



HAMPTON

Georgia



Employee Benefits Guide

Plan Year October 1, 2025 – September 30, 2026

Enroll online at:
cityofhampton.zevobenefits.com
Then follow on-screen instructions



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Message from Mayor Tarpley

To: All Full Time Employees
From: Mayor & City Council
Subject: Employee Benefits

The City of Hampton appreciates very much the hard work and dedication of all our employees and we recognize that a quality, comprehensive benefits package is a critical component in retaining skilled and seasoned employees as well as recruiting new talent when needed.

This guide is provided to you as a quick reference tool for information regarding many features of the various benefit plans offered to our employees. You will find answers to many of your benefit questions in this guide as well as contact information for a variety of resources.

Thank you for all of your hard work!

Ann Tarpley
Mayor
City of Hampton

Ann Tarpley
Mayor



Devlin Cleveland
Mayor Pro Tem



Donnie Bryant
Councilman



Pam Duchesne
Councilwoman



Marty Meeks
Councilman



Willie Turner
Councilman



Kesha White-Williams
Councilwoman



Alex S. Cohilas
City Manager



Eligibility

Newly hired Full-Time Employees are eligible for benefits on the first of the month following 30 days of employment.

If you elect coverage, you can also enroll your Legally Married Spouse and Dependent Children up to age 26—Dependent Children include natural children, legally adopted children, stepchildren and children for whom you have been appointed guardian.

All Employer Group Health Plans are required by law to collect and supply to the Centers for Medicare Services the Social Security Number of employees and dependents covered under the plan, so please remember to have this available when enrolling.

Changes

Please make your enrollment decisions carefully as you cannot make changes outside of Open Enrollment or your New Hire Eligibility Window without a Qualified Life Event due to Section 125 of the IRS Code. Examples of Qualified Life Events include but are not limited to: Marriage, Divorce, Birth or Adoption of a Child, Loss of Coverage, Gain of Coverage, etc.

Note: If you have a Qualified Life Event during the year, you must notify Human Resources within **30 days** of the event or you will have to wait until Open Enrollment to process your change. Please contact Human Resources at 770-946-4306.

Enroll Online (*Open Enrollment Only*)

How do I enroll online?

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

Go to: cityofhampton.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 *

Last four digits of your SSN *

Date of Birth *

Password *

Confirm password *

Create Account

Click here if you are having trouble confirming your account

This will prompt you to enter an email address, the last 4 digits of your SSN and your birthdate. You will then create a password to be used for future access.

If you have issues getting logged into the system, please call MSI Benefits Group at **770-425-1231** or 1-800-580-1629, Monday through Friday, 8:00a.m. to 5:00p.m.

The City of Hampton offers an Anthem Open Access POS health plan. Below is a summary of the benefits and costs.

Open Access POS	
In-Network	
Annual Deductible (Individual / Family)	\$1,500 / \$4,500
Coinsurance	Plan pays 100%
Out-of-Pocket Maximum (Individual / Family)	\$7,900 / \$15,800
Lifetime Maximum	Unlimited
Primary Care Physician Visits	\$30 Copay
Specialist Physician Visits	\$60 Copay
Preventive Care Services	\$0
Urgent Care Services	\$75 Copay
Emergency Room Services	\$350 Copay
Out-of-Network	
Annual Deductible (Individual / Family)	\$4,500 / \$13,500
Coinsurance	Plan pays 50%
Out-of-Pocket Maximum (Individual / Family)	\$23,700 / \$47,400
Prescription Drug Copayments	
Deductible (Individual / Family)	\$200 / \$400
Retail – 30 day supply	
Generic	\$15
Preferred Brand	\$45
Non-Preferred Brand	\$85
Specialty	25% up to \$350
Mail Order – 90 day supply	
Generic	\$15
Preferred Brand	\$90
Non-Preferred Brand	\$255
Specialty	25% up to \$350

Employee Medical Deductions*

Bi-Weekly (26 / Year)

Coverage Level	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$144.38
Employee + Child(ren)	\$122.73
Employee + Family	\$267.10

***Please Note:** A \$50 per month surcharge will be applied to the health insurance premium for any employee and/or covered spouse who have used tobacco products within the past 6 month. There will be a \$100 per month surcharge if both the employee and covered spouse have used tobacco products within the past 6 months.

Locate a Provider

To search for a participating provider, contact Anthem's customer service or visit www.anthem.com. When completing search criteria, select Blue Open Access POS network.





Wellbeing Solutions

Focus on your well-being and earn rewards up to \$700

The more activities you complete, the greater your reward.

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you live your healthy best. Choose any activity sponsored by your employer from the list below to complete and earn rewards. You can earn up to a maximum of \$700 in rewards in your account.

