



THE CITY OF
TAKOMA PARK

A Guide To Your **EMPLOYEE BENEFITS**



**JULY 2023 -
JUNE 2024**





THE CITY OF TAKOMA PARK

BENEFITS EFFECTIVE DATE

July 1, 2023 for existing employees and first day of employment for new employees hired in fiscal 2024.

ELIGIBILITY

Active, regular full-time and part-time employees scheduled to work 20 hours or more per week are eligible for the benefits described in this guide. Unless otherwise stated, benefits become effective on the first day of employment.

Your dependents generally include:

- A spouse to whom you are legally married by ceremony.
- Dependent child(ren) or dependent grandchild(ren) under age 26. Natural, adopted and stepchildren to age 26 may participate. Coverage will terminate at the end of the month of the dependent child's 26th birthday.
- Domestic partner and dependent(s) of domestic partner

If a dependent child is mentally or physically challenged, coverage may be extended.

NEW HIRES

New Hires have 31 days from the eligibility, or hire, date to make elections. Coverage will be effective the first day of employment. You may only make changes to your coverage during the year if you experience a Qualifying Life Event.

WHEN CAN I MAKE CHANGES?

Open Enrollment occurs in May of each calendar year. You may change your benefit elections during the Open Enrollment period. Once you have made your selection, you may not change benefit elections until the next Open Enrollment, unless you have a Qualifying Life Event in employment or family status.

Qualifying Life Events include:

- Marriage, divorce or legal separation

- Adding a dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Change in your work schedule affecting benefits, i.e., full-time to part-time or part-time to full-time
- Your dependent loses eligibility for coverage
- Your spouse loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid or CHIP coverage
- You receive a Qualified Medical Child Support Order (QMCSO)

If you experience a Medicaid or CHIP Qualifying Life Event, you have 60 days to notify human resources and make any desired benefit changes. If you experience any other of the above Qualifying Life Events, you have 31 days to notify human resources. Otherwise, elections you make during Open Enrollment will remain in effect for the entire plan year.

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This guide is a summary of the employee benefits provided by The City of Takoma Park. If there is a discrepancy between the benefits illustrated in this guide and the official plan document, the plan document will always govern. The City of Takoma Park reserves the right to change or terminate these plans at any time. This guide is in no way an attempt to constitute a contract of employment.

Responsibility for making your benefit elections is yours alone. No one at The City of Takoma Park is authorized to give you advice. Therefore, please give careful consideration to all benefit elections. **v. 4.23**

Benefit Resource Center



Benefit Resource Center (BRC)

We're Here To Help!

The Benefit Resource Center is staffed with experienced professionals who are well-versed in employee benefits. They are committed to providing superior customer service and participant advocacy.

Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan and policy questions
- Eligibility and claim problems with carriers
- Information about claim appeals and process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal and resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

Our Benefits Specialists can assist you
Monday through Friday, 8am to 5pm
Eastern and Central Standard Time.

Toll Free:
855-874-6699

Email:
BRCEast@usi.com

Medical Virtual Visits



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/Urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomachache

Access virtual visits

Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

To learn more, login to myuhc.com



Medical Benefits



Choice Plus

Traditional - Plan BCGN Modified

Member Responsibility

	In-Network	Out-of-Network
Deductible - Individual/Family	No Annual Deductible	\$200/\$400
Coinsurance	None (unless otherwise stated)	20% (unless otherwise stated)
Out-of-Pocket Limit - Individual/Family	\$1,500/\$3,000	\$3,000/\$6,000
Lifetime Maximum	None (unless otherwise stated)	None (unless otherwise stated)
Preventive Care Office Visits		
Primary Care Physician	No charge (no deductible)	Ded., then 20%
Specialist	No charge (no deductible)	Ded., then 20%
Lab, X-ray or other preventive tests	No charge (no deductible)	Ded., then 20%
Sickness and Injury Office Visits		
Primary Care Physician	\$15	Ded., then 20%
Specialist	\$25	Ded., then 20%
Lab, X-Ray and Diagnostics (outpatient)	No charge (no deductible)	Ded., then 20%
Major Diagnostics - CT/PET/MRI/MRA/ Nuclear Medicine (outpatient)		
	No charge (no deductible)	Ded., then 20%
Hospitalization (inpatient stay)	\$150	Ded., then 20%
Physician Fees (surgical and medical)	No charge (no deductible)	Ded., then 20%
Surgery (outpatient)	No charge (no deductible)	Ded., then 20%
Emergency Services		
Urgent Care Center	\$35	Ded., then 20%
Emergency Health (outpatient)	\$150	\$150
Physical, Speech & Occupational Therapy ¹	\$15	Ded., then 20%
Manipulative Treatments ¹	\$15	Ded., then 20%
Mental Health/Substance Use Disorder		
Inpatient	\$150	Ded., then 20%
Outpatient	\$15	Ded., then 20%
Durable Medical Equipment	No charge (no deductible)	Ded., then 20%
Prescription Drugs		
	Tier 1/Tier 2/Tier 3	
Deductible	None	
Retail - up to 31-day supply	\$10/\$30/\$40	\$10/\$30/\$40
Mail Order - up to 90-day supply	\$25/\$75/\$100	\$25/\$75/\$100

