



# LOCUST GROVE

GEORGIA



## Employee Benefits Guide

Plan Year January 1, 2025 thru December 31, 2025

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

**This guide includes information on the following:**

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# Eligibility and Enrollment

## Eligibility

Newly hired full-time employees are eligible for benefits on the first day of the month following 30 days of service. 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. Federal law requires all health plans to report social security numbers for employees and covered dependents. Please make sure to have all necessary names, birthdates and social security numbers available for your enrollment.

## Changes

**Pre-Tax Deduction of Premiums (Section 125 Plan)** - Health insurance premiums are 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 this 30-day period will not be allowed until the next annual open enrollment.** Please contact HR at (770) 692-2318 if you have any questions regarding the open enrollment period or changes.

## Enroll Online (Open Enrollment Only)

How do I enroll online?

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



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

[REDACTED]

[REDACTED]

■ you have 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.

# Side by Side Medical Comparison

The City of Locust Grove offers two (2) Cigna health plan options, a **BASE \$4,000 deductible plan** and a **BUY-UP \$5,500 deductible plan**. You will automatically be enrolled in a Health Reimbursement Arrangement (HRA) that the City has established to help with the annual medical deductible. The HRA will reimburse you the last \$1,500 (includes specialist, ER, urgent care and Rx) of the annual medical deductible for the BASE plan or the last \$3,000 (inpatient/outpatient services) of the annual medical deductible for the BUY-UP Plan.

In-Network Benefits	BASE	BUY-UP
Deductible — Individual	\$4,000	\$5,500
Deductible — Family	\$12,000	\$11,000
Coinsurance	100%	100%
Maximum Out-of-Pocket — Individual	\$9,100	\$9,100
Maximum Out-of-Pocket — Family	\$18,200	\$18,200
<i>Medical Maximum Out-of-Pocket (Including Deductible): All plans cover 100% of medical coverage after maximum out-of-pocket has been met.</i>		
PCP Copay	\$30	\$30
Specialist Copay	\$60	\$60
<b>Prescription Drugs</b>		
RX Deductible	\$150	None
Tier 1	\$20	\$15
Tier 2	\$45	\$35
Tier 3	\$90	\$60
Tier 4	25%	25%
Home Delivery – 90 day Supply	3 times copay	3 times copay

Employee Medical Deductions Bi-Weekly (26 deductions per year)		
Members Covered	BASE	BUY-UP
Employee Only	\$25.00	\$52.50
Employee + Spouse	\$200.00	\$260.00
Employee + Child(ren)	\$190.00	\$220.00
Employee + Family	\$250.00	\$340.00

**TOBACCO SURCHARGE:** A \$25 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 90 days. If you complete the free smoking cessation program offered through our Employee Assistance Program (EAP) the charge will be reduced to \$15 per month. You will be required to answer the tobacco user question during the electronic enrollment.

## How to find an In-Network Cigna provider:

To locate a Cigna health care professional, facility and pharmacy list online, visit [www.cigna.com](http://www.cigna.com)

1. Click on “Find a Doctor” at the top of your screen.
2. Click on “Employer or School” under how are you covered.
3. Search by Doctor Type, Doctor Name or by location.
4. You can continue as a guest or log in to your Cigna account.

*The results indicate which plans the providers/facilities accept. Both plans offered are Open Access Plus (OAP) plans.*