Activity type	Actions to complete	Reward amount
 Preventive care	Have an annual preventive wellness or well woman exam by your doctor.	\$20
	Get an annual cholesterol test. ¹	\$5
	Have a colorectal cancer screening (ages 45 and older).	\$25
	Have a routine mammogram (women ages 40 to 74).	\$25
	Get an annual flu shot.	\$10
 Condition management programs	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program. ²	Up to \$175 (\$75/\$100)
	Future Moms: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments. ³	Up to \$125 (\$65/\$30/\$30)
	Well-being Coach Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward. ⁴	\$50
	Well-being Coach Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward. ⁵	\$50
	Complete a diabetic foot exam. ⁶	\$20
	Have diabetic lab tests. ⁶	Up to \$30



Activity type	Actions to complete	Reward amount
 Digital and wellness activities	Log in to your Anthem account.	\$5
	Connect a fitness or lifestyle device.	\$5
	Complete a health assessment and receive tailored health recommendations.	\$20
	Complete action plans around eating healthy, managing your weight, and keeping active.	Up to \$25 (\$5 per action plan)
	Track your steps.	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins. ⁷	Up to \$25 (\$5 per milestone)
	Update your contact information.	\$15
	Use any Employee Assistance Program (EAP) service. ⁸	\$5
	Participate in the Emotional Wellbeing Resources program.	\$5
	Read 5 articles or watch 5 videos on Sydney SM Health or at anthem.com .	\$5

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app from Lark offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, you can also talk to a certified health coach.

Access Well-being Coach in the Sydney Health app or at anthem.com.

Earn rewards

Here's how and when you'll earn rewards for completing activities.

Preventive care: Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

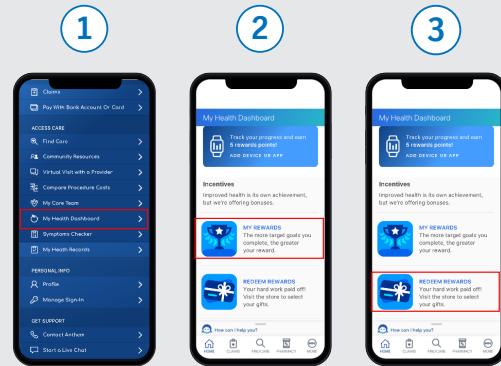
Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program such as ConditionCare (for asthma, diabetes, and heart or lung conditions), Future Moms, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the Sydney Health app or anthem.com to complete activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.



Use your rewards

- 1 To view your rewards, open the Sydney Health app or go to anthem.com. Next, go to *My Health Dashboard*.
- 2 Select **My Rewards**.
- 3 Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including Mastercard, Amazon, Bed Bath & Beyond, Gap Options (all brands), Staples, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Scan this QR code with your phone's camera to download our Sydney Health app.

Do you have questions?

Log in to anthem.com or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call Member Services at the number on your ID card.



1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (lipid) panel.

2 Adults identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease, coronary artery disease, asthma, diabetes, and congestive heart failure. Rewards include \$75 for program participation and \$100 for program completion.

3 Future Moms assessment completion dates: Initial assessment must be completed by day 97; interim assessment must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include \$65 for an initial assessment, \$30 for an interim assessment, and \$30 for a postpartum assessment.

4 Well-being Coach Weight Management program (telephonic) is available for individuals who are identified as high risk based on a BMI of 30 or higher.

5 Well-being Coach Tobacco Cessation program (telephonic) is available for individuals who are identified as high risk based on any tobacco usage.

6 Adults must be diagnosed with diabetes to earn a reward for either having a diabetic foot exam or undergoing diabetic lab tests. Lab test rewards (maximum of \$30): \$10 for microalbumin and eGFR lab test, \$10 for LDL or lipid lab test, and \$10 for A1C lab test. Rewards for lab tests will be distributed when claims are processed.

7 Individuals may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-ins reward values: first check-in \$5; next 15 check-ins during first quarter \$5; 25 check-ins during second through fourth quarters \$5 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

8 Your employer must offer coverage for Anthem EAP for you to earn a reward for using EAP services.

We encourage you to actively participate in your rewards program. Any rewards you earn must be redeemed before the end of the current plan year. Once the plan year ends, any unused rewards are forfeited, and your reward balance will reset to \$0 at the beginning of the new plan year.

All preventive care activities are claims based. Medical waivers apply to all claim-based activities.

Rewards eligibility applies to only employees and their spouse/domestic partner. Individuals must be active on the medical plan and activity must take place during the plan effective year.

A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

Product availability may vary. The reward amount redeemed may be considered income to you and/or your spouse/domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse/domestic partner should consult a tax expert with any questions regarding tax obligations.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2021-2022.

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Choose your doctor and see them every time...online.

You can see the same primary care doctor on an ongoing basis through scheduled video visits on your computer or mobile device. Get regular personal health visits and checkups with **LiveHealth Online Virtual Primary Care**. It's like an office visit with a primary care provider (PCP) – without the office. Choose from board-certified, in-network PCPs, and have the same doctor taking care of you over time for treatment including: chronic conditions, preventative care, referrals, acute care.

With LiveHealth Online Virtual Primary Care you can get:



Care for diabetes, the flu and other health issues.



Referrals for X-rays, blood work, and specialists.



Prescriptions sent to your local pharmacy.



Appointments 8 a.m. – 6 p.m. (Mon – Fri).