1. Limited to 20 visits.

Medical Benefits



Choice

Traditional - Plan BCGC Modified

Member Responsibility

In-Network

Deductible - Individual/Family	No Annual Deductible
Coinsurance	None (unless otherwise stated)
Out-of-Pocket Limit - Individual/Family	\$1,500/\$3,000
Lifetime Maximum	None (unless otherwise stated)
Preventive Care Office Visits	
Primary Care Physician	No charge (no deductible)
Specialist	No charge (no deductible)
Lab, X-ray or other preventive tests	No charge (no deductible)
Sickness and Injury Office Visits	
Primary Care Physician	\$15
Specialist	\$25
Lab, X-Ray and Diagnostics (outpatient)	No charge (no deductible)
Major Diagnostics - CT/PET/MRI/MRA/Nuclear Medicine (outpatient)	No charge (no deductible)
Hospitalization (inpatient stay)	\$150
Physician Fees (surgical and medical)	No charge (no deductible)
Surgery (outpatient)	No charge (no deductible)
Emergency Services	
Urgent Care Center	\$50
Emergency Health (outpatient)	\$150
Physical, Speech & Occupational Therapy ¹	\$15
Manipulative Treatments ¹	\$15
Mental Health/Substance Use Disorder	
Inpatient	\$150
Outpatient	\$15
Durable Medical Equipment	No charge (no deductible)
Prescription Drugs	Tier 1/Tier 2/Tier 3
Deductible	None
Retail - up to 31-day supply	\$10/\$30/\$40
Mail Order - up to 90-day supply	\$25/\$75/\$100

1. Limited to 20 visits

Medical Benefits



Choice HSA

Plan BCF9 Modified

Member Responsibility

In-Network

Deductible - Individual/Family	\$2,000/\$4,000
Coinsurance	None (unless otherwise stated)
Out-of-Pocket Limit - Individual/Family	\$2,500/\$5,000
Lifetime Maximum	None (unless otherwise stated)
Preventive Care Office Visits	
Primary Care Physician	No charge (no deductible)
Specialist	No charge (no deductible)
Lab, X-ray or other preventive tests	No charge (no deductible)
Sickness and Injury Office Visits	
Primary Care Physician	Deductible, then No charge
Specialist	Deductible, then No charge
Lab, X-Ray and Diagnostics (outpatient)	Deductible, then No charge
Major Diagnostics - CT/PET/MRI/MRA/Nuclear Medicine (outpatient)	Deductible, then No charge
Hospitalization (inpatient stay)	Deductible, then No charge
Physician Fees (surgical and medical)	Deductible, then No charge
Surgery (outpatient)	Deductible, then No charge
Emergency Services	
Urgent Care Center	Deductible, then No charge
Emergency Health (outpatient)	Deductible, then No charge
Physical, Speech & Occupational Therapy ¹	Deductible, then No charge
Manipulative Treatments ¹	Deductible, then No charge
Mental Health/Substance Use Disorder	
Inpatient	Deductible, then No charge
Outpatient	Deductible, then No charge
Durable Medical Equipment	Deductible, then No charge
Prescription Drugs	Tier 1/Tier 2/Tier 3
Deductible	See Medical Deductible
Retail - up to 31-day supply	\$10/\$35/\$70
Mail Order - up to 90-day supply	\$25/\$87.50/\$175

1. Limited to 20 visits

Health Savings Account (HSA)



How Much You Can Contribute

There's no limit on how much you can save in your HSA over time, but the federal government sets a limit on how much you can deposit each year.

