



# Employee Benefits Guide

Plan Year January 1, 2024 thru December 31, 2024



*Enroll online at:  
[monroe.zevobenefits.com](http://monroe.zevobenefits.com)  
Then Follow On-Screen Instructions*

**This guide includes information on the following:**  
Medical Benefits | Dental Benefits | Vision Benefits | Life Insurance | Disability Insurance  
Employee Assistance Program | COBRA Notification | Important Contact Information

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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. Summary of Benefits and Coverage will be available online during open enrollment and in Human Resources after the open enrollment period is closed. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to [www.msibg.com](http://www.msibg.com)

Username: monroeEE / Password: Benefits123

## ELIGIBILITY

**Newly hired full-time employees are eligible for benefits on the first day of employment.** Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Dependent children are eligible up to age 26. **All group health plans are now required by law to collect and supply to the Centers for Medicare Services the Social Security Numbers (SSN) of both employees and dependents on coverage.** Please remember to bring this information with you to your enrollment.

## CHANGES

**Pre-Tax Deduction of Premiums (Section 125 Plan)** - Health, dental and vision insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). ***If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.*** Please contact Human Resources at (770) 266-5110 if you have any questions regarding the open enrollment period or changes.

# MESSAGE FROM THE MAYOR



To: All Benefit Eligible Employees  
From: John Howard  
Subject: Medical, Dental, Vision, Life and Disability Benefits

The City of Monroe appreciates the hard work and dedication of all our employees. We recognize that a quality, comprehensive benefits package is important to the wellbeing of our skilled and seasoned employees as well as a tool for recruiting and retaining new talent when needed. We trust that the following pages will enhance your understanding of the City of Monroe benefits package available to you. Thank you for all you do for the City of Monroe!

John Howard  
Mayor

## CITY COUNCIL



**Lee Malcom**  
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**Myoshia Crawford**  
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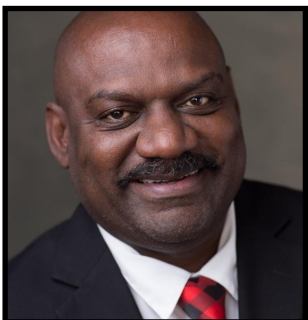
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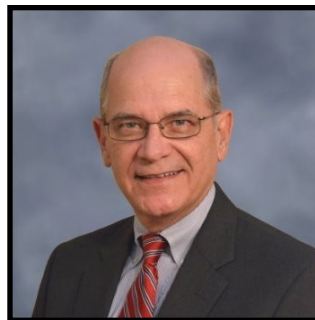
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**David Dickinson**  
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[ddickinson@monroega.gov](mailto:ddickinson@monroega.gov)

## How do I enroll online?

Simply follow the below instructions to confirm your new benefit elections...

**Go to: [monroe.zevobenefits.com](http://monroe.zevobenefits.com)**

The link will take you to the login page.

If you are a returning user, click “Log In” in the top-right corner of the screen.

If you are enrolling for the first time, click “Get Started Now” on the middle of the page to create an account. You will then see the screen below.

### Please confirm your account

Email address *	Password *
<input type="text"/>	<input type="password"/>
Last four digits of your SSN *	Confirm password *
<input type="text"/>	<input type="password"/>
Date of Birth *	<b>Create Account</b>
<input type="text"/>	

[Click here if you are having trouble confirming your account](#)

This will prompt you to type in a valid email address (this may be your work or personal email), the last 4 digits of your SSN, your birthdate, and then create a password that you will use for future access to this account.

**1** Verify Your Info      **2** Customize Your Benefits      **3** Confirm & Submit

Cost Per Pay Period: \$0.00 / Cost to Employer: \$0.00      Show Tutorial Again      **Finalize My Elections** →

<b>Medical</b> Waived Medical \$0.00 / pay period 	<b>Dental</b> Waived Dental Click here to complete... \$0.00 / pay period 	<b>Vision</b> Waived Vision Click here to complete... \$0.00 / pay period 
<b>Life</b> Waived Basic Life Waived Supplemental Life Click here to complete... \$0.00 / pay period 	<b>Disability</b> Waived Short Term Disability Insurance Click here to complete... \$0.00 / pay period 	<b>Legal Documents</b> Annual Required Notice: I acknowledge the Annual Required Notices have been provided. Click here to complete... \$0.00 / pay period 

If you have any issues getting logged into the system please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.



# MEDICAL BENEFIT SUMMARY



The City of Monroe offers a Meritain POS health plan with a \$1,750 deductible. You are not required to name a primary care physician (PCP) and referrals are not required to visit specialist physicians under the plan. Your deductible for 2024 will be determined by your Personal Health Assessment (PHA) results.

IN-NETWORK BENEFITS	POS PLAN
Individual Annual Deductible (per calendar year) (May lower based on PHA results)	\$1,750
Family Annual Deductible (per calendar year) (May lower based on PHA results) (not to exceed three times the employee deductible amount)	\$5,250
Co-Insurance	80%
Individual Out-of-Pocket Maximum (includes medical deductible) (per calendar year)	\$3,250
Family Out-of-Pocket Maximum (includes medical deductible) (per calendar year)	\$6,500
<b>Teladoc - Online, Mobile App or Phone Call with Physician</b>	<b>No Cost</b>
Physician Copay	\$50 (First 6 visits at \$0 copay)
Specialist Physician Copay	\$25
Preventive Care Services	\$0
Urgent Care Copay	20% after Deductible
Emergency Room Copay	20% after Deductible
OUT-OF-NETWORK	POS PLAN
Individual Annual Deductible (per calendar year) (May lower based on PHA results)	\$1,750
Family Annual Deductible (per calendar year) (May lower based on PHA results) (not to exceed three times the employee deductible amount)	\$5,250
Co-Insurance	60%
Individual Out-of-Pocket Maximum (includes deductible) (per calendar year)	\$4,750
Family Out-of-Pocket Maximum (includes deductible) (per calendar year)	\$9,500
PRESCRIPTION DRUG COPAYS	POS PLAN
Retail Drug - Generic	\$20 (\$0 copay for maintenance drugs)
Retail Drug - Preferred Brand	\$40
Retail Drug - Non-Preferred Brand	\$80
Home Delivery Maintenance Drug - Generic	\$40
Home Delivery Maintenance Drug - Preferred Brand	\$80
Home Delivery Maintenance Drug - Non-Preferred Brand	\$160

## Employee Bi-Weekly (26) Deductions

MEMBERS COVERED	POS PLAN
<b>Employee Only</b>	<b>\$ 15.22</b>
<b>Employee + Spouse</b>	<b>\$164.39</b>
<b>Employee + Child(ren)</b>	<b>\$164.12</b>
<b>Employee + Family</b>	<b>\$195.60</b>

## Deductible Credits

For each biometric score that is at the goal, you will receive a credit against the deductible. For non-tobacco use you would receive a \$500.00 credit, for the other biometrics; BMI, Cholesterol and Blood Pressure a \$250.00 credit will be applied.