We've got you covered. Simplify your life with LiveHealth Online Virtual Primary Care.



Virtual primary care visits are available through the Sydney™ Health and LiveHealth Online apps, and/or Anthem.com and LiveHealthOnline.com

Most conditions can be cared for virtually, but there are circumstances that require in-person care. If you need in-person care, or to connect with a specialty doctor, we can help you access the care you need.

Prescription availability is defined by physician judgment and state regulations.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.



Receive virtual care and support 24/7 with our Sydney Health app

Now you can connect more easily to the care you need through our **SydneySM Health** app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.¹



What people say about virtual care visits²

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

92%

were able to book a virtual visit sooner than an in-person visit

How to download our Sydney Health app:



Scan the QR code with your phone's camera or visit the App Store® or Google Play™.



The City of Hampton offers dental insurance through Anthem to benefit eligible employees. A brief summary of the benefits and costs per pay period are listed in the tables below. For more detailed information about the dental plans, please refer to the certificate of coverage.

Dental Plan	
Annual Deductible (Individual / Family)	\$50 / \$100
Calendar Year Maximum	\$1,000
Nonparticipating Provider Reimbursement	90th Percentile
Preventative & Diagnostic <ul style="list-style-type: none"> Oral Exam (2 per year) Cleanings (2 per year) X-rays: Routine (Bitewings: 1 per year) X-rays: Non-routine (Full mouth panoramic, 1 every 36 months) Fluoride Application Sealants Space Maintainers 	100% Coinsurance, no deductible
Basic Restorative <ul style="list-style-type: none"> Fillings (Amalgam and composite on all teeth) Oral Surgery—Simple extractions Oral Surgery—All except simple extractions Surgical extraction of impacted teeth Minor / major periodontics Root canal therapy Endodontics Periodontics Brush biopsy 	80% Coinsurance, no deductible
Major Restorative <ul style="list-style-type: none"> Crowns / Inlays / Onlays Stainless steel / resin crowns Dentures Bridges Repairs—Bridges, Crowns, Inlays, and Dentures 	60% Coinsurance, no deductible
Orthodontia (Only children up to age 19 are eligible)	50% Coinsurance, no deductible \$1,000 maximum

Employee Dental Deductions	
Bi-Weekly (26 / Year)	
Coverage Level	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$16.78
Employee + Child(ren)	\$16.20
Employee + Family	\$35.46

Locate a Provider

To search for a participating provider, contact Anthem's customer service or visit www.anthem.com. When completing search criteria, select Anthem Dental network.



The City of Hampton offers vision insurance through Anthem to benefit eligible employees. A brief summary of the benefits and costs per pay period are listed in the tables below. For more detailed information about the dental plans, please refer to the certificate of coverage.

Vision Plan	
Coverage	In-Network
Exam Copay (Once per 12 months)	\$10 Copay
Eyeglass Lenses Allowances (Once per 12 months)	
• Single	\$20 Copay
• Bifocal	\$20 Copay
• Trifocal	\$20 Copay
Contact Lenses Allowances (One pair or single purchase per 12 months)	
• Elective	Up to \$130 allowance, 15% off remaining balance
• Non-elective	Covered 100%
Frame Retail Allowance (Once per 24 months)	Up to \$130 allowance, 20% off remaining balance

Employee Vision Deductions	
Bi-Weekly (26 / Year)	
Coverage Level	Employee Cost
Employee Only	\$2.75
Employee + Spouse	\$4.81
Employee + Child(ren)	\$5.22
Employee + Family	\$7.97

Locate a Provider

To search for a participating provider, contact Anthem's customer service or visit www.anthem.com. When completing search criteria, select Blue View Vision network.



Basic Term Life and AD&D Insurance

The cost of Basic Term Life and AD&D Insurance is paid entirely by the City of Hampton.

Life Insurance Amount: **\$15,000**

Accidental Death and Dismemberment (AD&D) Amount: **\$15,000**

Accidental Death & Dismemberment:

Also, at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

Reductions in Insurance:

Life and AD&D insurance reduces by 35% at age 65, 50% at age 70 and terminates at retirement.

Accelerated Life Benefit:

The employee may request payment of 25%, 50% or 75% of the Life Amount shown above if the employee is diagnosed with a terminal condition, as defined in the certificate of insurance.

Supplemental Term Life and AD&D Insurance

Employee: Increments of **\$10,000** to a maximum of **\$500,000**. Not to exceed five times annual salary.

Spouse: Increments of **\$5,000** to a maximum of **\$250,000** (Spouse benefits terminate at age 70).

Child: **\$10,000**

Note: Spouse and Child Life amount cannot exceed 50% of employee's covered amount.

Guaranteed Issue Amounts (Available at initial offering only)

Employee: **\$100,000**

Spouse: **\$25,000**

Child: **\$10,000**

Accidental Death and Dismemberment:

Matches Life Amount. AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. The benefit amount is equal to the life amount elected by you. Cost included in the rates below.

Reductions in Insurance:

Voluntary life insurance reduces by 55% at age 70, 70% at age 75, and 80% at age 80, 85% at age 85 and 90% at age 90.