The 2023 limits are:

\$3,850 for individual coverage and **\$7,750** for family coverage. Additional catch-up contribution (55 or older, single and family) is \$1,000.

These limits include contributions from any source, whether from you, a spouse or your employer. It's up to you to track how much is contributed to your HSA. If you allow any contributions over the limit before the last day for filing your taxes, you may have to pay a 6% tax on the amount that should have been part of your gross income. Review IRS Publication 969 for more information at www.irs.gov.

Using Your HSA Funds

The funds in your HSA are yours. You decide how much to contribute, how the funds are invested and how you spend it.

You can use your HSA to pay for qualified medical, dental and vision expenses for you and your eligible dependents, as defined by the Internal Revenue Code (IRC). However, healthcare expenses for your domestic partner or domestic partner's child(ren) are not eligible.

You don't have to spend all of the money in your HSA each year - the funds roll over from year to year. If you have eligible expenses and don't use the money from your HSA to pay them, save your receipts because you can make a tax-free withdrawal any time in the future.

After you turn 65, you can use your HSA funds just like your regular savings account. When you withdraw money you pay income tax but no penalty for spending the money on anything you wish. But if you use funds from your HSA for expenses other than qualified healthcare expenses before you're 65, you pay income tax and a 20% penalty.

HSA versus FSA

- HSAs have no year-end spending deadlines
- HSAs don't require complicated reimbursement forms
- HSAs have no "use it or lose it" rules
- HSAs allow you to pay for qualified treatments, etc. with a HSA debit card
- HSA is only available for participants enrolled in a high deductible health plan (HDHP)

Employee must set up an HSA account through OptumBank in order to receive employer contributions.

Dental Benefits



PPO Plan P7100

Member Responsibility

Benefits	In-Network	Out-of-Network
Group I - Preventive Services¹ Cleanings, Fluoride Treatment, Sealants, Space Maintainers	No charge	No charge
Group II - Basic Services Restorations, General Services, Simple Extractions	Ded., then 20%	Ded., then 20%
Group III - Major Services Oral Surgery, Periodontics, Endodontics, Inlays/Onlays/ Crowns, Dentures, Bridges	Ded., then 50%	Ded., then 50%
Group IV - Orthodontia - child(ren) up to age 19	50%	50%
Deductible		
Groups II and III	\$50/\$150	\$50/\$150
Group IV	None	None
Maximum Benefit²		
Groups I, II and III	\$1,000 per person/calendar year	\$1,000 per person/calendar year
Group IV	\$1,000 per person/lifetime	\$1,000 per person/lifetime

1. Limited to 2 times per consecutive 12 months.

2. This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

PPO Plan P7101

Member Responsibility

Benefits	In-Network	Out-of-Network
Group I - Preventive Services¹ Cleanings, Fluoride Treatment, Sealants, Space Maintainers	No charge	20%
Group II - Basic Services Restorations, General Services, Simple Extractions	Ded., then 20%	Ded., then 40%
Group III - Major Services Oral Surgery, Periodontics, Endodontics, Inlays/Onlays/ Crowns, Dentures, Bridges	Ded., then 50%	Ded., then 60%
Group IV - Orthodontia - child(ren) up to age 19	50%	50%
Deductible		
Groups II and III	\$50/\$150	\$100/\$300
Group IV	None	None
Maximum Benefit²		
Groups I, II and III	\$1,000 per person/calendar year	\$1,000 per person/calendar year
Group IV	\$1,000 per person/lifetime	\$1,000 per person/lifetime

1. Limited to 2 times per consecutive 12 months.

2. This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

Vision Benefits



Dual Option 1 - VSP Focus

Member Responsibility

Benefits	In-Network	Out-of-Network
Exam Copay	\$10	\$10
Materials Copay	\$0	\$0
Exam	No charge	up to \$45
Lenses		
Single	No charge	up to \$30
Bifocal	No charge	up to \$50
Trifocal	No charge	up to \$65
Frames	up to \$130; 20% off balance	up to \$70
Elective Contacts	up to \$130	up to \$105
Service Frequencies		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months