# Benefits Comparison Base / Buy-up

	BASE		BUY-UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Covered Services</b>				
<b>Calendar Year Deductible</b>				
Employee	\$4,000	\$10,000	\$5,500	10,000
Employee + Family	\$12,000	\$20,000	\$11,000	\$20,000
<b>Coinsurance</b>	100%	70%	100%	70%
<b>Calendar Year Out-of-Pocket Max.</b>				
Employee	\$9,100	\$17,500	\$9,100	\$16,500
Employee + Family	\$18,200	\$34,500	\$18,200	\$33,000
<b>All plans cover 100% of medical coverage after maximum out-of-pocket has been met.</b>				
<ul style="list-style-type: none"> <li>• Plan Copays and Deductible contribute towards your out-of-pocket maximum</li> <li>• Mental health and substance abuse covered expenses contribute towards your out-of-pocket maximum</li> <li>• These plans include a combined Medical/pharmacy out-of-pocket maximum.</li> <li>• Retail and home delivery Pharmacy costs contribute to the combined Medical/Pharmacy out-of-pocket.</li> </ul>				
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>				
<b>Routine Preventive Care – All Ages</b>				
<ul style="list-style-type: none"> <li>• Includes well-baby, well-child, well-woman and adult preventive care</li> <li>• Includes coverage of additional services, such as urinalysis, EKG and other laboratory tests, supplementing the standard Preventive Care benefit</li> </ul>	100%; no plan deductible	70% after deductible	100%; no plan deductible	70% after deductible
<b>Immunizations – All Ages</b>				
<b>Mammogram, PAP, PSA Tests</b>				
<b>Physician Services</b>				
<b>Primary Care Physician (PCP) Office Visit</b>	\$30	70% after deductible	\$30	70% after deductible
<b>Specialty Care Physician Office Visit</b>	\$60	70% after deductible	\$60	70% after deductible
<b>Surgery Performed in Physician’s Office</b>	Covered same as Physician Services– Office Visit	70% after deductible	Covered same as Physician Services– Office Visit	70% after deductible
<b>Allergy Treatment / Injections</b>	\$30 pcp / \$60 specialist	70% after deductible	\$30 pcp / \$60 specialist	70% after deductible
<b>Allergy Serum</b> Dispensed by the physician in the office	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Inpatient</b>				
<b>Inpatient Hospital Facility</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Well Newborn Inpatient Charges</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Inpatient Hospital Physician’s Visit / Consultation</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Inpatient Professional Services</b> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient</b>				
<b>Outpatient Facility Services</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient Professional Services</b> • For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists	100% after deductible	70% after deductible	100% after deductible	70% after deductible



# Benefits Comparison Base / Buy-up

	BASE		BUY-UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient (Continued)</b>				
<b>Short-Term Rehabilitation</b> <ul style="list-style-type: none"> <li>Includes physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation and cognitive therapy</li> <li>40 days maximum for physical therapy per Calendar Year</li> <li>40 days maximum for OSHA therapy per Calendar Year</li> <li>Includes cardiac rehabilitation</li> <li>Therapy days, provided as part of an approved Home Health Care plan, accumulate to the outpatient short term rehab therapy maximum</li> </ul>	\$60 copay, and plan pays 100%	70% after deductible	\$60 copay, and plan pays 100%	70% after deductible
<b>Other Health Care Facilities / Services</b>				
<b>Home Health Care</b> (includes outpatient private duty nursing days when approved as medically necessary) <ul style="list-style-type: none"> <li>60 days maximum per Calendar Year</li> <li>16 hour maximum per day</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Skilled Nursing Facility, Sub-Acute Facility</b> <ul style="list-style-type: none"> <li>60 days maximum per Calendar Year</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Durable Medical Equipment</b> <ul style="list-style-type: none"> <li>Unlimited maximum per Calendar Year</li> </ul>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Lab and X-Ray</b>				
<b>Physician's Office</b>	Plan pays 100%	Plan pays 70%	Plan pays 100%	Plan pays 70%
<b>Outpatient Facility</b>				
<b>Emergency Room</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay
<b>Urgent Care Facility</b>	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Independent Lab</b>	Plan pays 100%	Plan pays 70%	Plan pays 100%	Plan pays 70%
<b>Advanced Radiology Imaging (MRI, MRA, CAT Scan, PET Scan, etc.)</b>				
<b>Physician's Office</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Outpatient Facility</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>Urgent Care Facility</b>	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Emergency Room</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay
<b>Urgent Care / Emergency</b>				
<b>Urgent Care Facility</b>	\$75 copay	\$75 copay	\$75 copay	\$75 copay
<b>Emergency Room</b>	\$350 copay	\$350 copay	\$350 copay	\$350 copay
<b>Maternity</b>				
<b>Initial Visit to Confirm Pregnancy</b>	100% after deductible	70% after deductible	100% after deductible	70% after deductible
<b>All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges</b>				
<b>Office Visits in Addition to Global Maternity Fee</b> (performed by OB/GYN or Specialist)				
<b>Delivery – Facility</b> (Inpatient Hospital, Birthing Center)	100% after deductible	70% after deductible	100% after deductible	70% after deductible