	Deductible Credit at Threshold	Deductible Credit at Goal
50 visits to Walton Athletic 24 by 12-1-2023	\$250	
100 visits to Walton Athletic 24 by 12-1-2023		\$500
No Tobacco/Nicotine Use		\$500
Blood Pressure Age 20-29 Threshold (133/84) Goal (121/80)	\$100	\$250
Blood Pressure Age 30-39 Threshold (135/86) Goal (123/82)	\$100	\$250
Blood Pressure Age 40-49 Threshold (139/88) Goal (127/84)	\$100	\$250
Blood Pressure Age 50-59 Threshold (144/90) Goal (131/86)	\$100	\$250
Blood Pressure Age 60-72 Threshold (147/91) Goal (134/87)	\$100	\$250
Cholesterol ratio below 3.5%		\$250
Cholesterol ratio 3.6 - 5.0%	\$100	
Body Mass Index below 30		\$250
Body Mass Index below 35	\$100	

## How to Find an In-Network Meritain Provider

To locate an Aetna health care professional or facility online, visit:

[www.Meritain.com](http://www.Meritain.com)

1. Click on "Provider Network Finder" under "Tools & Resources".
2. Click on "Aetna".
3. Enter a name, specialty, procedure or condition and enter your zip code or city, state. Then click "Search"

	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
<b>LIFETIME MAXIMUM BENEFIT</b>	Unlimited	
<b>CALENDAR YEAR MAXIMUM BENEFIT</b>	Unlimited	
<b>CALENDAR YEAR DEDUCTIBLE</b> (May lower based on PHA results)		
Single	\$1,750	\$1,750
Family	\$5,250	\$5,250
<b>CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM</b> (Includes medical deductible, medical coinsurance and medical copays)		
Single	\$3,250	\$4,750
Family	\$6,500	\$9,500
<b>TOTAL OVERALL CALENDAR YEAR MEDICAL AND PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM</b> (Includes deductible, coinsurance and copays - combined with Prescription Drug Card)		
Single	\$7,850	Unlimited
Family	\$15,200	Unlimited
<b>MEDICAL BENEFITS</b>		
<b>Allergy Services (all)</b>	80% after Deductible	60% after Deductible
<b>Ambulance Services</b>	80% after Deductible	Paid at Participating Provider level of benefits
<b>Cardiac Rehab (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Chemotherapy (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Chiropractic Care / Spinal Manipulation</b>	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	10 visits	
<b>Dental Care (See Eligible Medical Expenses)</b>	Paid the same as any other Illness	Paid the same as any other Illness
<b>Diabetic Education</b>	80% after Deductible	60% after Deductible
<b>Diabetic Supplies</b>	80% after Deductible	60% after Deductible
<b>Diagnostic Testing, X-Ray and Lab Services (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Durable Medical Equipment (DME)</b>	80% after Deductible	60% after Deductible
<b>Emergency Services / Emergency Room Services</b>	80% after Deductible	Paid at the Participating Provider level of benefits
<b>Endoscopies (Non-Routine)</b>	80% after Deductible	60% after Deductible
<b>Genetic Testing and Counseling</b>	80% after Deductible	60% after Deductible
<b>Note:</b> Includes any item or service not otherwise covered under the preventive services provision.		
<b>Hearing Aids (age 18 and under)</b>	80% after Deductible	60% after Deductible
Maximum Benefit per 48 Months	1 hearing aid per ear up to \$3,000 each	
<b>Hearing Aids (age 19 and over)</b>	80% after Deductible	60% after Deductible
Maximum Benefit per 48 Months	1 hearing aid per ear up to \$1,000 each	
<b>Home Health Care</b>	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	120 visits	
<b>Hospice Care (Inpatient and Outpatient)</b>	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	180 days/visits	
<b>Hospice Bereavement Counseling</b> (Within 6 months of Covered Person's death)	80% after Deductible	60% after Deductible
Lifetime Maximum Benefit	6 visits	
<b>Hospital Expenses or Long-Term Acute Care Facility / Hospital (Facility Charges)</b>		
Inpatient	80% after Deductible	60% after Deductible
Room and Board Allowance	Semi-Private Room Rate*	Semi-Private Room Rate*
Intensive Care Unit	ICU/CCU Room Rate	ICU/CCU Room Rate
Miscellaneous Services & Supplies	80% after Deductible	60% after Deductible
Outpatient	80% after Deductible	60% after Deductible

\* A private room will be considered eligible when Medically Necessary. Charges made by a Hospital having only single or private rooms will be considered at the least expensive rate for a single or private room.

# POS PLAN DESIGN & BENEFITS

	<b>PARTICIPATING PROVIDERS</b>	<b>NON-PARTICIPATING PROVIDERS</b> (Subject to Usual and Customary Charges)
<b>Infusion Therapy (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Maternity (Professional Fees)*</b>		
Preventive Prenatal and Breastfeeding Support (other than lactation consultations)	100%, Deductible waived	60% after Deductible
Lactation Consultations	100%, Deductible waived	100%, Deductible waived
All other Prenatal, Delivery and Postnatal Care	80% after Deductible	60% after Deductible
* See Preventive Services under Eligible Medical Expenses for limitations.		
<b>Medical Supplies</b>	80% after Deductible	60% after Deductible
<b>Mental Disorders and Substance Use Disorders</b>		
Inpatient	80% after Deductible	60% after Deductible
Outpatient		
Office Visits	\$40 Copay, then 100% Deductible waived	60% after Deductible
All Other Outpatient Care	80% after Deductible	60% after Deductible
<b>NOTE:</b> Emergency care (ambulance and Emergency Services/Room) will be paid the same as the benefits for ambulance services and Emergency Services/Room listed above in the Medical Schedule of Benefits, however, the Participating Provider level of benefits will always apply regardless of the provider utilized.		
<b>Obesity (Non-Surgical Only)</b>	80% after Deductible	60% after Deductible
<b>Occupational Therapy (OT) (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Pain Management</b>	80% after Deductible	60% after Deductible
<b>Physical Therapy (PT) (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Physician's Services</b>		
Inpatient/Outpatient Services	80%	60% after Deductible
Office Visits:		
Primary Care Physician	\$50 Copay*, then 100%; Deductible waived	60% after Deductible
Specialist	\$25 Copay*, then 100%; Deductible waived	60% after Deductible
Physician Office Surgery:		
Primary Care Physician	\$50 Copay*, then 100%; Deductible waived	60% after Deductible
Specialist	\$25 Copay*, then 100%; Deductible waived	60% after Deductible
Injections by a Physician	80%	60% after Deductible
*Copay applies per visit regardless of what services are rendered.		
<b>Pre-Admission Testing (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Preventive Services and Routine Care</b>		
Preventive Services (includes the office visit and any other eligible item or service received at the same time, whether billed at the same time or separately)	100%; Deductible waived	60% after Deductible
Routine Care (includes any routine care item or service not otherwise covered under the preventive services provision above)		
Routine Colonoscopy	100%; Deductible waived	60% after Deductible
Maximum Benefit	1 exam every 5 years	
Routine Exam	100%; Deductible waived	60% after Deductible
Calendar Year Maximum Benefit	1 exam	
Routine Gynecological Exam	100%; Deductible waived	60% after Deductible
Calendar Year Maximum Benefit	1 exam	
Routine Immunizations and Vaccinations	100%; Deductible waived	60% after Deductible
Routine Mammogram	100%; Deductible waived	60% after Deductible
Calendar Year Maximum Benefit	1 mammogram	
Routine Pap Smear	100%; Deductible waived	60% after Deductible
Calendar Year Maximum Benefit	1 test	

	<b>PARTICIPATING PROVIDERS</b>	<b>NON-PARTICIPATING PROVIDERS</b> <small>(Subject to Usual and Customary Charges)</small>
Routine PSA Test	100%; Deductible waived	60% after Deductible
Calendar Year Maximum Benefit	1 test	
Routine X-ray and Lab	100%; Deductible waived	60% after Deductible
<b>Private Duty Nursing (Outpatient)</b>	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	120 visits	
<b>Prosthetics</b>	80% after Deductible	60% after Deductible
<b>Radiation Therapy (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Second Surgical Opinion</b>	\$50 Copay, then 100%; Deductible waived	60% after Deductible
<b>Skilled Nursing Facility and Rehabilitation Facility</b>	80% after Deductible	60% after Deductible
Combined Calendar Year Maximum Benefit	120 days	
<b>Smoking Cessation</b>	100%; Deductible waived	60% after Deductible
<b>NOTE:</b> Includes any item or service not otherwise covered under the preventive services provision.		
<b>Speech Therapy (ST) (Outpatient)</b>	80% after Deductible	60% after Deductible
<b>Sterilization (Males)</b>	80% after Deductible	60% after Deductible
<b>Temporomandibular Joint Dysfunction (TMJ)</b>	Paid the same as any other Illness	Paid the same as any other Illness
<b>Transplants</b>	80% after Deductible (Aetna IOE Program)* 60% after Deductible (All Other Network Providers)	60% after Deductible
* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. Travel and lodging will be paid at 100% with no Deductible.		
<b>NOTE:</b> Cornea transplants performed by any provider are covered under the Plan as a separate benefit and paid the same as any other illness.		
<b>Urgent Care Facility</b>	80% after Deductible	60% after Deductible
<b>Wig (see Eligible Medical Expenses)</b>	80% after Deductible	60% after Deductible
Calendar Year Maximum Benefit	\$1,000	
<b>All Other Eligible Medical Expenses</b>	80% after Deductible	60% after Deductible



