you are deceased within 365 days after a covered accident and the cause of death can be attributed to the covered accident. Your AD&D benefit is equal to your Basic Life benefit amount. AD&D benefits are payable to you if you suffer a loss that is covered under the plan. The loss must have occurred within 365 days of the covered accident.



Basic AD&D Benefit	
Loss of life	100%
Loss of both hands, feet, or eyes	100%
Loss of hand, foot, or an eye*	50%
Loss of thumb and index finger of same hand*	25%

Some things in life are too important to pass up! Elect the appropriate amount of coverage now to protect your family's financial needs.

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 	

IMPORTANT: Employees and dependents can elect coverage up to the guarantee issued amount without having to provide Evidence of Insurability, as long as the coverage is elected within 30 days of the employee’s initial eligibility date. At annual Open Enrollment, employees and dependents who are currently enrolled in Voluntary Life may increase coverage by 1 times your annual salary, provided the total amount of insurance does not exceed your maximum benefit amount. Evidence of Insurability is required if you enroll for coverage over the guarantee issue amount or if you are electing coverage more than 30 days after your initial eligibility date. Go online to www.mutualofomaha.com/eoi to complete your Evidence of Insurability.

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 with Mutual of Omaha if you are enrolling more than 31 days after your eligibility date or making changes.



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, 2023 – August 31, 2024

Wellness Pays Off!

The City of Ennis is pleased to introduce the 6th Year of the City of Ennis Wellness Program through Imagine360.

For the 2023-2024 year, this program will focus on health screening targets 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 premium discounts, 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 *2023-2024 Wellness Program Overview*.



If you have any questions regarding the wellness program, please contact your Wellness Coordinator at:

BeWell Line: [800-827-7223](tel:800-827-7223)
wellness@imagine360.com

City Of Ennis Wellness Program

October 1, 2023 – August 31, 2024



The wellness program is available to all employees and spouses on the City of Ennis health plan. Track your activities and find additional health resources on your wellness portal by logging into mibenefits.imagine360.com, select the Care tab, scroll down to the Wellness section and then click the Imagine360 logo.

WELLNESS ACTIVITY	POINTS	MAX POINTS
Awareness & Self-Care		
Online Wellness Assessment <i>(Required for any Premium Discounts or Wellness Checks)</i>	1	1
Health Screening <i>(Required for any Premium Discounts or Wellness Checks)</i>	1	1
3 out of 5 Health Screening Targets <i>(Required for Premium Discount)</i>	3	3
Tobacco Free Affidavit <i>(Required for Premium Discount)</i>	2	2
Preventive Exam	1	7
Telephonic Health Coaching Program	5	5
Disease Management Program	5	5
Online Health Education Course	5	5
Health Challenges		
March Challenge	1	1
May Challenge	1	1
July Challenge	1	1
Move It! Step Challenge	2	2
Special Events		
Community & Charity Events	1	4
EAP Webinars	1	3
Lunch and Learn	1	1
Wellness Program Launch Meeting	1	1
Wellness Webinars	1	5
Wellness Champion	1	4
Total Points Possible		52

Wellness Rewards: Medical Covered Employees & Spouses

REQUIREMENTS	DEADLINE	REWARD
Wellness Assessment AND Health Screening	March 31, 2024	Required for Any Premium Discounts or Wellness Checks
Meet 3 out of 5 Health Screening Targets OR Complete a Reasonable Alternative	August 31, 2024	\$80 per Month Continued Premium Discount (Effective October 1, 2024)
Complete the Tobacco Affidavit OR Complete a Reasonable Alternative	August 31, 2024	\$80 per Month Continued Premium Discount (Effective October 1, 2024)
Earn 10 Wellness Points	August 31, 2024	\$150 Wellness Check
Complete the Move It! Step Challenge (report 2,000,000 steps)	August 31, 2024	\$250 Wellness Check

HEALTH SCREENING TARGETS	
Glucose - Fasting	< 100
High Density Lipids (HDL)	Men > 40 / Women > 50
Triglycerides	< 150
Blood Pressure	≤130 / 85
Waist Circumference	Men < 40 / Women < 35

New Hires hired after 10/1/2023 will automatically receive the premium discount for October 2023 – September 2024. They will need to complete wellness activities beginning in 2024 to earn premium discounts for October 2024 – September 2025.

The City of Ennis Wellness Program is voluntary and confidential. The program is committed to helping you achieve your best health. Rewards for participating in the Wellness Program are available to employees and spouses on the health plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact info@mywellportal.com and we will work with you to find a wellness program alternative with the same reward that is right for you in light of your health status.



Wellness Activity Descriptions

Online Wellness Assessment: *Required for Any Premium Discounts or Wellness Checks.* This questionnaire is a powerful online tool for learning more about your health. Access the Online Wellness Assessment from your wellness portal. All personal health information will be stored on a secure internet site and will be kept *confidential*. Credit will be awarded within 48 business hours upon completion.

Physician Health Screening (Annual Exam with Lab Work): *Required for Any Premium Discounts or Wellness Checks.* Complete the screening with your primary care physician during your Annual Physical Exam visit and use the Physician Screening Form to report your screening. Obtain the Physician Screening Form under the “Program Documents” section on the wellness portal. You will receive credit within 3 weeks of submitting the Physician Screening Form.