# Benefits Comparison Base / Buy-up

	BASE		BUY-UP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Mental Health</b>				
<b>Inpatient</b>	100% after deductible	80% after Deductible	100% after deductible	80% after Deductible
<b>Outpatient – Physician’s Office</b> (includes individual, group therapy mental health and intensive outpatient mental health)	\$60 copay	70% after deductible	\$60 copay	70% after deductible
<b>Outpatient Facility</b> (includes individual, group therapy mental health and intensive outpatient mental health)	Plan pays 100%	70% after deductible	Plan pays 100%	70% after deductible
<ul style="list-style-type: none"> <li>• Unlimited maximum per calendar year</li> <li>• Mental Health services are paid at 100% after you reach your out-of-pocket maximum</li> </ul>				
<b>Substance Abuse</b>				
<b>Inpatient</b>	100% after deductible	80% after Deductible	100% after deductible	80% after Deductible
<b>Outpatient – Physician’s Office</b> (includes individual, group therapy mental health and intensive outpatient mental health)	\$60 copay	70% after deductible	\$60 copay	70% after deductible
<b>Outpatient Facility</b> (includes individual, group therapy mental health and intensive outpatient mental health)	Plan pays 100%	70% after deductible	Plan pays 100%	70% after deductible
<b>Pharmacy</b>				
<b>RX Deductible</b>	\$150		None	
<b>Retail – 30 day supply</b>				
Tier 4	You pay \$20		You pay \$15	
Tier 3	You pay \$45		You pay \$35	
Tier 2	You pay \$90		You pay \$60	
Tier 4 Specialty	25%		25%	
<b>Home Delivery – 90 day supply</b>				
Tier 4	You pay \$60		You pay \$45	
Tier 3	You pay \$135		You pay \$105	
Tier 2	You pay \$270		You pay \$180	
Tier 4 Specialty	25%		25%	
<b>Pharmacy Maximum Out-of-Pocket</b>				
Employee	Prescription copays count towards medical Max. Out-of-Pocket			
Employee + Family				



# Telehealth Connection

Cigna provides access to telehealth services as part of your medical plan – MDLIVE.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

**Choose when:** Day or night, weekdays, weekends and holidays.

**Choose where:** Home, work or on the go.

**Choose how:** Phone or video chat.

**Choose who:** MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on MDLIVE, you can speak with a doctor for help with:

- › Sore Throats
- › Headaches
- › Stomachaches
- › Fevers
- › Colds and Flu
- › Allergies
- › Rashes
- › Acne
- › Shingles
- › Bronchitis
- › Urinary tract infections and more

## The cost savings are clear.

Televisits with MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.



MDLIVE is only available for medical visits. For covered services related to mental health and substance use disorder, you have access to the **Cigna Behavioral Health** network of providers.

- › Go to **myCigna.com** to search for a telehealth provider under Specialty in the Behavioral Directory link
- › Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

**MDLIVEforCigna.com**  
888.726.3171

**MDLIVE** for Cigna®

## Signing up is easy!



Connect to MDLIVE through **myCigna.com**.



Complete a medical history using their virtual clipboard.



Download the MyCigna App and you'll be able to access both telehealth providers on your smartphone/mobile device.



On the go? Register for the MyCigna App today and you'll be able to Telehealth providers through the app.





# CHOOSE A PLAN WITH CONFIDENCE

Cigna One Guide service can help.

We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a Cigna One Guide representative during preenrollment to get personalized, useful guidance.

Your personal guide will help you:

- › Easily understand the basics of health coverage
- › Identify the types of health plans available to you
- › Check if your doctors are in-network to help you avoid unnecessary costs
- › Get answers to any other questions you may have about the plans or provider networks available to you

The best part is, during the enrollment period, your personal guide is just a call away.

## Don't wait until the last minute to enroll.

Call **888.806.5094** to speak with a Cigna One Guide representative today.