BENEFIT DESCRIPTION	BENEFIT
<b>NOTE:</b> There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating Provider.	
<b>CALENDAR YEAR PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM</b> (includes Prescription Drug Copays)	
Single	\$4,600
Family	\$8,700
<b>TOTAL OVERALL CALENDAR YEAR MAJOR MEDICAL AND PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM</b> (includes Deductibles, Copays and Coinsurance - combined with major medical)	
Single	\$7,600
Family	\$14,700
<b>Retail Pharmacy: 30-day supply</b>	
Generic Drug	\$20 Copay
Preferred Drug	\$40 Copay
Non-Preferred Drug	\$80 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Specialty Drug	20% Copay, maximum \$500
<b>NOTE:</b> Specialty drugs MUST be obtained directly from the Specialty Pharmacy Program after one fill at the retail pharmacy.	
<b>Mail Order Pharmacy: 90-day supply</b>	
Generic Drug	\$40 Copay
Preferred Drug	\$80 Copay
Non-Preferred Drug	\$160 Copay
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)

**NOTE: Certain Prescription Drug classes are subject to Step Therapy.**

Step Therapy is a type of prior authorization. In most cases, you must first try a less expensive drug on the formulary (also called a drug list) that has been proven effective for most people with your condition before you can move up a “step” to a more expensive drug. This might mean trying a similar, more affordable Brand Name Drug. The more affordable drugs in the first phase are known as “Step 1” Prescription Drugs. Please note the formulary may change at any time. You will receive notice when necessary.

However, if you have already tried the more affordable drug and it didn’t work or if your Physician believes it is Medically Necessary for you to be on a more expensive drug, he or she can contact the Plan Administrator to request an exception. If your Physician’s request is approved, the Plan will cover the more expensive drug. The more expensive drugs are known as “Step 2” Prescription Drugs.

Step Therapy is a program especially for people who take Prescription Drugs regularly for ongoing conditions like arthritis and high blood pressure.

In Step Therapy, drugs are grouped in categories based on cost:

- Front-line drugs - the first step - are generic drugs proven to be safe, effective and affordable. These drugs should be tried first because they can provide the same health benefit as more expensive drugs, at a lower cost.
- Back-up drugs - Step 2 and Step 3 drugs - are brand-name drugs. There are lower-cost brand drugs (Step 2) and higher-cost brand drugs (Step 3). Back-up drugs typically cost more than front-line drugs.

**Dispense as Written**

The Plan requires pharmacies dispense Generic Drugs when available unless the Physician specifically prescribes a Preferred or Non-Preferred Drug and marks the script "Dispense as Written" (DAW). Should a Covered Person choose a Preferred or Non-Preferred Drug rather than the Generic equivalent when the Physician allowed a Generic Drug to be dispensed, the Covered Person will also be responsible for the cost difference between the Generic and Preferred or Non-Preferred Drug. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

**Specialty Pharmacy Program**

Specialty drugs are high cost drugs used to treat complex and chronic conditions, including, but not limited to: HIV/Aids, Rheumatoid Arthritis, Cancer, Hepatitis, Hemophilia and Multiple Sclerosis. Self-administered specialty drugs that do not require administration under the direct supervision of a Physician must be obtained directly from the specialty pharmacy program after one fill at a retail pharmacy. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty drugs that must be administered in a Physician’s office, infusion center or other clinical setting, or the Covered Person’s home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

**Preventive Drug** means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website: <https://www.healthcare.gov/what-are-my-preventive-care-benefits>.



## About your ID Card

### Your member ID Card is easy to read, and easy to use

Your card contains important information, including:

- The phone number for Meritain Health Customer Service and your member website: **meritain.com**.
- The phone number you or your healthcare provider will use to precertify benefits for certain services, such as inpatient hospital care.
- Claims information for healthcare providers and pharmacies.


You should always carry your ID Card with you. Simply show it to your healthcare providers when you receive services, and to your pharmacy each time you have a prescription filled. Just ask the office staff to make a copy of the front and back of your card for their records.


### About your ID Card

- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

### Sample ID Card

If you have questions, we can help. Simply call Meritain Health at the number on the back of your ID Card.

 <b>Customer Service and Eligibility Inquiries</b> <b>800.925.2272</b> <b>www.MERITAIN.com</b>	
<b>Member</b> <b>ABC Company</b> Group #: 12345 <b>Member: JOHN Q SAMPLE</b> <b>Member ID: 123456789123</b> Division: 003 <b>Dependent(s):</b> JANE W SAMPLE JOHN Q SAMPLE JR	<b>Medical Plan</b> Coverage: <b>Network</b> by <b>aetna</b> <sup>®</sup> <small>Plan: Aetna Choice POS II</small>
	<b>Pharmacy Plan</b> RXBIN: 004336 RXPCN: ADV RXGRP: RX2738 Member: 866.475.7589 Pharmacy: 800.364.6331

<b>Claims Submission</b> <b>Mail ALL Claims &amp; Correspondence to:</b> Meritain Health PO Box 853921 Richardson TX 75085-3921 <b>EDI: WebMD/Emdeon 41124 or</b> <b>McKesson/Relay Health 1761</b>  NY Electing  Aetna participating Doctors and Hospitals are independent providers and are neither agents nor employees of Aetna. <b>Contact 800.343.3140 for assistance in locating an In-Network Provider.</b>	<b>Eligibility</b> Call 800.925.2272 or visit <a href="http://www.MERITAIN.com">www.MERITAIN.com</a> for inquiries regarding eligibility, claims and plan benefits.
	<b>Precertification</b> For Precertification call: 800.242.1199. Failure to comply with your plan's precertification requirements may result in a reduction of benefits. 24-Hour Automated Customer Service: 800.566.9311 or <a href="http://www.MERITAIN.com">www.MERITAIN.com</a>
Printed:	 INDEX #: 009



ADVOCATES FOR  
HEALTHIER LIVING

### Advocates For Healthier Living

Meritain Health provides easy-to-use healthcare benefits you can use to stay healthy and productive. Contact us at the number on your ID Card if you have any questions about your plan.

## On Your Mark, Get Set, Go Meritain.com!

### Did you know?

You have access to a variety of online tools and resources through [www.meritain.com](http://www.meritain.com)!

### What you'll find on the Meritain Health Member Portal

Using the Meritain Health Member Portal, you have 24-hour access to a number of tools and resources that can help you manage your health benefits. Below are a few of the tools available on Meritain.com:

- Verify eligibility and benefits coverage
- Find the status of claims
- View your Explanation of Benefits (EOB) documents
- Review your benefit plan documents in their entirety
- View deductibles and out-of-pocket limits
- Check Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) balances, if applicable
- Submit Coordination of Benefits (COB) information
- Update user demographic information
- Request Letter of Coverage (LOC)
- Prescription plan coverage
- Update account settings



### Access as easy as 1–2–3!

#### Step 1:

You should open your Web browser and go to [www.meritain.com](http://www.meritain.com).

#### Step 2:

You'll need to register your account. Start by clicking *Register* and then clicking on the *Member* tab. Your spouse and adult dependents will need to create their own accounts.

#### Step 3:

You'll need to fill in your:

- Group ID (you can find this on your ID Card).
- Member ID (you can find this on your ID Card, as well. You should enter it with no spaces or dashes).
- Date of birth.
- Name (as it appears on your ID Card).
- ZIP code.

You will be prompted to enter an email address, create a username and password, and select a security question. Review the terms and conditions, and click *I agree to terms and conditions* and *Next*, or click *Cancel*.

The next time you log in, just use the same username and password from Step 3.

## On-the-go access to your Meritain Health benefits

You can get benefits information when and where you need it—right from your smart phones and tablets.