Conversion Privilege:

An employee may convert Group Term Life benefits to an individual whole life policy during the 31 day period following the date insurance terminates solely as a result of termination of employment or service; or policy change affecting the employee's class the conversion will be offered without evidence of insurability. Required premiums must be received within the 31 day period following termination of employment or reduction of benefits.

Accelerated Life Benefit:

If you are permanently and totally disabled and are diagnosed with a terminal condition and are eligible for benefits under this section, You may apply for payment of the accelerated life benefit. The amount of accelerated life benefit available is shown in the schedule of benefits, unless any portion of your life amount has already been paid. The amount of accelerated life benefit available will then be based on the amount remaining after payment of any portion of the life amount. Benefits will be paid in one lump sum to you.



Employee Life and AD&D Options and Rates										
AGE	Bi-Weekly (26 / Year)									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.55	\$0.78	\$0.97	\$1.38	\$2.03	\$3.00	\$4.98	\$6.00	\$8.35	\$19.38
\$20,000	\$1.11	\$1.57	\$1.94	\$2.77	\$4.06	\$6.00	\$9.97	\$12.00	\$16.71	\$38.77
\$30,000	\$1.66	\$2.35	\$2.91	\$4.15	\$6.09	\$9.00	\$14.95	\$18.00	\$25.06	\$58.15
\$40,000	\$2.22	\$3.14	\$3.88	\$5.54	\$8.12	\$12.00	\$19.94	\$24.00	\$33.42	\$77.54
\$50,000	\$2.77	\$3.92	\$4.85	\$6.92	\$10.15	\$15.00	\$24.92	\$30.00	\$41.77	\$96.92
\$60,000	\$3.32	\$4.71	\$5.82	\$8.31	\$12.18	\$18.00	\$29.91	\$36.00	\$50.12	\$116.31
\$70,000	\$3.88	\$5.49	\$6.78	\$9.69	\$14.22	\$21.00	\$34.89	\$42.00	\$58.48	\$135.69
\$80,000	\$4.43	\$6.28	\$7.75	\$11.08	\$16.25	\$24.00	\$39.88	\$48.00	\$66.83	\$155.08
\$90,000	\$4.98	\$7.06	\$8.72	\$12.46	\$18.28	\$27.00	\$44.86	\$54.00	\$75.18	\$174.46
\$100,000	\$5.54	\$7.85	\$9.69	\$13.85	\$20.31	\$30.00	\$49.85	\$60.00	\$83.54	\$193.85
\$110,000	\$6.09	\$8.63	\$10.66	\$15.23	\$22.34	\$33.00	\$54.83	\$66.00	\$91.89	\$213.23
\$120,000	\$6.65	\$9.42	\$11.63	\$16.62	\$24.37	\$36.00	\$59.82	\$72.00	\$100.25	\$232.62
\$130,000	\$7.20	\$10.20	\$12.60	\$18.00	\$26.40	\$39.00	\$64.80	\$78.00	\$108.60	\$252.00
\$140,000	\$7.75	\$10.98	\$13.57	\$19.38	\$28.43	\$42.00	\$69.78	\$84.00	\$116.95	\$271.38
\$150,000	\$8.31	\$11.77	\$14.54	\$20.77	\$30.46	\$45.00	\$74.77	\$90.00	\$125.31	\$290.77
\$200,000	\$11.08	\$15.69	\$19.38	\$27.69	\$40.62	\$60.00	\$99.69	\$120.00	\$167.08	\$387.69
\$250,000	\$13.85	\$19.62	\$24.23	\$34.62	\$50.77	\$75.00	\$124.62	\$150.00	\$208.85	\$484.62
\$500,000	\$27.69	\$39.23	\$48.46	\$69.23	\$101.54	\$150.00	\$249.23	\$300.00	\$417.69	\$969.23