## After enrollment, the support continues for Cigna customers.

Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

### Cigna One Guide service provides personalized assistance to help you:

- › Resolve health care issues
- › Save time and money
- › Get the most out of your plan
- › Find hospitals and health care providers in your plan's network
- › Get cost estimates and avoid surprise expenses
- › Understand your bills

### Access Cigna One Guide - after enrollment - in the way that's most convenient for you:

App



Chat



Phone



**Together, all the way.®**



**Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.**

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, see your plan documents.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK - HP-APP-1 et al., OR - HP-POL38 02-13, TN - HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. All pictures are used for illustrative purposes only.

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# Health Reimbursement Arrangement (HRA)

Our Health Reimbursement Arrangement (HRA) administrator is Cigna. Each employee and dependent covered under our medical plan will receive up to \$3,000 in medical deductible reimbursements per calendar year. Our plan has a \$4,000 and \$5,500 medical deductible with the City reimbursing your medical provider the last \$1,500 or \$3,000 annually.

## **HOW DOES THE HRA WORK?**

The deductible for major medical services is either \$4,000 or \$5,500. To assist employees who meet the deductible, the City will reimburse each person up to the last \$3,000 of the medical deductible IF you have a claim (PCP, specialist, Rx, ER and Urgent Care copays are not eligible for reimbursement). This means your *NET DEDUCTIBLE* for any major illness will be \$2,500 (the plan deductible you owe minus the HRA funds the City will reimburse back to your medical provider).

## **WHAT EXPENSES ARE COVERED UNDER AN HRA?**

The City will reimburse up to the last **\$3,000** of your medical insurance deductible.

## **USING THE HRA**

You can access HRA balance information and claim status anytime through [mycigna.com](http://mycigna.com), or you can obtain personal customer service 24/7/365 by calling 800-244-6224.

**Deductible:** This is the amount you have to pay before the plan begins to pay for covered services you use.

Cigna Deductible	Your Deductible Share:	Locust Grove HRA will cover:
Base Plan - \$4,000	First \$2,500	The next \$1,500
Buy Up Plan - \$5,500	First \$2,500	The next \$3,000

Maximum out of Pocket	Your Maximum Out of Pocket Share:	Locust Grove HRA covers:
Base Plan - \$9,100	\$7,600	\$1,500
Buy Up Plan - \$18,200	\$15,200	\$3,000

**Important:** Before you receive treatment, a Doctor or Hospital can require you to pay, or make arrangements to pay, any deductible that our Cigna plan requires. Once you are treated and your claim is filed with Cigna, our HRA can reimburse you.



# Dental Summary

Coverage Type	In-Network Negotiated Fee Schedule	Out-of-Network % of R&C Fee <sup>1</sup>
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%
Deductible	In-Network	Out-of-Network
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	In-Network	Out-of-Network
Per Individual	\$1,500	\$1,500
Orthodontia Lifetime Maximum Per Individual	\$1,500	\$1,500
	Ortho applies to Child (Up to age 19)	
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

Type A - Preventive	How Many / How Often
<ul style="list-style-type: none"> <li>• Prophylaxis – Cleanings</li> <li>• Oral Examinations</li> <li>• Topical Fluoride Applications</li> <li>• Full Mouth X-Rays</li> <li>• Bitewing X-Rays (Adult/Child)</li> <li>• Sealants</li> </ul>	1 in 6 months 1 in 6 months 1 in 12 months for children up to 14 <sup>th</sup> birthday. 1 in 60 months 1 in 12 months - Child to 19 <sup>th</sup> birthday 1 per molar in 60 months children up to 14 <sup>th</sup> birthday.
Type B - Basic Restorative	How Many / How Often
<ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• General Anesthesia</li> <li>• Oral Surgery (Simple Extractions)</li> <li>• Oral Surgery (Surgical Extractions)</li> <li>• Other Oral Surgery</li> <li>• Amalgam &amp; Resin Composite Fillings</li> <li>• Periodontal Maintenance</li> <li>• Periodontal Surgery</li> <li>• Root Canal</li> <li>• Scaling and Root Planning</li> </ul>	Children up to 14 <sup>th</sup> birthday. Limited to 1 per lifetime per area. For oral surgery, extractions or other covered services  1 per tooth surface in 24 months, Composite fillings included for molars 4 periodontia treatments in 1 calendar year, includes 2 cleanings 1 per quadrant in any 36 month period 1 per tooth per lifetime 1 per quadrant in any 24 month period
Type C - Major Restorative	How Many / How Often
<ul style="list-style-type: none"> <li>• Consultations</li> <li>• Prefabricated Crowns</li> <li>• Repairs</li> <li>• Dentures</li> <li>• Fixed Bridges</li> <li>• Inlays / Onlays / Crowns</li> <li>• Implant Services</li> <li>• Tissue Conditioning</li> <li>• Occlusal Adjustments</li> </ul>	2 in 12 months 1 per tooth in 10 calendar years 1 in 24 months 1 in 10 calendar years 1 in 10 calendar years 1 replacement per tooth in 10 calendar years 1 per tooth position in 10 calendar years 1 in 36 months 1 in 12 months
Type D Orthodontic Services	
<ul style="list-style-type: none"> <li>• Orthodontic Diagnostics</li> <li>• Orthodontic Treatment</li> </ul>	