### Easy to access and easy to use

1. First, simply register for your mobile account through [www.meritain.com](http://www.meritain.com). (If you've already registered to access your personal information on the Meritain Health Member Portal—you can skip this step. Then, simply log in to Meritain.com through the browser on your smart device to access your account.) \*
2. From any mobile device, just log into Meritain.com. You'll find quick-to-navigate displays you can easily use with your device's touch screen.

\* For ease of navigation, we recommend you register for your account using a desktop computer.

If you have any questions about how to register or use Meritain.com, we can help. Simply call our Customer Service department using the phone number on your member ID Card.

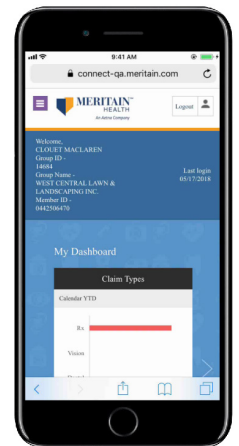
### Helpful benefits information

You can rely on **Meritain.com** if:

- You need to quickly find a doctor or hospital in your network.
- You're not near a computer and need to know your deductible or out-of-pocket amounts.
- You need to make a healthcare purchase but don't know your FSA or HRA balance. \*\*
- You want to research a claim or take a look at an EOB statement on the go.
- You want to download and view (.pdf) a copy of your ID Card.

You may not always be in front of your computer. But now, you'll always be able to find the healthcare information you need to help you get the most out of your healthcare benefits. It is one more way Meritain Health is working hard to help you be your healthiest self.

\*\* If applicable to your plan.



### Advocates for Healthier Living

Meritain Health provides easy-to-use healthcare benefits you can use to stay healthy and productive. Contact us at the number on your ID Card if you have any questions about your plan.





## Meritain Health<sup>®</sup> Customer Service

*When you need more information*

At Meritain Health, our jobs are simple: we're here to help take care of you. You can call Meritain Health Customer Service for answers to questions you might have about your benefits, eligibility, claims and more. Customer service representatives are available to help you Monday through Friday—just call the number on your ID card.

### When should I call customer service?

You can call Meritain Health Customer Service:

- For verification of eligibility and benefit information.
- For the status of submitted claims.
- To receive a copy of an Explanation of Benefits (EOB).
- To verify a claim mailing address.
- To request a new ID card.
- For other information you may need from a customer service representative.

### We're here for you—24 hours a day, 7 days a week

Your member website is custom built to help you manage your benefits. When you register and log in at [www.meritain.com](http://www.meritain.com) you can:

- Review your health benefits.
- Find an in-network doctor or facility.
- Check on your claims.
- And more!



### We are Meritain Health

As Advocates for Healthier Living, we provide easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

*Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.*

## Three ways to complete your medical history



### Online

The fastest and easiest option. Log into MyDrConsult.com and complete the "My Medical History" section.

### Mobile app

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

### Call Teladoc

Call Teladoc if you would like a customer service representative to help you complete your medical history over the phone.

#### Why should I complete the medical history?

Your medical history must be completed prior to requesting a consult and updated each year. The Teladoc doctor will review your medical history prior to a consult.

#### Can my company view my medical history?

No. All information is confidential, HIPAA compliant, and will not be shared. Only you and the consulting doctor can view your medical data.

#### How quickly can I talk to a doctor?

A Teladoc doctor will call you back within an hour, guaranteed.

#### Can I get a prescription or a prescription refill?

Yes. When medically appropriate, Teladoc doctors prescribe medication for treatment of your illness and also can prescribe short term prescription refills. Teladoc doctors do not prescribe DEA controlled substances.

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

## Talk to a doctor anytime!

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

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

 **1-800-DOC-CONSULT (362-2667)**

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

Download the app:





# Talk to a doctor anytime

Teladoc gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. It's an affordable alternative to costly urgent care and ER visits when you need care now.



## MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- **Cold & flu symptoms**
- **Allergies**
- **Sinus problems**
- **Ear infection**
- **Urinary tract infection**
- **Respiratory infection**
- **Skin problems**
- **And more!**

## WHEN CAN I USE TELADOC?

Teladoc does not replace your primary physician it is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short term prescription refills

# Talk to a doctor anytime!

Teladoc is just a click or call away!



MyDrConsult.com



1-800-DOC-CONSULT (362-2667)



**For the savings you need, the flexibility you want and service you can trust.**

To help you enroll, the following pages outline your company’s dental plan and address any questions you may have.

Coverage Type	LOW PLAN	HIGH PLAN
Type A - Preventive	100%	100%
Type B - Basic	80%	80%
Type C - Major	0%	50%
Type D - Orthodontia	Not Covered	50%
Deductible	LOW PLAN	HIGH PLAN
Individual	\$50 Applies to Type B & C services only	\$50 Applies to Type B & C services only
Family	\$150 Applies to Type B & C services only	\$150 Applies to Type B & C services only
Annual Maximum Benefits	LOW PLAN	HIGH PLAN
Per Individual	\$1,000	\$5,000
Orthodontia Lifetime Maximum Per Individual	\$0	\$1,000
	Ortho applies to Adults and Children Up to Age 19	

**Out-of-Network** - The Reasonable and Customary charge is based on the lowest of the: "Actual Charge" (the dentist’s actual charge); or "Usual Charge" (the dentist’s usual charge for the same or similar services); or "Customary Charge" (the 90<sup>th</sup> Percentile charge of most dentists in the same geographic area for the same or similar services as determined by MetLife).

### Understanding Your Dental Plans

The MetLife Preferred Dentist Program (PDP) is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice – an “in-network” dentist or an “out-of-network” dentist.

If you receive in-network services, you will be responsible for any applicable cost sharing, PDP charges in excess of the benefit maximums, and for non-covered services. If you receive out-of-network services, you will be responsible for any applicable cost sharing, charges in excess of the benefit maximum, charges in excess of the PDP fee schedule amount, and charges for non-covered services.

Plan benefits for in-network services are based on the percentage of the PDP fee – MetLife’s negotiated fees that PDP dentists have agreed to accept as payment in full.

Plan benefits for out-of-network services are based on the percentage of the Reasonable and Customary (R&C) charges. If you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist's fee and your plan's payment for the approved service.

Take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating PDP dentist
- Access MetLife’s Oral Health Library
- Elect to view your Explanation of Benefits online

To register, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) and follow the easy registration instructions.

EMPLOYEE DENTAL DEDUCTIONS		
Bi-Weekly (26 deductions per Year)		
MEMBERS COVERED	LOW PLAN	HIGH PLAN
Employee Only	\$ 0.00	\$10.30
Employee + Spouse	\$13.30	\$33.84
Employee + Child(ren)	\$13.44	\$26.09
Employee + Family	\$26.74	\$49.64