Dual Option 1 - EyeMed ViewPointe

Member Responsibility

Benefits	In-Network	Out-of-Network
Exam Copay	\$10	\$0
Materials Copay	\$0	\$0
Exam	No charge	up to \$52
Lenses		
Single	No charge	up to \$68
Bifocal	No charge	up to \$96
Trifocal	No charge	up to \$129
Frames	up to \$130	up to \$104
Elective Contacts	up to \$130	up to \$105
Service Frequencies		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months

Life and Disability



Term Life/AD&D

100% Employer Paid

Eligibility: Regular full-time and part-time employees working 20 hours or more per week

Benefit Amount:

Class 1: 1 x annual salary to a max of \$250,000 (all non-AFSCME part-time and full-time employees)

Class 2: 1 x annual salary to a max of \$50,000 (AFSCME members, including crossing guards)

Long-Term Disability

100% Employer Paid

Eligibility: Regular full-time and part-time employees working 20 hours or more per week

Elimination Period Before Benefits Begin: 180 days

Benefit Amount: 60% of your monthly pre-disability earnings up to a maximum benefit of \$5,000 per month

Benefit Duration: If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age

Travel Assistance



Worldwide Travel Assistance

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

Identity Theft

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

Education And Prevention

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

Recovery Information

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

Voluntary Benefits



Benefit Choices for Employees of CITY OF TAKOMA PARK

*** **PLEASE NOTE:** This is OPEN ENROLLMENT and the time to enroll or make changes to your Voluntary Benefits ***

Eligibility: Regular full-time and part-time employees working 20 hours or more per week

Voluntary Term Life/AD&D

Help protect what matters - you, your family and your future. This plan ensures your loved ones can maintain financial stability if an unexpected death should occur. It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$100,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$30,000	100% of employee's benefit, up to \$250,000
Children	\$2,000	100% of employee's benefit up to \$10,000	100% of employee's benefit, up to \$10,000

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
30 - 34	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
35 - 39	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
40 - 44	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
45 - 49	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
50 - 54	\$2.00	\$4.00	\$6.00	\$8.00	\$10.00	\$12.00	\$14.00	\$16.00	\$18.00	\$20.00
55 - 59	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00	\$21.00	\$24.00	\$27.00	\$30.00
60 - 64	\$4.65	\$9.30	\$13.95	\$18.60	\$23.25	\$27.90	\$32.55	\$37.20	\$41.85	\$46.50
65 - 69	\$8.20	\$16.40	\$24.60	\$32.80	\$41.00	\$49.20	\$57.40	\$65.60	\$73.80	\$82.00
70 - 74	\$14.55	\$29.10	\$43.65	\$58.20	\$72.75	\$87.30	\$101.85	\$116.40	\$130.95	\$145.50
75 - 79	\$23.90	\$47.80	\$71.70	\$95.60	\$119.50	\$143.40	\$167.30	\$191.20	\$215.10	\$239.00
80+	\$48.25	\$96.50	\$144.75	\$193.00	\$241.25	\$289.50	\$337.75	\$386.00	\$434.25	\$482.50

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
30 - 34	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
35 - 39	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
40 - 44	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
45 - 49	\$0.63	\$1.25	\$1.88	\$2.50	\$3.13	\$3.75	\$4.38	\$5.00	\$5.63	\$6.25
50 - 54	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
55 - 59	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
60 - 64	\$2.33	\$4.65	\$6.98	\$9.30	\$11.63	\$13.95	\$16.28	\$18.60	\$20.93	\$23.25
65 - 69	\$4.10	\$8.20	\$12.30	\$16.40	\$20.50	\$24.60	\$28.70	\$32.80	\$36.90	\$41.00

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*

\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.16	\$0.24	\$0.32	\$0.40	\$0.48	\$0.56	\$0.64	\$0.72	\$0.80

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Voluntary Benefits *(continued)*



Voluntary Short-Term Disability

A disability income insurance policy that provides a weekly benefit to replace a portion of your income if you are unable to work due to an illness or accident.