# Dental Summary

The City of Locust Grove offers one dental insurance plan through Cigna to benefit eligible employees. A brief summary of benefits is provided on the previous page. For more detailed information about the dental plan, please refer to the certificate of coverage.

## Group Certificate of Coverage

A copy of the Group Certificate of Coverage may be requested from Human Resources or is available as follows:

Go to: [www.msibg.com](http://www.msibg.com)  
Username: locustgroveEE  
Password: Benefits123

## Can I go to any dentist?

You will typically spend less when you visit a Cigna network dentist because Cigna has negotiated discounted rates with these dentists. When you stay in the network you'll save as long as the procedure is listed on the dentist's discount schedule. These savings apply even if you reach your plan maximum. If you go out-of-network, you will not receive Cigna network discounts and the dentist may bill you for the difference between the payment they receive from Cigna and their usual fees.

## Do I pay up front and submit a claim or will the dentist submit claims for me?

In most instances, if you are using an in-network dentist, they will submit claims on your behalf and will bill you for any deductible or coinsurance payment that you owe. If you use an out-of-network dentist, you may need to file your own claims after payment.

## What information is available to help me choose a dentist?

As you choose your network dentist or specialist, you have several important factors to consider such as cost, experience and location. The **myCigna** directory helps you find a dentist by providing helpful digital tools, such as:

- **Brighter Score™**. Use this scoring method to compare dentists. The score is based on things like affordability, patient experience and professional history.
- **Dental office reviews and comparisons**. Find detailed information to compare dental offices. View dentist profiles with photos and videos. Read verified patient reviews. Write your own review after your appointment.
- **Online appointment scheduling**. With dental offices that offer this service, you can make an appointment right from your laptop or mobile device, and even receive appointment reminders.
- **Enhanced search and transparent pricing**. Search for a dentist by service. Information is personalized for your specific plan. Shows price with coinsurance and deductibles.

## Can you explain the deductible, maximum and percentages listed?

**The deductible** is the amount you need to pay for covered services before your benefits begin. You will pay for your dental treatment until you reach that amount. Then, you and your plan begin to share a percentage of your covered dental costs, known as coinsurance. **The percentage** shown on your plan materials is the percentage the plan pays for the listed procedures, and then you pay the difference.

**The maximum** is the most your plan will pay for your dental claims during the plan year. Once you reach that maximum, your plan will no longer pay a percentage of your costs for the rest of that plan year. Even after you reach the maximum, however, dentists in the network may continue to offer you discounted fees for the services on their schedules.

**The City of Locust Grove pays 100% of the cost for this benefit.**



# Vision Summary

COVERAGE	IN-NETWORK	OUT-OF-NETWORK
<b>Exam Copay</b> (once per 12 months)	\$10 copay	N/A
<b>Exam Allowance</b> (once per 12 months)	Covered 100% after copay	Up to \$45
<b>Materials Copay</b>	\$20	N/A
<b>Eyeglass Lenses Allowances:</b> (once per 12 months) <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Lined Bifocal</li> <li>• Lined Trifocal</li> <li>• Lenticular</li> </ul>	Covered 100% after copay Covered 100% after copay Covered 100% after copay Covered 100% after copay	Up to \$32 Up to \$55 Up to \$65 Up to \$80
<b>Contact Lenses Allowances:</b> (one pair or single purchase per 12 months) <ul style="list-style-type: none"> <li>• Elective</li> <li>• Therapeutic</li> </ul>	Up to \$130 Covered 100%	Up to \$105 Up to \$210
<b>Frame Retail Allowance</b> (once per 24 months)	Up to \$130	Up to \$71