# DENTAL BENEFIT SUMMARY



Type A - Preventive	LOW and HIGH PLANS
<ul style="list-style-type: none"> <li>• Examinations</li> <li>• Prophylaxis: Cleanings</li> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Fluoride</li> <li>• Full Mouth X-Rays</li> <li>• Bitewing X-Rays</li> </ul>	<ul style="list-style-type: none"> <li>2 times in 12 months</li> <li>2 times in 12 months</li> <li>1 per molar in 36 months for a child under age 16</li> <li>No Limit for a child under age 14</li> <li>1 time in 12 months for a dependent child under age 19</li> <li>Once in 60 months</li> <li>1 time in 1 calendar year</li> </ul>
Type B - Basic	LOW and HIGH PLANS
<ul style="list-style-type: none"> <li>• Consultations</li> <li>• Amalgam Fillings</li> <li>• Root Canal</li> <li>• Periodontal Maintenance</li> <li>• Periodontal Surgery</li> <li>• Scaling &amp; Root Planing</li> <li>• Prefabricated Crowns</li> <li>• Repairs</li> <li>• Recementations</li> <li>• Dentures - Rebases / Relines</li> <li>• Denture Adjustments</li> <li>• Tissue Conditioning</li> <li>• Labs &amp; Other Tests</li> <li>• General Anesthesia</li> <li>• Emergency Palliative Treatment</li> <li>• Periodontal Surgery</li> <li>• Periodontics - Non-Surgical</li> <li>• Oral Surgery: Simple Extractions</li> <li>• General Services</li> </ul>	<ul style="list-style-type: none"> <li>2 in 12 months</li> <li>1 replacement per surface in 24 months</li> <li>1 per tooth per lifetime</li> <li>2 periodontal treatments in 1 calendar yr, includes 2 cleanings (total comb: 2)</li> <li>1 per quadrant in any 36 month period</li> <li>1 per quadrant in any 24 month period</li> <li>1 per tooth in 24 months</li> <li>1 in 12 months</li> <li>1 in 12 months</li> <li>1 in 24 months</li> <li>1 in 6 months</li> <li>1 in 12 months</li> </ul>
Type C - Major	HIGH PLAN ONLY - Type C Services are not covered under the LOW PLAN
<ul style="list-style-type: none"> <li>• Crown Buildups / Post Core</li> <li>• Dentures</li> <li>• Immediate Temporary Dentures</li> <li>• Fixed Bridges</li> <li>• Inlays / Onlays / Crowns</li> <li>• Implant Services</li> <li>• Implant Repairs</li> <li>• Implant Supported Prosthetic</li> <li>• Occlusal Adjustments</li> <li>• Oral Surgery</li> </ul>	<ul style="list-style-type: none"> <li>1 per tooth in 10 calendar years</li> <li>1 in 10 calendar years</li> <li>1 replacement in 12 months</li> <li>1 in 10 calendar years</li> <li>1 replacement per tooth in 10 calendar years</li> <li>1 per tooth position in 10 calendar years</li> <li>1 per tooth in 12 months</li> <li>1 per tooth in 10 calendar years</li> <li>1 in 12 months</li> </ul>
Type D Orthodontic Services	HIGH PLAN ONLY - Type C Services are not covered under the LOW PLAN
<ul style="list-style-type: none"> <li>• Adults and Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.</li> <li>• All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.</li> <li>• Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.</li> <li>• Orthodontic benefits end at cancellation of coverage</li> </ul>	

\* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.

	IN-NETWORK	OUT-OF-NETWORK
<b>EYE EXAMINATION</b> (1 per 12 months)		
<b>Comprehensive exam of visual functions and prescription of corrective eyewear.</b>	<b>\$0 copay</b>	<b>\$45 allowance</b>
<b>Retinal Imaging</b> - This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	<b>Up to \$39 copay</b>	Applied to the exam allowance
<b>MATERIALS / EYEWEAR</b> (Either Glasses or Contacts allowed per frequency) (1 per 12 months)		
<b>Standard Corrective Lenses</b>		
▪ Single vision	<b>\$25 copay</b>	<b>\$30 allowance</b>
▪ Lined bifocal	<b>\$25 copay</b>	<b>\$50 allowance</b>
▪ Lined trifocal	<b>\$25 copay</b>	<b>\$65 allowance</b>
▪ Lenticular	<b>\$25 copay</b>	<b>\$100 allowance</b>
<b>Standard Lens Enhancement</b>		
▪ Ultraviolet coating ▪ Polycarbonate (child up to age 18)	Covered in Full	Applied to the allowance for the applicable corrective lens
<b>Additional Lens Enhancements <sup>1</sup></b>		
▪ Progressive Standard	Up to \$55 copay	\$50 allowance
▪ Progressive Premium/Custom	Premium: Up to \$95 - \$105 copay Custom: Up to \$150 - \$175 copay	\$50 allowance
▪ Polycarbonate (adult)	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
▪ Scratch-resistant coating (variable by type)	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
▪ Tints (variable by type)	Pink I & II: \$0 copay Solid Plastic: \$15 copay Plastic Gradient Dye: \$17 copay	Applied to the allowance for the applicable corrective lens
▪ Anti-reflective coating (variable by type)	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
▪ Photochromic (variable by type)	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
<b>Frame Allowance</b> (You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.)	\$250 allowance \$270 allowance on featured frames	\$70 allowance
▪ Costco, Walmart and Sam's Club	\$135 allowance	
<b>Contact Lenses</b> (Either Glasses or Contacts allowed per frequency) (1 per 12 months)		
▪ Elective	\$250 allowance	\$105 allowance
▪ Necessary	Covered in full after eyewear copay	\$210 allowance
▪ Contact Fitting and Evaluation	Standard or Premium fit: Covered in full with copay not to exceed \$60	Applied to the contact lens allowance
<b>Value Added Features</b>		
<b>Additional Savings on Glasses and Sunglasses<sup>1</sup>:</b> Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.		
<b>Laser Vision Correction<sup>1</sup>:</b> Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations		

## EMPLOYEE VISION DEDUCTIONS

Bi-Weekly (26 / year)

MEMBERS COVERED	VISION
Employee Only	\$ 4.14
Employee + Spouse	\$ 8.75
Employee + Child(ren)	\$ 9.05
Employee + Family	\$14.72

### FOLLOW THE BELOW STEPS TO FIND AN IN-NETWORK PROVIDER:

- 1) Visit [www.metlife.com](http://www.metlife.com)
- 2) Under "I want to find a MetLife:", click "Vision Provider"
- 3) Enter your Zip Code, City or State
- 4) Under "Select your network", select "MetLife Vision PPO"
- 5) Click "Submit"

# BASIC TERM LIFE and AD&D INSURANCE

**The City of Monroe pays for a life insurance benefit of \$50,000 for all full-time employees and an additional benefit of \$50,000 in AD&D Insurance.**

## Accidental Death and Dismemberment (AD&D) Insurance:

The amount of your AD&D insurance benefit is equal to the amount of your life insurance benefit. The amount payable for certain losses is less than 100% of the AD&D insurance benefit.

### AD&D Table of Losses

The amount payable is a percentage of the AD&D insurance benefit in effect on the date of the accident and is determined by the loss suffered as shown in the following table:

Loss:	Percentage Payable:
a. Life	100%
b. One hand, one foot or sight of one eye	50%
c. Two or more of the losses listed in b. above	100%



### Reductions:

Basic Life and AD&D Insurance reduce to 65% at age 65, to 50% at age 70 and to 35% at age 75.

### Beneficiary Designation:

You are the beneficiary for all benefits payable except for benefits payable upon your death. You name your beneficiary at the time you complete your enrollment. Unless there is a legal restriction, you may change your beneficiary at any time by filing a written request with the Human Resources Department. If there is no legally appointed beneficiary living at the time of your death, your estate will be the beneficiary.

### Portability of Insurance

If your insurance under the group policy ends because your employment with your employer terminates, you may be eligible to buy portable group insurance coverage for yourself and your dependents without submitting evidence of insurability. Portable group insurance will become effective the day after your employment with the City of Monroe terminates if you apply within 31 days after the date your employment terminates.

### Waiver of Premium

Insurance will be continued without payment of premiums while you are totally disabled if:

1. You become totally disabled while insured under the group policy and under age 60.
2. You complete your waiting period; and
3. You give us satisfactory proof of loss.

We may have you examined at our expense at reasonable intervals. Any such examination will be conducted by specialists of our choice.

### Accelerated Benefit

If you qualify for waiver of premium and give us satisfactory proof of having a qualifying medical condition while you are insured under the group policy, you may have the right to receive during your lifetime a portion of your insurance as an accelerated benefit. If your insurance is scheduled to end within 24 months following the date you apply for the accelerated benefit you will not be eligible for the accelerated benefit. Qualifying medical condition means you are terminally ill as a result of an illness or physical condition which is reasonably expected to result in death within 12 months. We may have you examined at our expense in connection with your claim for an accelerated benefit. Any such examination will be conducted by one or more Physicians of our choice. You may receive an accelerated benefit of up to 75% of your insurance. The minimum accelerated benefit is \$5,000 or 10% of your insurance, whichever is greater. If the amount of your insurance is scheduled to reduce within 24 months following the date you apply for the accelerated benefit, you accelerated benefit will be based on the reduced amount.