Spouse Life and AD&D Options and Rates*										
AGE	Bi-Weekly (26 / Year)									
	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.28	\$0.39	\$0.48	\$0.69	\$1.02	\$1.50	\$2.49	\$3.00	\$4.18	
\$10,000	\$0.55	\$0.78	\$0.97	\$1.38	\$2.03	\$3.00	\$4.98	\$6.00	\$8.35	
\$15,000	\$0.83	\$1.18	\$1.45	\$2.08	\$3.05	\$4.50	\$7.48	\$9.00	\$12.53	
\$20,000	\$1.11	\$1.57	\$1.94	\$2.77	\$4.06	\$6.00	\$9.97	\$12.00	\$16.71	
\$25,000	\$1.38	\$1.96	\$2.42	\$3.46	\$5.08	\$7.50	\$12.46	\$15.00	\$20.88	
\$30,000	\$1.66	\$2.35	\$2.91	\$4.15	\$6.09	\$9.00	\$14.95	\$18.00	\$25.06	
\$35,000	\$1.94	\$2.75	\$3.39	\$4.85	\$7.11	\$10.50	\$17.45	\$21.00	\$29.24	
\$40,000	\$2.22	\$3.14	\$3.88	\$5.54	\$8.12	\$12.00	\$19.94	\$24.00	\$33.42	
\$45,000	\$2.49	\$3.53	\$4.36	\$6.23	\$9.14	\$13.50	\$22.43	\$27.00	\$37.59	
\$50,000	\$2.77	\$3.92	\$4.85	\$6.92	\$10.15	\$15.00	\$24.92	\$30.00	\$41.77	
\$55,000	\$3.05	\$4.32	\$5.33	\$7.62	\$11.17	\$16.50	\$27.42	\$33.00	\$45.95	
\$60,000	\$3.32	\$4.71	\$5.82	\$8.31	\$12.18	\$18.00	\$29.91	\$36.00	\$50.12	
\$65,000	\$3.60	\$5.10	\$6.30	\$9.00	\$13.20	\$19.50	\$32.40	\$39.00	\$54.30	
\$70,000	\$3.88	\$5.49	\$6.78	\$9.69	\$14.22	\$21.00	\$34.89	\$42.00	\$58.48	
\$75,000	\$4.15	\$5.88	\$7.27	\$10.38	\$15.23	\$22.50	\$37.38	\$45.00	\$62.65	
\$80,000	\$4.43	\$6.28	\$7.75	\$11.08	\$16.25	\$24.00	\$39.88	\$48.00	\$66.83	
\$85,000	\$4.71	\$6.67	\$8.24	\$11.77	\$17.26	\$25.50	\$42.37	\$51.00	\$71.01	
\$90,000	\$4.98	\$7.06	\$8.72	\$12.46	\$18.28	\$27.00	\$44.86	\$54.00	\$75.18	
\$95,000	\$5.26	\$7.45	\$9.21	\$13.15	\$19.29	\$28.50	\$47.35	\$57.00	\$79.36	
\$100,000	\$5.54	\$7.85	\$9.69	\$13.85	\$20.31	\$30.00	\$49.85	\$60.00	\$83.54	

*Spouse rates based on spouse's age.

Dependent Child(ren) Life and AD&D Option and Rate	
Bi-Weekly (26 / Year)	
\$10,000	\$1.28



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. Only the Master Policy contains all the controlling terms and provisions of coverage.

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: **60%** of an Employee's Covered Weekly Earnings to a **maximum benefit of \$1,000**, then reduced by Other Income Benefits as outlined in the certificate.

Elimination Period: **14 days for injury or 14 days for sickness.** This is the period of consecutive days of disability for which no benefit is payable.

Maximum Benefit Duration: **11 Weeks.** This is the length of time that an insured employee may be entitled to benefits if continuously disabled as outlined in the certificate.

Pre-Existing Condition Limit: The pre-existing period is 3/12. Benefits will not be paid if the person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the individual's effective date of insurance.

How to calculate your individual premium

To calculate your per-paycheck cost for this coverage, complete the calculations below. **Please note that your final cost may vary slightly due to rounding.**

÷ 52 =		x	60%	=	
Annual Salary	Weekly Salary		Benefit %		Your Weekly Benefit
÷ 10 =		x		=	
Your Weekly Benefit			Your Rate (see table)		Your Monthly Cost
x 12 =		÷	26	=	
Your Monthly Cost	Annual Cost		Paychecks per Year		Cost per Paycheck

Rates based on age

<25	25-29	30-34	35-44	45-49	50-54	55-59	60-64	65-69	70+
0.44	0.47	0.45	0.37	0.43	0.53	0.69	0.79	0.86	0.92



Long Term Disability Insurance is designed to provide income protection in the form of a monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Coverage is not to provide direct payment for basic hospital, basic medical-surgical or major medical expenses. Instead, approved payments are made directly to you when you are not able to work. Disability means that, during an own-occupational period, an employee is unable to perform all material and substantial duties of his or her regular occupation, which results in at least a 20 percent loss in pre-disability earnings. During any-occupational period, an employee is unable to perform the material and substantial duties of any gainful occupation, which results in at least a 40 percent loss in pre-disability earnings. The employee must also be receiving regular care from a physician for the illness or injury. Pregnancy or complications of pregnancy are covered the same as an illness.

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

Benefit Amount: 60% of an Employee's Covered Monthly Earnings to a **maximum benefit of \$6,000**, then reduced by Other Income Benefits as outlined in the certificate. The minimum monthly benefit is \$100.

Elimination Period: **90 days for injury or 90 days for sickness.** This is the period of consecutive days of disability for which no benefit is payable.

Maximum Benefit Duration: **Later of age 65 or Social Security Normal Retirement Age.**

Definition of Earnings: Basic monthly earnings only: The amount of coverage will be based upon earnings as last reported in writing to and approved by AUL. In no event will the amount of earnings used to calculate benefits under the AUL contract exceed the lesser of the amount approved by AUL, amount shown in the Employer's payroll records, or for which premium has been paid.

Pre-Existing Conditions: The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

Total Disability: You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.

Partial Disability: A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular occupation on a full-time basis, is performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.