**Your Frequency Period begins on January 1 (Calendar year basis)**

## Definitions:

**Copay:** the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).

**Coinsurance:** the percentage of charges Cigna will pay. You are financially responsible for the balance.

**Allowance:** the maximum amount Cigna will pay. You are financially responsible for any amount over the allowance. **Materials:** eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

## In-Network Coverage Includes:

- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 18 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - Minimum 20% savings on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults) all tints/photochromic (glass or plastic); and lens styles
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

*\*Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.*



# Vision Summary

Coverage for Therapeutic contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the elective contact lens coverage shown on the Schedule of Benefits.

## Healthy Rewards® - Vision Network Savings Program:

When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

## What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription eyeglasses, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

## How to use your Cigna Vision Benefits

*(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans)*

### Finding a Doctor:

There are three ways to find a quality eye doctor in your area:

1. Log in to myCigna.com, go to your Cigna Vision coverage page and select "View Details." Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision serviced by Eye Med Directory.
2. Don't have access to myCigna.com? Go to Cigna.com and click on the orange Find a Doctor tab at the top. Then select "Vision Directory", for routine eye exams and eyewear services, from the Other Directories listed below.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

### Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

### Out-of-network plan reimbursement / How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 8504, Mason, OH 45040-7111.

To get a Cigna Vision claim form:

- Go to Cigna.com and go to Forms, Vision Forms
- Go to myCigna.com and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Employee Vision Deductions Bi-Weekly (26 deductions per year)	
Members Covered	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$2.86
Employee + Child(ren)	\$3.00
Employee + Family	\$5.85



# Basic Life and AD&D Insurance

**The cost of Basic Life and AD&D Insurance is paid entirely by the City of Locust Grove.**

## **Eligibility:**

Coverage for all eligible full-time employees.

## **Benefit Amount: \$50,000\***

*\*Public Safety Employees may be eligible for additional basic coverage due to job duties.*

## **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.

## **Waiver of Premium (If Disabled):**

If you become disabled prior to age 60 and after a 9 month waiting period, you may be eligible to keep your Basic Life coverage without paying premiums (up to age 65, with continued disability).

## **Conversion:**

If you leave your job for any reason and apply within 30 days of your last day of active work, you may be able to convert your group life coverage to an individual policy.



# Voluntary Term Life and AD&D Insurance

- Employee:** Increments of \$10,000 to a maximum of \$300,000. Not to exceed five times annual salary.  
**Spouse:** Increments of \$5,000 to a maximum of \$150,000 (Spouse benefits terminate at age 70).  
**Child:** \$10,000 for children age 6 months to 26 years.

**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 (AD&D):**

**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 50% at age 70.

## **Conversion & Portability:**

An employee may convert Group Term Life benefits to an individual policy during the 30 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. If applied within 30 days of the last day of active work, the application will not require evidence of insurability. Required premiums must be received by the carrier within the 30 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. Maximum of 75% of benefit amount.