3 Out of 5 Health Screening Targets: *Required for Premium Discount.* Based on your Health Screening results, meet 3 out of 5 recommended ranges. You will be able to determine if you have met your biometric values by viewing your results on the “Health Status” section of your wellness portal. *Reasonable Alternative options are available.*

Tobacco Free Affidavit: *Required for Premium Discount.* Non-Tobacco users are required to complete the Tobacco Free Affidavit by 08/31/2024 to receive a premium discount. To complete the affidavit, visit the “Activities” tab on the wellness portal. *Reasonable Alternative options are available.*

Preventive Exams: Eligible Exams include: Colonoscopy, Mammogram, Hearing Exam, Vision Exam, Skin Exam, Dental Exam, Flu Shot, and other Immunizations. Exams must have a date of service between 09/01/2023 – 08/31/2024. Self-report your Exam online or submit the completed Preventive Exam Verification Form, found under Program Documents on the wellness portal.

Health Challenges: Each challenge encourages you to make healthy behaviors a long-term habit. All activity tracking and challenge details can be found on the “Challenges” tab.

Move It! Step Challenge: A step challenge available 10/01/2023 – 08/31/2024. Log at least 2,000,000 steps by 08/31/2024 to receive credit. All activity tracking and challenge details can be found on the “Challenges” tab.

Community & Charity Event: Contribute to the well-being of the community by participating in local community and charity events, Self-report your participation online on the “Activities” tab of the wellness portal.

EAP Webinars: Attend EAP Webinars offered by AWP. Self-report your completion on the “Activities” tab of the wellness portal.

Lunch and Learn: An In-person or virtual Lunch & Learn will be offered throughout the program year. Details will be provided prior to event. Sign in or virtually log on to receive credit for attending.

Wellness Program Launch Meeting: Attend the Wellness Program Meeting presented by your Wellness Coordinator. Details regarding the presentation will be sent out prior to the event. If you are unable to attend the live session, a recorded version will be available to view.

Wellness Webinars: Monthly Webinars are live, 30-minute informative sessions on various health topics. All upcoming and archived webinars can be found on the “Health Tools” tab. Credit for attending live webinars will be awarded within 48 hours of viewing. Credit for attending archived webinars will be awarded the following month.

Wellness Champion: An employee that acts as an Ambassador for the Wellness Program by promoting a culture of health improvement. These individuals are expected to actively participate in the Champion meetings throughout the year and will receive credit for their participation.

Reasonable Alternative Options

If you are unable to meet the requirement of being Tobacco Free and/or 3 out of 5 Health Screening Targets, complete one Reasonable Alternative by August 31, 2024, to earn the same credit.

- **Disease Management Program:** This program helps you manage chronic conditions to stay as healthy as possible with assistance from highly trained coaches, including: nurses, dietitians, and certified diabetes educators. This confidential program offers educational resources to improve your health and achieve your goals. For more information or to enroll, contact the number on your benefits ID card or mycoach@imagine360.com. **Participants must complete 4 sessions with their Care Coach.**
- **Telephonic Health Coaching Program:** Health coaches are your partner in your health & wellness journey. In collaboration with your personal health coach you will identify and celebrate your current healthy habits and identify an action plan with opportunities to make improvements to your health. Health Coaching is available in the following focus areas: Physical Activity (Beginning & Advanced), Personalized Nutrition, Sleep Hygiene, Prenatal Wellness, Financial Fitness, Stress Management, Cancer Resistance, Tobacco Cessation, Weight Management, Heart Health, Family Health, Diabetes Education, and General Health. For more information or to enroll, contact 1-800-882-2109 or coaching@mywellportal.com. **Participants must complete 4 sessions with their Health Coach.**
- **Online Health Education Courses:** Online Health Education Courses are an interactive online series with education and online resources. These programs are available in the following areas: Stress Management, Tobacco Cessation, Financial Fitness, Nutrition, Family Health, and Physical Activity. To enroll, visit the “Coaching” tab on the wellness portal. **Participants must complete at least 6 online sessions.**
- **Medical Waiver:** Required documentation is a completed form from your physician confirming a medical condition or a plan/program to improve and manage your health. All forms are due to the Wellness Coordinator and are subject to review. The Medical Waiver can be found under the “Program Documents” section on the wellness portal.

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:

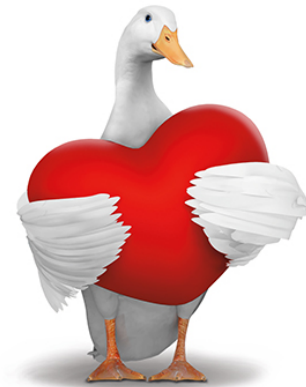
Group Accident Insurance :

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.

NEW HOSPITAL INDEMNITY INSURANCE

Helps with the out-of-pocket costs associated with a covered hospital stay.



For more information or to enroll, contact Human Resources

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.

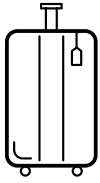
Assessment & Referral:

- 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 and Identity Theft Protection for You and Your Family

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, and more than 100 miles from home.

PRE-TRIP ASSISTANCE*

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport and other documentation needs
- Travel, health advisories and inoculation requirements for foreign countries
- Daily foreign currency exchange rates
- Consulate and embassy locations

IMMEDIATE ATTENTION FOR EMERGENCIES WHILE TRAVELING

While traveling more than 100 miles from home, call Travel Assistance toll-free 24/7 for immediate help from a multi-lingual professional.

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

EMERGENCY TRAVEL SUPPORT SERVICES

- **Translation and interpreter services** – 24/7 access to translators or interpreters
- **Locating legal services** – referrals for local attorney or consular offices and help maintaining 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

MUGC9550

Fold Here



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

CARRY THIS CARD WITH YOU WHEN YOU TRAVEL

Brought to you by Mutual of Omaha.

Travel Assistance Services provided

by AXA Assistance USA, Inc.

Fold Here



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

TRAVEL ASSISTANCE PLAN LIMITATIONS

AXA Assistance USA 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:

- 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 covered up to \$200,000 per person per event.

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

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.

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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



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

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.