## SPOUSE LIFE BENEFIT & DEPENDENT CHILD(REN) LIFE BENEFIT

### Life Insurance Amount

**\$2,000**

**City of Monroe pays 100% of this cost.**

# VOLUNTARY TERM LIFE INSURANCE

## Life Insurance Amount

**Employee:** Increments of \$10,000 to a maximum of \$300,000.

**Spouse:** Increments of \$5,000 to a maximum of \$150,000. Not to exceed 50% of the employee's elected amount. Only available if the employee is covered.

**Child:** \$5,000 Not to exceed 100% of the employee's elected amount. Only available if the employee is covered.



## Guarantee Issue Amounts *(available at initial offering only)*

**Employee:** \$100,000

**Spouse:** \$25,000

**Child:** \$5,000

## Benefit Reduction Schedule:

Benefit reduces to 65% of original amount at age 65 and to 50% of original amount at age 70 and to 35% at age 75. *\*The highlighted columns below show the age reduced benefit amount and rate. Cost for amounts over age 69 available upon request.*

## Waiver of Premium (if Disabled):

If you become totally disabled under age 60 and meet other eligibility requirements, Life insurance coverage may continue under the Waiver provision without premium payments until Age 65.

EMPLOYEE LIFE OPTIONS										
BI-WEEKLY DEDUCTIONS (26 / year)										
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	
\$20,000	\$0.74	\$0.74	\$1.02	\$1.66	\$2.40	\$4.15	\$7.57	\$11.85	\$13,000	\$11.82
\$30,000	\$1.11	\$1.11	\$1.53	\$2.49	\$3.60	\$6.23	\$11.36	\$17.78	\$19,500	\$17.73
\$40,000	\$1.48	\$1.48	\$2.04	\$3.32	\$4.80	\$8.30	\$15.14	\$23.70	\$26,000	\$23.64
\$50,000	\$1.85	\$1.85	\$2.55	\$4.15	\$6.00	\$10.38	\$18.93	\$29.63	\$32,500	\$29.55
\$60,000	\$2.22	\$2.22	\$3.06	\$4.98	\$7.20	\$12.45	\$22.71	\$35.55	\$39,000	\$35.46
\$70,000	\$2.59	\$2.59	\$3.57	\$5.81	\$8.40	\$14.53	\$26.50	\$41.48	\$45,500	\$41.37
\$80,000	\$2.96	\$2.96	\$4.08	\$6.64	\$9.60	\$16.60	\$30.28	\$47.40	\$52,000	\$47.28
\$90,000	\$3.33	\$3.33	\$4.59	\$7.47	\$10.80	\$18.68	\$34.07	\$53.33	\$58,500	\$53.19
\$100,000	\$3.70	\$3.70	\$5.10	\$8.30	\$12.00	\$20.75	\$37.85	\$59.25	\$65,000	\$59.10
\$110,000	\$4.07	\$4.07	\$5.61	\$9.13	\$13.20	\$22.83	\$41.64	\$65.18	\$71,500	\$65.01
\$120,000	\$4.44	\$4.44	\$6.12	\$9.96	\$14.40	\$24.90	\$45.42	\$71.10	\$78,000	\$70.92
\$130,000	\$4.81	\$4.81	\$6.63	\$10.79	\$15.60	\$26.98	\$49.21	\$77.03	\$84,500	\$76.83
\$140,000	\$5.18	\$5.18	\$7.14	\$11.62	\$16.80	\$29.05	\$52.99	\$82.95	\$91,000	\$82.74
\$150,000	\$5.55	\$5.55	\$7.65	\$12.45	\$18.00	\$31.13	\$56.78	\$88.88	\$97,500	\$88.65
\$200,000	\$7.40	\$7.40	\$10.20	\$16.60	\$24.00	\$41.50	\$75.70	\$118.50	\$130,000	\$118.20
\$250,000	\$9.25	\$9.25	\$12.75	\$20.75	\$30.00	\$51.88	\$94.63	\$148.13	\$162,500	\$147.75
\$300,000	\$11.10	\$11.10	\$15.30	\$24.90	\$36.00	\$62.25	\$113.55	\$177.75	\$195,000	\$177.30

SPOUSE LIFE OPTIONS										
BI-WEEKLY DEDUCTIONS (26 / year)										
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*	
\$5,000	\$0.19	\$0.19	\$0.26	\$0.42	\$0.60	\$1.04	\$1.89	\$2.96	\$3,250	\$2.96
\$10,000	\$0.37	\$0.37	\$0.51	\$0.83	\$1.20	\$2.08	\$3.79	\$5.93	\$6,500	\$5.91
\$15,000	\$0.56	\$0.56	\$0.77	\$1.25	\$1.80	\$3.11	\$5.68	\$8.89	\$9,750	\$8.87
\$20,000	\$0.74	\$0.74	\$1.02	\$1.66	\$2.40	\$4.15	\$7.57	\$11.85	\$13,000	\$11.82
\$25,000	\$0.93	\$0.93	\$1.28	\$2.08	\$3.00	\$5.19	\$9.46	\$14.81	\$16,250	\$14.77
\$30,000	\$1.11	\$1.11	\$1.53	\$2.49	\$3.60	\$6.23	\$11.36	\$17.78	\$19,500	\$17.73
\$35,000	\$1.30	\$1.30	\$1.79	\$2.91	\$4.20	\$7.26	\$13.25	\$20.74	\$22,750	\$20.68
\$40,000	\$1.48	\$1.48	\$2.04	\$3.32	\$4.80	\$8.30	\$15.14	\$23.70	\$26,000	\$23.64
\$45,000	\$1.67	\$1.67	\$2.30	\$3.74	\$5.40	\$9.34	\$17.03	\$26.66	\$29,250	\$26.60
\$50,000	\$1.85	\$1.85	\$2.55	\$4.15	\$6.00	\$10.38	\$18.93	\$29.63	\$32,500	\$29.55
\$60,000	\$2.22	\$2.22	\$3.06	\$4.98	\$7.20	\$12.45	\$22.71	\$35.55	\$39,000	\$35.46
\$75,000	\$2.78	\$2.78	\$3.83	\$6.23	\$9.00	\$15.56	\$28.39	\$44.44	\$48,750	\$44.32
\$80,000	\$2.96	\$2.96	\$4.08	\$6.64	\$9.60	\$16.60	\$30.28	\$47.40	\$52,000	\$47.28
\$90,000	\$3.33	\$3.33	\$4.59	\$7.47	\$10.80	\$18.68	\$34.07	\$53.33	\$58,500	\$53.19
\$100,000	\$3.70	\$3.70	\$5.10	\$8.30	\$12.00	\$20.75	\$37.85	\$59.25	\$65,000	\$59.10
\$150,000	\$5.55	\$5.55	\$7.65	\$12.45	\$18.00	\$31.13	\$56.78	\$88.88	\$97,500	\$88.65

DEPENDENT LIFE OPTION \$5,000 - \$0.23 Bi-Weekly (26/year)



# VOLUNTARY SHORT TERM DISABILITY

Below is a brief description of the Voluntary Short Term Disability insurance coverage. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy.



**Short Term Disability** insurance is designed to pay you a percentage of your salary or regular earnings if you are absent from work due to an off the job accident or illness.

- Eligibility**  
 All Active Full-Time Employees working 30 hours or more per week.
- Benefits**  
 Plan replaces **60%** of your Basic Weekly Earnings up to a maximum weekly benefit of \$600.
- Elimination Period**  
 Benefits begin: **15 day(s)** from an accident or **15 day(s)** from an illness
- Maximum Benefit Duration**  
**90 Days**
- Pre-Existing Condition Limit**  
 You may not be eligible for benefits if you have received treatment for a condition within the past 60 days until you have been covered under this plan for 12 months.

## How to Calculate Your Individual Premium

To calculate your per-paycheck cost for this coverage, complete the calculations below.

$$\frac{\text{Annual Salary}}{52} = \text{Weekly Salary} \times \frac{60\%}{\text{Benefit\%}} = \text{Your Weekly Benefit}$$

$$\frac{\text{Your Weekly Benefit}}{10} = \text{Your Monthly Cost} \times \frac{\text{AGE RATE}}{\text{(Use table below)}}$$

$$\frac{\text{Your Monthly Cost}}{12} = \frac{\text{Annual Cost}}{\# \text{ Paychecks per Year } 26} = \text{Cost per Paycheck*}$$

\*Final Cost may vary slightly due to rounding.