# Voluntary Term Life and AD&D Insurance

## Voluntary Term Life and AD&D Insurance Rates

Employee Voluntary Life and AD&D Deductions												
Bi-weekly (26/year)												
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.60	\$0.65	\$0.69	\$0.74	\$1.06	\$1.52	\$2.49	\$4.06	\$5.54	\$9.55	\$19.47	\$29.72
\$20,000	\$1.20	\$1.30	\$1.38	\$1.49	\$2.12	\$3.05	\$4.98	\$8.12	\$11.09	\$19.10	\$38.94	\$59.45
\$30,000	\$1.80	\$1.95	\$2.08	\$2.23	\$3.18	\$4.57	\$7.48	\$12.18	\$16.63	\$28.65	\$58.42	\$89.17
\$40,000	\$2.40	\$2.60	\$2.77	\$2.97	\$4.25	\$6.09	\$9.97	\$16.25	\$22.17	\$38.20	\$77.89	\$118.89
\$50,000	\$3.00	\$3.25	\$3.46	\$3.72	\$5.31	\$7.62	\$12.46	\$20.31	\$27.72	\$47.75	\$97.36	\$148.62
\$60,000	\$3.60	\$3.90	\$4.15	\$4.46	\$6.37	\$9.14	\$14.95	\$24.37	\$33.26	\$57.30	\$116.83	\$178.34
\$70,000	\$4.20	\$4.56	\$4.85	\$5.20	\$7.43	\$10.66	\$17.45	\$28.43	\$38.80	\$66.84	\$136.31	\$208.06
\$80,000	\$4.80	\$5.21	\$5.54	\$5.94	\$8.49	\$12.18	\$19.94	\$32.49	\$44.34	\$76.39	\$155.78	\$237.78
\$90,000	\$5.40	\$5.86	\$6.23	\$6.69	\$9.55	\$13.71	\$22.43	\$36.55	\$49.89	\$85.94	\$175.25	\$267.51
\$100,000	\$6.00	\$6.51	\$6.92	\$7.43	\$10.62	\$15.23	\$24.92	\$40.62	\$55.43	\$95.49	\$194.72	\$297.23
\$150,000	\$9.00	\$9.76	\$10.38	\$11.15	\$15.92	\$22.85	\$37.38	\$60.92	\$83.15	\$143.24	\$292.08	\$445.85
\$200,000	\$12.00	\$13.02	\$13.85	\$14.86	\$21.23	\$30.46	\$49.85	\$81.23	\$110.86	\$190.98	\$389.45	\$594.46
\$300,000	\$18.00	\$19.52	\$20.77	\$22.29	\$31.85	\$45.69	\$74.77	\$121.85	\$166.29	\$286.48	\$584.17	\$891.69

Spouse Voluntary Life and AD&D Deductions											
Bi-weekly (26/year)											
Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	
\$5,000	\$0.30	\$0.33	\$0.35	\$0.37	\$0.53	\$0.76	\$1.25	\$2.03	\$2.77	\$4.77	
\$10,000	\$0.60	\$0.65	\$0.69	\$0.74	\$1.06	\$1.52	\$2.49	\$4.06	\$5.54	\$9.55	
\$15,000	\$0.90	\$0.98	\$1.04	\$1.11	\$1.59	\$2.28	\$3.74	\$6.09	\$8.31	\$14.32	
\$20,000	\$1.20	\$1.30	\$1.38	\$1.49	\$2.12	\$3.05	\$4.98	\$8.12	\$11.09	\$19.10	
\$25,000	\$1.50	\$1.63	\$1.73	\$1.86	\$2.65	\$3.81	\$6.23	\$10.15	\$13.86	\$23.87	
\$30,000	\$1.80	\$1.95	\$2.08	\$2.23	\$3.18	\$4.57	\$7.48	\$12.18	\$16.63	\$28.65	
\$40,000	\$2.40	\$2.60	\$2.77	\$2.97	\$4.25	\$6.09	\$9.97	\$16.25	\$22.17	\$38.20	
\$50,000	\$3.00	\$3.25	\$3.46	\$3.72	\$5.31	\$7.62	\$12.46	\$20.31	\$27.72	\$47.75	
\$60,000	\$3.60	\$3.90	\$4.15	\$4.46	\$6.37	\$9.14	\$14.95	\$24.37	\$33.26	\$57.30	
\$70,000	\$4.20	\$4.56	\$4.85	\$5.20	\$7.43	\$10.66	\$17.45	\$28.43	\$38.80	\$66.84	
\$80,000	\$4.80	\$5.21	\$5.54	\$5.94	\$8.49	\$12.18	\$19.94	\$32.49	\$44.34	\$76.39	
\$90,000	\$5.40	\$5.86	\$6.23	\$6.69	\$9.55	\$13.71	\$22.43	\$36.55	\$49.89	\$85.94	
\$100,000	\$6.00	\$6.51	\$6.92	\$7.43	\$10.62	\$15.23	\$24.92	\$40.62	\$55.43	\$95.49	
\$150,000	\$9.00	\$9.76	\$10.38	\$11.15	\$15.92	\$22.85	\$37.38	\$60.92	\$83.15	\$143.24	