Elimination Period: 14 days

Benefit Amount: 50% of your weekly pre-disability earnings up to a maximum benefit of \$750 per week

Benefit Duration: Up to 24 weeks

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

SEMI-MONTHLY PREMIUM CALCULATION		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your weekly earnings	\$ _____	\$ <u>769.23</u>
(Maximum is \$1,500)		
Multiply by the premium factor	x <u>0.0147500</u>	x <u>0.0147500</u>
Your Estimated Semi-Monthly Premium**	\$ _____	\$ <u>11.35</u>

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Voluntary Critical Illness Insurance

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

	Minimum	Maximum	Guarantee Issue
For You Elect in \$5,000 increments	\$5,000	\$20,000	\$20,000
Spouse Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$10,000	\$10,000
Child(ren) * benefit for each child	25% of employee's CI Principal Sum, up to \$5,000		\$5,000

EMPLOYEE PREMIUM RATES (24 PAYROLL DEDUCTIONS PER YEAR)

Age	\$5,000	\$10,000	\$15,000	\$20,000
0 - 29	\$0.60	\$1.20	\$1.80	\$2.40
30 - 39	\$1.05	\$2.10	\$3.15	\$4.20
40 - 49	\$2.25	\$4.50	\$6.75	\$9.00
50 - 59	\$4.68	\$9.35	\$14.03	\$18.70
60 - 69	\$9.80	\$19.60	\$29.40	\$39.20
70 - 79	\$18.08	\$36.15	\$54.23	\$72.30
80+	\$24.30	\$48.60	\$72.90	\$97.20

Voluntary Accident Insurance

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.

PREMIUM RATES (24 PAYROLL DEDUCTIONS PER YEAR)

Employee/Member	\$5.19 (\$0.34 per day)
Employee/Member + Spouse	\$8.30 (\$0.55 per day)
Employee/Member + Child(ren)	\$11.02 (\$0.72 per day)
Employee/Member + Family	\$14.92 (\$0.98 per day)

Flexible Spending Accounts



Healthcare Flexible Spending Account (FSA)

A WageWorks® **Healthcare Flexible Spending Account (FSA)** is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan.

How It Works

Simply decide how much to contribute, and funds are withdrawn from your paycheck for deposit into your account before taxes are deducted. Your total annual election amount is available on day one of your plan year. The Healthcare FSA lets you carry over up to \$610 in account balances from one plan year to the next. With far less risk of "use it or lose it," there's no reason not to take advantage of the tax savings this year—and every year.

You can contribute up to a maximum of **\$3,050** to your WageWorks Healthcare FSA. A different limit may apply to you, according to your employer's plan.

Dependent Care Flexible Spending Account (DCFSA)

A WageWorks® **Dependent Care Flexible Spending Account (FSA)** is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare.

How It Works

Simply decide how much to contribute to your account each year, and funds are withdrawn from each paycheck for deposit into your account before taxes are deducted. As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses.

You can contribute up to a maximum of **\$5,000** to your WageWorks Dependent Care FSA. Simply estimate your annual dependent care expenses and make your contributions carefully. Any money left unspent in your Dependent Care FSA at plan year end is forfeited.

You may contact WageWorks at 1-877-924-3967.



Retirement Savings Plan

457 Deferred Compensation Plan

A 457 Plan is a retirement savings plan and investment vehicle with tax advantages. Contributions are made to your account during your employment. You can generally change, stop, and restart contributions at any time. Your account's value is based on those contributions and subsequent investment returns and earnings are not subject to tax until withdrawn.

You have significant control over:

- how the money in the account is invested
- how funds are withdrawn following your separation from service
- who receives any remaining assets upon your death

Pre-tax contributions you make reduce your taxable income for the year. For 2023, you can contribute up to \$22,500, or \$30,000 if age 50 or over. (Participants nearing retirement may also be eligible to contribute additional amounts - up to \$41,000 total).



Legal Resources

Legal Services

Legal Resources is an employee benefit that provides high-quality legal services to our members, helping them to lead lives free of major legal expenses. You get comprehensive legal coverage on a broad range of services for an affordable low monthly rate. There are no co-pays and the cost of the plan does not change, no matter how often you use it.

The most often needed legal services are covered at 100%. That means you, your spouse and qualifying dependents pay no attorney fees when using these services. Members have access to a network of top-rated, full service law firms locally and over 13,000 attorneys nationwide.

Employee Assistance Program



EAP through BHS

Your EAP provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities.

A Care Coordinator will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator then becomes your personal point of contact and will keep in touch to ensure you achieve your desired outcomes.

Through BHS's Employee Assistance Program (EAP), you and your household members can receive up to 4 short-term problem resolution sessions (which include assessment, follow-up and referral services) per issue, per year.