How to calculate your individual premium

To calculate your per-paycheck cost for this coverage, complete the calculations below. **Please note that your final cost may vary slightly due to rounding.**

÷ 100 =	X	=
Annual Salary	Your Rate (see table)	Annual Cost
÷		=
Annual Cost	Paychecks per Year	Cost per Paycheck

Rates based on age												
<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	
0.15	0.23	0.26	0.44	0.62	0.94	1.36	1.93	2.54	2.23	1.12	0.78	



Whether it's a few stitches, a dislocated hip or an ambulance ride, **Accident Insurance** provides you with an added layer of financial protection when the unexpected happens.

- Unlimited lifetime maximum benefit.
- No age-related benefit reductions.
- Benefits paid based on the schedule of benefits provided for each covered accident.
- Waiver of Premium provision will waive premium after 60 days of disability due to a covered accident for as long as the covered person remains disabled.
- Portability is included.



Accident Plan Benefits				
	HIGH	LOW		
Emergency and Initial Accident Treatment Benefits				
Ambulance — Ground	\$500	\$250		
Ambulance — Air	\$1,250	\$1,250		
Ambulance — Water	\$1,250	\$1,250		
Emergency Room Treatment	\$350	\$200		
Urgent Care	\$250	\$150		
Major Diagnostic Imaging	\$250	\$200		
X-ray	\$250	\$150		
Hospital Benefits				
Hospital Admission	\$1,500	\$1,500		
Daily Hospital Confinement	\$300	\$300		
Maximum number of days	365	365		
Intensive Care Admission	\$3,000	\$3,000		
ICU Daily Confinement	\$700	\$700		
Maximum number of days	365	365		
Observation Unit	\$200	\$200		
Specific Injury Benefit				
<i>Fractures (Closed/Non-Surgical Treatment)</i>				
Skull (except Bones of Face or Nose) Depressed	\$5,000	\$5,000		
Hip, Thigh (Femur)	\$4,000	\$4,000		
Vertebrae, Body of (excluding Vertebral Process)	\$4,000	\$4,000		
Pelvis	\$4,000	\$4,000		
Leg (Tibia and/or Fibula)	\$4,000	\$4,000		
Upper Arm (Humerus)	\$3,000	\$3,000		
Shoulder Blade	\$3,000	\$3,000		
Collarbone	\$3,000	\$3,000		
Upper Jaw, Maxilla (except Alveolar Process)	\$2,500	\$2,500		
Lower Jaw, Mandible (except Alveolar Process)	\$2,500	\$2,500		
Enhancement for Open/Surgical Reduction	2x	2x		
Chip Fractures	25%	25%		
<i>Dislocations (Closed/Non-Surgical Treatment)</i>				
Hip	\$3,000	\$3,000		
Knee (other than Kneecap)	\$2,250	\$2,250		
Shoulder	\$2,250	\$2,250		
Kneecap	\$1,000	\$1,000		
Ankle bone or bones of the foot	\$1,000	\$1,000		
Elbow	\$1,000	\$1,000		
Wrist	\$1,000	\$1,000		
Enhancement for Open/Surgical Reduction	2x	2x		
Partial Dislocations	25%	25%		
Lacerations				
No Repair	\$70	\$70		
Repair	\$70— \$1,000	\$70— \$400		
Burns				
2nd Degree Burns	\$400— \$1,000	\$400— \$1,000		
3rd Degree Burns	\$1,000— \$20,000	\$1,000— \$20,000		
Skin Graft				
Due to Burns (% of applicable Burn benefit)	50% \$200—	50% \$200—		
Not due to Burns:	\$400	\$400		
Concussion and Other Brain Injuries	\$200	\$200		
Dental Benefit	\$500	\$500		
Eye Injury Benefit	\$600	\$600		
Surgery Benefits				
Facilities other than Physician Office or Emergency Room	\$450	\$450		
Physician Office or Emergency Room	\$225	\$225		
Open Abdominal & Thoracic	\$1,500	\$1,500		
Hernia	\$200	\$200		
Exploratory without Repair	\$175	\$175		
Single	\$700	\$700		
Multiple	\$1,050	\$1,050		
Exploratory without Repair	\$350	\$350		
Torn with Surgical Repair	\$1,000	\$1,000		
Exploratory without Repair	\$225	\$225		
Diagnosis only with no surgery or repair	\$100	\$100		
Ruptured Disc with Surgical Repair	\$600	\$600		
General Anesthesia	\$225	\$225		
Epidural or Regional Anesthesia	\$100	\$100		
Medical Benefits				
Blood, Plasma & Platelets Benefit	\$500	\$500		
Prosthetic Device Benefit — One only	\$700	\$700		
Prosthetic Device Benefit — Two or more	\$1,400	\$1,400		
Appliances	\$500	\$500		
Pain Management Benefit	\$100	\$100		
Prescription Drug Benefit (5 maximum number of payments)	\$25	\$25		
Follow-Up Care and Transportation Benefits				
Physician Office Visit (4 maximum number of visits)	\$125	\$100		
Post-Traumatic Stress Disorder (8 maximum number of visits)	\$100	\$100		
Therapy Services (Occupational, Physical, Speech Therapy)	\$75	\$75		
Maximum number of visits	12	12		
Chiropractor and Alternate Therapy (8 maximum number of visits)	\$75	\$75		
Rehabilitation Unit Confinement (90 maximum number of days)	\$125	\$125		
Home Health Care (30 maximum number of visits)	\$100	\$100		
Skilled Nursing Facility (30 maximum number of days)	\$300	\$300		
Private Duty Nursing (6 maximum number of visits)	\$125	\$125		
Residence/Vehicle Modification	\$3,500	\$3,500		
Transportation (per mile, minimum of 100 miles from residence)	\$0.60	\$0.60		
Lodging (30 maximum number of days)	\$200	\$200		
Catastrophic Benefits				
Loss of Sight in both eyes or Hearing in both ears	\$20,000	\$20,000		
Loss of Speech or Sight in one eye or Hearing in one ear	\$5,000	\$5,000		
Coma	\$20,000	\$20,000		
Paraplegia	\$15,000	\$15,000		
Quadriplegia	\$30,000	\$30,000		
Riders				
Health Screening Benefit (1 test per insured per year)	\$50	\$50		
Organized Athletic Activity Rider (Enhancement %)	25%	25%		
maximum benefit per accident	\$1,500	\$1,500		
Employee Accident Deductions				
Bi-Weekly (26 / Year)				
Coverage Level	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low	\$9.22	\$16.24	\$17.18	\$24.19
High	\$10.80	\$18.96	\$20.12	\$28.28