### AGE RATES

< 29	30-34	35-39	40-44	45-49	50-54	55-59	60+
0.290	0.316	0.242	0.222	0.267	0.314	0.434	0.530

# VOLUNTARY LONG TERM DISABILITY

Below is a brief description of the Voluntary Long Term Disability insurance coverage. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

- **Eligibility**

All active full time employees working 30 or more hours per week

- **Benefit Amount**

60% of your basic monthly income to a maximum **\$5,000 per month**

- **Elimination Period**

**90 days.** The elimination period is how long an employee must be disabled before benefits begin.

- **Pre-Existing Conditions**

You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

- **Maximum Benefit Period**

Later of age 65 or Social Security Normal Retirement Age.

### HOW TO CALCULATE THE PER-PAYCHECK COST FOR THIS COVERAGE

Rates\* per \$100 of Covered Salary

< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 +
0.106	0.144	0.214	0.384	0.694	0.995	0.995	1.174	1.394	1.519

To calculate the per-paycheck cost for this coverage, complete the calculations below.

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \div 12 = & \underline{\hspace{2cm}} & \div 100 = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \\
 \text{Annual Salary} & & \text{Monthly Salary} & & & \text{Your Rate} & \text{Monthly Cost} \\
 & & & & & \text{(see table above)} & \\
 & & \underline{\hspace{2cm}} \times 12 = & \underline{\hspace{2cm}} \div 26 = & \underline{\hspace{2cm}} & & \\
 & & \text{Monthly Cost} & & \text{Annual Cost} & & \text{Bi-weekly Cost} \\
 & & & & & & \text{(per pay period)}
 \end{array}$$

\* Final cost may vary slightly due to rounding.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

*Help is just a call away*

**YOU**

The numbers below are provided to assist you when a problem arises. By calling the helpline number you will reach the EAP immediately.

## THE CORPCARE EMPLOYEE ASSISTANCE PROGRAM

A confidential counseling and referral service provided free of charge to employees and their families.

In Monroe:

**770-396-5253**

or toll free:

**1-800-728-9444**

For assistance with:

Alcohol/Drug Abuse

Parenting Problems

Family Problems

Work Difficulties

Marital Concerns

Emotional Upsets

Stress Problems

Financial/Legal Referral

Elder/Child Care Referral



➤ ➤ Employee Benefits:

# Holidays, Vacation, Sick & Personal Time

**HOLIDAYS** — All full-time employees are eligible for holiday leave for the following days & other days as designated by specific action of the Mayor:  
*(holidays that occur during the use of annual or sick leave, are not charged against employee's leave)*

- \* New Year's Day
- \* Martin Luther King, Jr.
- \* Memorial Day
- \* Independence Day
- \* Labor Day
- \* Thanksgiving Day
- \* Day after Thanksgiving Day
- \* Christmas Day
- \* Day after Christmas Day
- \* Personal Preference Day

**BIRTHDAY** — Full-time employees with 15 or more years are eligible for a paid holiday on their birthday

**VACATION** — All full-time employees in the classified service *begin to accrue annual leave/vacation immediately upon employment*, but may not use it until the completion of a 6 month probationary period.

# of Years of Continuous Employment:

0-12
1-4
5-10
11-24
25+

# of Leave Hours Accrued per Month:

4 hours
8 hours
10 hours
12 hours
14 hours

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## »» Employee Benefits:

**SICK** — All full-time employees in the classified service *begin to accrue sick leave immediately upon employment*, but may not use it until the completion of a 6 month probationary period.

- Accrual rate of **8 hours per month**
- Physician certification may be required
- Not available if employee is receiving wage replacement as part of worker's compensation benefits, except to supplement difference between benefit and weekly wages
- A maximum of 480 hours of sick leave may be accumulated. For time accumulated in excess of 480, the employee will be paid regular salary in addition to his or her normal pay as a one-time payment at the end of the calendar year of accumulation
- Employees may voluntarily give his or her sick leave to another employee in an extraordinary or unusual circumstance. Such donations must be approved by the Personnel Administrator. Donations are limited to 40

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**PERSONAL** — **Up to 16 hours per year of accumulated sick leave may be used for personal leave**

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For additional details regarding Holidays, Annual/Vacation, Sick, & Personal Time, please refer to the Policies & Procedures available at [www.monroega.com](http://www.monroega.com) or your Employee Self Service portal

ESS login:

Username: first initial last name (ex. John Doe is Jdoe)

Password: last 4 digits of SSN





# RETIREMENT PLAN



While retirement appears to be far in the future to employees in their 20s, 30s and even 40s, the time passes quickly and the need for security is important. Accordingly, the City of Monroe has adopted a defined benefit retirement plan. This plan provides payment of monthly benefits for life after you retire.

## WHO IS ELIGIBLE?

Regular, full-time employees who work at least 30 hours per week on a regular basis

## HOW MUCH DOES IT COST?

It does not cost you anything; the City fully funds the entire cost of the plan

## HOW ARE MY BENEFITS DETERMINED?

Your benefit amount is based on 4 items:

1. **Credited Service** — Normally, your credited service will be the total years & months you have worked for the City. You may also have the option to purchase additional credited service for previous military service, full-time service performed for a government other than the City of Monroe, or part-time service performed for the City of Monroe.
2. **Final Average Earnings** — Your final average earnings are the average of your earnings for the period of 60 consecutive months in which they are highest. In most cases it will be your last 5 years of employment prior to retirement.
3. **Benefit Formula** — The benefit formula is a percentage that is multiplied by your final average earnings & your years & months of credited service to produce your annual normal retirement benefit. Your annual benefit is calculated as follows:
  - A. **2.00% times your Final Average Earnings**
  - B. **Times your years & months of Credited Service**
4. **Age at Retirement** — Normal retirement age is 65 provided you have at least 5 years of credited service.

Alternatively, you may retire with a normal unreduced retirement benefit if you are at least age 55 & have at least 25 years of credited service. You do not have to be actively employed with the City in order to qualify for this alternative normal retirement.

An early, reduced retirement benefit is available between ages 55 & 65 provided you have at least 10 years, but less than 25 years of credited service. If you retire under the early retirement provision, your benefit will be reduced to compensate for your longer life expectancy after retirement. The earlier you retire, the lower your benefit.

## **WHEN & HOW ARE MY BENEFITS PAID?**

Your retirement benefits are paid to you each month for as long as you live. Retirement begins on the first day of the month & you can choose one of 3 ways to receive your benefits:

- 1. Lifetime Monthly Benefit for Retiree Only; No Lifetime Monthly Survivor Benefit**
- 2. Reduced Lifetime Monthly Benefit for Retiree (with Pop-Up feature)**
- 3. Reduced Lifetime Monthly Benefit for Retiree; Survivor Benefit for Designated Period**

For details regarding each of these benefit payment options, Death Benefits, & Disability Benefits please refer to the Policies & Procedures manual that is available @ [www.monroega.com](http://www.monroega.com) or the Employee Self-Service Portal

***Username: first initial last name (ex. John Doe is Jdoe)***  
***Password: last 4 digits of SSN***

## EARLY EXIT BEFORE RETIREMENT

After you have 5 years of credited service, you have a full vested benefit in the plan. The benefit you earned while you were working is then held for you, or vested, until you are retirement age & receive your monthly benefits. You may apply for your benefits at any time after you qualify for retirement. Examples of Benefit Calculations include:

### 1. Example 1 - Option A (Max Benefit with no Beneficiary)

The following steps are necessary to calculate a monthly normal retirement benefit under the City’s plan. Our sample participant has a final average earnings of \$35,000, has 30 years & 0 months of credited service, & terminates employment due to retirement at age 65.