MyBHS Portal

MyBHS Portal contains a variety of resources to help improve your overall wellbeing, including articles, videos, health assessments, quizzes and interactive tools. You can view program announcements, access Live Chat, read monthly newsletters and tip sheets, register for events, participate in regularly scheduled webcasts and more.

Program Features

- Services are available 24-hours a day, 7-days a week via a toll-free number.
- This program is a free benefit provided and paid for by your employer.
- BHS adheres to federal and state privacy laws and holds client information in the strictest of confidence. Information about a client's problem cannot be released without the written permission of that individual.



EAP through Mutual of Omaha

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.

When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.

Mutual of Omaha's Employee Assistance Program (EAP) is available to keep your concerns confidential and help guide you through difficult situations. The work-based program assists employees and their eligible dependents with personal and job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions
- Stress and resiliency
- Depression
- Grief
- Gambling and other addictive behavior

Your EAP benefits are provided through your employer. There is no cost to you for utilizing EAP services. If additional resources are needed, your EAP will help locate appropriate providers in your area. Your benefits include unlimited telephone access to EAP professionals 24 hours a day, seven days a week.

Medicare Benefits



We'll Help Your Medicare Eligible Employees

Do You Have Employees New to Medicare?

When your employees become eligible for Medicare, they face a confusing array of choices. Often HR professionals are not fully prepared to answer their complicated questions. With one phone call to My Benefit Advisor, a USI subsidiary, we can help you establish a solution to guide your employees through the Medicare maze and find the right coverage solutions.

Our dedicated benefits professionals will compare prices and coverages to help your Medicare eligible employees make the best decision while saving them time and money. Best of all, there is no fee for this service and the rates are the same as buying directly from the insurance carrier.

You Can Count On Us To:

- Take the time to understand their needs before making any recommendation. What doctors, hospitals, and pharmacies are important to them? What level of coverage do they need? What is their budget?
- Search for the best value. We don't work for an insurance company, we are here for you and your employees. Because we have access to a wide variety of insurance providers, you can rely on us as a valuable advisor to assist your employees when choosing a Medicare insurance policy, including Medicare Supplements, Medicare Advantage Plans, and Medicare Part D Plans.
- Help them make the optimal decision. We'll help your employees find the coverage that meets their unique needs. Not only will we help them select and purchase the policy, we'll help them manage the coverage now and in the future.

Please contact: Joe DiGiacomo at 856-334-4355 or Joe.Digiacom@mybenefitadvisor.com

My Benefit Advisor

This document is designed to highlight various employee benefit matters of general interest to our readers. It is not intended to interpret laws or regulations, or to address specific client situations. You should not act or rely on any information contained herein without seeking the advice of an attorney or tax professional. ©2018 My Benefit Advisor. All Rights Reserved. CA Insurance License #0G33244

SmartBenefits

Employees that commute via eligible Van Pools, MetroAccess, MTA Commuter Bus, VRE, MARC, and select long distance bus systems will need to establish a SmartBenefits passenger allocation online to designate their benefit value to their commuter service.

A SmarTrip card can hold up to \$300 in stored value, in addition to transit and parking benefits. It gives you one card to pay for all of your public transportation needs. You'll be able to set up your allocation after your employer assigns the monthly benefit amount in SmartBenefits. Visit the SmartBenefits section of our website at www.smartrip.com to set up your passenger allocation.

Tuition Assistance

Depending upon the availability of funds, the City shall provide tuition support to employees, who wish to matriculate at an accredited institution of higher learning and whose course of study is related to their City job. The same support shall be provided to employees wishing to acquire a high school diploma or it's equivalent where tuition payments are required.

Tuition support will be made in the form of a reimbursement upon completion of the course. Support will be limited to:

1. The actual cost per credit hour or the cost per credit hour at the University of MD, whichever is less
2. Reimbursement is limited to the cost for two courses of 6 credit hours per semester.
3. Reimbursement will not be made if the employee withdraws from the course prior to completion or receives less than a grade of "C" or it's equivalent.
4. Reimbursement will not be made for non-tuition items such as books, supplies, registration fees, parking or travel.
5. Reimbursement is contingent upon the employee agreeing to remain in City service for a period of time which shall be no less than three (3) times the period of time during which the employee received tuition assistance or reimburse the City for the tuition assistance which was provided.

Approval must be obtained from the City Manager at least thirty (30) days prior to the start of a course if reimbursement is desired.



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