Being diagnosed with a critical illness can bring a lot of uncertainty. **Critical Illness Insurance** can help protect you from the financial challenges that come from a covered critical illness.

- \$250,000 lifetime maximum benefit.
- No age-related benefit reductions.
- Additional occurrences of other specified diseases are paid at 100% of the payable lump-sum benefit with no waiting period between diagnosis.
- Recurrence, which is new diagnosis of the same specified disease for which a benefit has already been paid, is paid at 100% of the lump-sum benefit. There is a 6-month waiting period between diagnoses to be eligible for a recurrence payment.
- Waiver of Premium provision will waive premium after 60 days of disability due to a critical illness for a maximum of 24 months.
- Portability is included.
- No pre-existing condition limitation.

Employee Critical Illness Deductions Bi-Weekly (26 / Year)				
\$10,000				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$2.37	\$4.74	\$6.41	\$8.77
25-29	\$2.81	\$5.61	\$6.84	\$9.65
30-34	\$3.29	\$6.58	\$7.33	\$10.62
35-39	\$4.47	\$8.95	\$8.51	\$12.98
40-44	\$6.20	\$12.40	\$9.07	\$15.27
45-49	\$9.17	\$18.33	\$12.04	\$21.20
50-54	\$12.97	\$25.95	\$15.65	\$28.63
55-59	\$17.32	\$34.64	\$19.99	\$37.32
60-64	\$23.88	\$47.77	\$26.55	\$50.44
65-69	\$30.54	\$61.09	\$33.21	\$63.76
70+	\$38.06	\$76.11	\$40.72	\$78.78
\$20,000				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$4.12	\$8.23	\$11.39	\$15.50
25-29	\$4.99	\$9.99	\$12.26	\$17.26
30-34	\$5.96	\$11.92	\$13.23	\$19.19
35-39	\$8.33	\$16.66	\$15.60	\$23.93
40-44	\$11.78	\$23.57	\$16.72	\$28.50
45-49	\$17.71	\$35.43	\$22.65	\$40.36
50-54	\$25.33	\$50.67	\$29.88	\$55.21
55-59	\$34.02	\$68.04	\$38.57	\$72.59
60-64	\$47.16	\$94.31	\$51.67	\$98.83
65-69	\$60.48	\$120.95	\$64.99	\$125.47
70+	\$75.49	\$150.99	\$80.01	\$155.51
\$30,000				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
< 25	\$5.86	\$11.73	\$16.37	\$22.23
25-29	\$7.18	\$14.36	\$17.69	\$24.87
30-34	\$8.63	\$17.26	\$19.14	\$27.77
35-39	\$12.18	\$24.36	\$22.68	\$34.87
40-44	\$17.37	\$34.74	\$24.36	\$41.73
45-49	\$26.26	\$52.52	\$33.26	\$59.52
50-54	\$37.69	\$75.38	\$44.11	\$81.80
55-59	\$50.72	\$101.44	\$57.14	\$107.86
60-64	\$70.42	\$140.84	\$76.80	\$147.22
65-69	\$90.40	\$180.80	\$96.78	\$187.18
70+	\$112.93	\$225.86	\$119.31	\$232.24