	Sample Participant	Your Retirement
1. Final average earnings	\$35,000.00	
2. Multiply line 1 by 2.00% (.02)	\$700.00	
3. Credited service ( years & months)	30, 0	
4. Multiply line 2 by line 3 to find annual normal retirement benefit	\$21,000.00	
5. Divide line 4 by 12 to find monthly normal retirement benefit	\$1, 750.00	

Remember, the resulting amount will change if Options B or C is chosen or if retirement is before age 65 or age 55 to 65 with at least 10 but less than 25 years of credited service. Remember also to count Social Security benefits and your personal savings when estimating your **total** retirement income.

## EARLY EXIT BEFORE RETIREMENT

### 2. Example 2 - Option B (Joint & Survivor Option with Pop-Up)

If you decide to take Option B so that after your death a percent (100%, 75%, 50%, 25%) of your monthly benefit will continue to be paid to a beneficiary, you will receive a reduced benefit.

The benefit is reduced because the benefit must be spread out to cover the expected lifetimes of 2 persons instead of 1. The amount of the reduction depends on the age difference between the retiree and the beneficiary, the younger the beneficiary, the greater the reduction.

However, if the participant's beneficiary predeceases the participant after retirement payments have begun, then the participant's monthly retirement benefit "pops-up" to what he would have received if he had chosen Option A.

### 3. Example 3 - Option C (Term Certain Option)

If you decide to take Option C, payment to a beneficiary is limited to the Term Certain number of years chosen (5, 10, 15, 20). The term begins on your date of your retirement. If you die before the end of the term, your beneficiary will receive a benefit equal to yours until the end of the term. If you live beyond the term chosen, your benefit will continue until your death but there is no survivor benefit.

## EARLY EXIT BEFORE RETIREMENT

### 4. Example 4 – Early Retirement Benefit – Option A

As mentioned, early retirement is possible if a participant is between ages 55 & 65 & has at least 10 years of credited service, but less than 25 years of credited service. A participant will have less credited service & undoubtedly lower final average earnings when he retires early, so his accrued benefit is lower than if he had worked until normal retirement age. Then, because he is expected to receive more monthly payments than someone who retires at age 65, his accrued benefit is reduced to compensate for his longer life expectancy. That's why early retirement benefits are lower than normal retirement benefits.

Suppose our participant takes early retirement at age 55. He is taking the maximum payment himself with no beneficiary (Option A). For simplicity, we will use the same final average earning & years of service for this example as we used in Example 1. As previously stated, an employee's final average earnings & credited service will actually be lower when he retires early.

We follow all the steps in Example 1 & then must apply an early retirement reduction factor. His accrued normal retirement benefit at age 65 was \$1,750.00 per month. However, to find the amount he can draw at age 55, we must multiply the accrued benefit at age 65 by the early retirement reduction factor for age 55.

The Early Retirement Reduction Table shows that a participant retiring at age 55 gets 50% of his accrued normal retirement benefit. 50% of \$1,750.00 yields a monthly benefit of \$875.00 starting at age 55 & continuing for the rest of his life.



## EARLY EXIT BEFORE RETIREMENT

### Early Retirement Reduction Table (To be used when calculating early retirement benefits)

Find the age at early retirement & then look across to the percentage of the accrued

Date of Birth	Retirement Age for Full
65	100.0%
64	93.3%
63	86.7%
62	80.0%
61	73.3%
60	66.7%
59	63.3%
58	60.0%
57	56.7%
56	53.3%
55	50.0%

## General Retirement Information

**Information Availability.** Your Pension Committee Secretary will be glad to answer any questions that may occur to you after you have read this booklet. The pension committee is responsible for administration of the plan & will consider issues between the City & its employees in relative matters.

**Employment After Retirement.** Your retirement income will continue just the same if you take a part-time or full-time job with another employer after retiring from the City. If you become re-employed with the City as an eligible employee, your benefits will be suspended as long as you remain an eligible employee with the City. If you are under age 62 & become re-employed as an ineligible employee or as an independent contractor, your benefits will be suspended as long as you remain employed or until age 62. If you are age 62 or older & become re-employed as an ineligible employee or independent contractor, your retirement benefit will continue.

**You Cannot Borrow or Pledge Money from the Fund.** The purpose of the retirement plan is to ensure that participants will receive the intended rate of income upon retirement. Therefore, the State of Georgia statute creating GMEBS contains provisions to prevent the sale, assignment, pledge, or attachment of benefits.

**Social Security & Your Retirement Benefits.** Your benefits from the City’s retirement plan are separate from Social Security benefits. For employees whose year of birth is before or through 1937, full benefits from Social Security are payable at age 65. For others, see the following table:

Date of Birth	Retirement Age for Full S.S. Benefits
1943 - 1954	66 years, 0 months
1955	66 years, 2 months
1956	66 years, 4 months
1957	66 years, 6 months
1958	66 years, 8 months
1959	66 years, 10 months
1960 - later	67 years, 0 months

*The City manages the plan and invests plan assets through the Georgia Municipal Employees Benefit System (GMEBS). The City engages Georgia Municipal Association (GMA) to conduct day-to-day administration of the plan. **\*This booklet is for information & illustration purposes only & is not a part of the City’s retirement plan***

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## CITY OF MONROE HEALTH PLAN

### **Introduction**

You are receiving this notice because you have recently become eligible for the City of Monroe health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

### **You may have other options available to you when you lose group health coverage.**

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

### **What is COBRA Continuation Coverage?**

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

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

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

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

### **When is COBRA Continuation Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### **You Must Give Notice of Some Qualifying Events**

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **City of Monroe, Human Resources, 215 North Broad St, Monroe, GA 30655.**

# CONTINUATION COVERAGE RIGHTS UNDER COBRA

## **How is COBRA Coverage Provided?**

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

## ***Disability extension of 18-month period of continuation coverage***

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

## ***Second qualifying event extension of 18-month period of continuation coverage***

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

## **Are there other coverage options besides COBRA Continuation Coverage?**

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

## **If You Have Questions**

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

## **Keep Your Plan Informed of Address Changes**

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

## **Plan Contact Information**

Information about the plan and COBRA continuation coverage can be obtained on request from:

**City of Monroe**  
**Human Resources**  
**215 North Broad St.**  
**Monroe, GA 30655**  
**Phone: 770-266-5110**





# IMPORTANT CONTACT INFORMATION

## CITY OF MONROE

Human Resources

Les Russell

Tel: 770-266-5110

[lrussell@monroega.gov](mailto:lrussell@monroega.gov)

Paula Wilson

Tel: 770-266-5118

[pwilson@monroega.gov](mailto:pwilson@monroega.gov)

## MEDICAL PLAN

Meritain

[Member Services](#)

Tel: 800-925-2272

[Pharmacy](#)

Caremark

Tel: 800-364-6331

To find an in-network provider please visit: [www.meritain.com](http://www.meritain.com)

## DENTAL PLAN

MetLife

[Customer Service](#)

Tel: 800-275-4638

To find an in-network provider please visit: [www.metlife.com/dental](http://www.metlife.com/dental)

## MSI BENEFITS GROUP, INC.

Administrative Contact

Tel: 770-425-1231 / 800-580-1629

Fax: 770-425-4722 / 800-580-2675

Email: [helpme@msibg.com](mailto:helpme@msibg.com)

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to [www.msibg.com](http://www.msibg.com) and click on

“Employee” at the top right of your screen

Username: **monroeEE**

Password: **Benefits123**

## VISION PLAN

MetLife

[Customer Service](#)

Tel: 855-638-3931

[www.metlife.com/vision](http://www.metlife.com/vision)

## BASIC & VOLUNTARY LIFE INSURANCE

The Standard

Tel: 800-628-8600

[www.standard.com](http://www.standard.com)

## SHORT/LONG TERM DISABILITY INSURANCE

The Standard

STD Tel: 800-368-2859

LTD Tel: 800-368-1135

[www.standard.com](http://www.standard.com)

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

CorpCare

Tel: 770-396-5253 (800-728-9444)



*MSI Benefits Group*  
245 TownPark Drive, Suite 100  
Kennesaw, GA 30144  
Tel: 770-425-1231 / 800-580-1629  
Fax: 770-425-4722 / 800-580-2675  
[www.msibg.com](http://www.msibg.com)