Dependent Voluntary Life and AD&D Deductions	
Bi-weekly (26/year)	
\$10,000	\$1.11



# Group Short Term Disability Insurance

Your Short Term Disability Benefits help to protect you from loss of income due to a Disability as defined under the Policy. Your Short Term Disability Benefits are subject to any limitations, maximums, exclusions and reductions under the policy, including any reductions by Your Deductible Sources of Income. This page provides highlights only. The Short Term Disability Insurance Certificate will contain complete details of benefits, policy provisions, limitations, etc. Short Term Disability coverage is non-occupational. This means there is no coverage for any Injury or Illness that was caused by or aggravated by any employment for pay or profit.

**Premium Contributions:** Your coverage is Non-Contributory. This means the City of Locust Grove pays 100% of the cost for Your Short Term Disability Benefit coverage.

**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 \$1,000.

**Benefit Waiting Period:** 7 Day(s) for Accident; 7 Day(s) for Sickness

**Maximum Benefit Period:** 25 Weeks

**Maternity coverage same as any other disability.**

**Definition of Disability:** Due to a Sickness, or as a direct result of accidental injury:

- the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and...
- is unable to earn more than 80% of their pre-disability earnings at their Own Occupation for any employer.

**Reduction of Benefits:** Benefits will be reduced by income and recoveries from certain other sources including but no limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability; any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.



# Group Long Term Disability Insurance

Below is a brief description of the City of Locust Grove's group Long-Term Disability insurance coverage underwritten by OneAmerica. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. The certificates contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

**Long Term Disability** insurance is designed to protect an employee from losing his/her ability to earn a living due to long-term or permanent work loss caused by an accident, pregnancy or physical disease.

**Premium Contributions:** **Your coverage is Non-Contributory. This means the City of Locust Grove pays 100% of the cost for Your Long Term Disability Benefit coverage.**

**All Full Time Active Employees:** Plan replaces **60%** of your monthly Earnings, reduced by deductible income to a **\$4,000** Maximum Monthly Benefit.

**180-day** Benefit Elimination Period. This is the time served from the onset of disability to the date benefits begin to accrue.

**Maximum Benefit Period:** If you are eligible for Long Term Disability Benefits under the Policy, We will send You a Monthly Benefit Payment each month up to the Maximum Benefit Period. Your Maximum Benefit Period is based on Social Security Normal Retirement Age.

**Pre-Existing Condition (3/12)** means a sickness or accidental injury for which the employee:

- Received medical treatment, consultation, care or services; or
- Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect.



# Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



## Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



## Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



## Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



## Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



## Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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- On-demand trainings
- "Ask the Expert" personal responses to your questions



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EstateGuidance® lets you quickly and easily create a will online.

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Online: [guidanceresources.com](http://guidanceresources.com)

App: GuidanceResources® Now

Web ID: ONEAMERICA3

# Continuation Coverage Rights Under Cobra

## **Introduction**

You are receiving this notice because you have recently become eligible for the City of Locust Grove 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:

**Human Resources, City of Locust Grove, P.O. Box 900, Locust Grove, GA 30248.**

# 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.)

## **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:

**Human Resources**

**City of Locust Grove**

**P.O. Box 900**

**Locust Grove, GA 30248**

**Phone: 770-692-2318**



# IMPORTANT CONTACT INFORMATION

## City of Locust Grove

Misty Spurling  
City Clerk

Tel: 770-957-5043

[mspurling@locustgrove-ga.gov](mailto:mspurling@locustgrove-ga.gov)

Tracey Sullivan  
Human Resources Specialist

Tel: 770-692-2318

[tsullivan@locustgrove-ga.gov](mailto:tsullivan@locustgrove-ga.gov)

## Medical / Dental / Vision Plans

*Cigna*

Customer Service

Tel: 866-494-2111

Home Delivery Pharmacy

Tel: 800-835-3784

Dental/Vision Customer Service

Tel: 800-244-6224

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

## MSI Benefits Group, Inc.

*Administrative Contact*

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

Fax: 770-425-4275 / 800-580-2675

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

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

## Life & Disability Insurance

*OneAmerica*

Tel: 800-553-5318

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

## Employee Assistance Program (EAP)

*OneAmerica / ComPsych*

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



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