Critical Illness Plan Benefits	
Critical Illness Benefits	
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal Failure	100%
Benign Brain Tumor	100%
Bone Marrow or Stem Cell Transplant	100%
Coronary Artery Bypass Surgery	100%
Cancer Benefits	
Cancer	100%
Carcinoma in Situ	25%
Skin Cancer	5%
Enhanced Package	
Coma	100%
Paralysis	100%
Loss of Hearing	100%
Loss of Sight	100%
Sudden Cardiac Arrest	100%
Aneurism	25%
Angioplasty	25%
Transient Ischemic Attacks	25%
Severe Burns	100%
Occupational HIV	100%
Occupational Hepatitis B or C	100%
Type 1 Diabetes	100%
Progressive Disease Benefits	
ALS	100%
Parkinson's Disease	100%
Advanced Dementia	100%
Multiple Sclerosis	100%
Systemic Lupus	100%
Myasthenia Gravis	100%
Addison's Disease	100%
Huntington's Disease	100%
Infectious Disease (after 5 days of hospitalization)	25%
Systemic Sclerosis	100%
Additional Childhood Conditions	
Cerebral Palsy	100%
Premature Birth	10%
Genetic Disorder	100%
Congenital Defect	100%
Congenital Metabolic Disorders	100%
Optional Riders & Benefits	
Health Screening Benefits Rider (1 test per insured per benefit year)	\$50

A trip to the hospital can't always be planned for; often it isn't. **Hospital Indemnity Insurance** can help by paying you benefits for hospitalizations tied to a covered accident or illness.

- Accident and Sickness coverage.
- Wellfleet considers this plan to be HSA-compliant according to IRS tax law.
- No pregnancy benefit waiting period following the effective date of coverage.
- No pre-existing condition limitation.
- Waiver of Premium provision will waive premium after 30 days of continuous confinement for up to 12 months of confinement or disability.
- Hospital Admission and Confinement benefits include Long Stay Observation Unit
- Portability is included.
- A day is defined as a minimum of 20 hours confinement.
- A year is based on a calendar year.

	Low	High
Hospital Indemnity Benefits		
Core Hospitalization Benefits		
Hospital — Admission Benefit, 1 per year	\$2,000	\$1,000
Newborn — Admission Benefit, 1 per newborn's lifetime	\$2,000	\$1,000
Health Screening Benefit Rider		
Benefit payable 1 time per calendar year per insured person.	\$50	\$50

Employee Hospital Indemnity Deductions Bi-Weekly (26 / Year)				
Coverage Level	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Low	\$5.85	\$12.23	\$9.18	\$15.34
High	\$10.98	\$22.56	\$16.22	\$28.40

The City of Hampton offers an FSA option administered through AdminAmerica. The FSA plan year is from October 1 to September 30. A Health Care FSA allows you to set aside money from your paycheck for reimbursement of healthcare, dental and vision expenses. The amount set aside is not taxed and is automatically deducted from your paycheck and deposited into your FSA. To participate, you must re-elect the dollar amount to be deducted each plan year.

Health Care FSA

This account allows you to set aside up to an annual maximum of **\$3,300**. This money will be deducted pre-tax and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. You can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic). Examples of common expenses that qualify for reimbursement are listed below.

Note: Your full Health Care FSA election is available for use on the first day coverage is effective.

Important Rules

You will be allowed to rollover up to **\$660** of your account balance (unused funds) into the next plan year. The IRS requires that any unused portion of your account balance above **\$660** remaining at the end of the year be forfeited. It is important to estimate your expenses carefully. The “run out period” after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. If you were enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required. The runout period for which you may file for an unreimbursed expense on the FSA is 60 days.

Eligible Health Care FSA Expenses

Ambulance	LASIK Surgery
Archers and Orthotic Inserts	Mental Health Care
Chiropractic Care	Nursing Services
Dental / Orthodontia	OB/GYN Exams
Diagnostic Tests / Screenings	Optometry Fees
Doctor and Office Visit Fees	Physical Therapy
Drug / Alcohol Addiction Treatment	Prescription Drugs
Experimental Medical Treatment	Prescription Sunglasses
Eyeglasses / Contacts	Prosthetics
Hearing Aids / Exams	Syringes
Injections and Vaccines	Wheelchairs / Crutches / Walkers
Lab Exams / Tests	X-Rays





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Introduction

You are receiving this notice because you have recently become eligible for the City of Hampton 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 generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

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 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 Hampton, Andrea Atwater, 17 East Main Street South, Hampton, GA 30228.**

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.

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. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

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 Hampton

Andrea Atwater

17 East Main Street South

Hampton, GA 30228

Tel: 770-946-4306

Contacts

City of Hampton
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Medical / Dental / Vision
Anthem
Medical Tel: 855-397-9267
Dental Tel: 844-729-1567
Vision Tel: 866-723-0515
www.anthem.com

Life / Disability
OneAmerica
Tel: 800-553-5318
www.oneamerica.com

Flexible Spending Account (FSA)
Admin America
Tel: 800-366-2961
www.adminamerica.com

Accident / Critical Illness/ Hospital
Wellfleet
Tel: 855-664-5838
www.wellfleetinsurance.com

Employee Assistance Program (EAP)
ComPsych
Tel: 855-387-9727
guidanceresources.com
Web ID: ONEAMERICA3

To view copies of all certificates of coverage and Plan documents go to: www.msibg.com
then click on 'Client Portal' at the top right of the page and enter the login below:

Username: **hamptonEE**
Password: **Benefits123**



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