

A photograph of two men in safety gear (hard hats, safety glasses, and earplugs) kneeling and inspecting industrial machinery. The man on the left is wearing a dark blue long-sleeved shirt and a dark blue vest, while the man on the right is wearing a light blue and white checkered shirt. They are both wearing yellow earplugs. The machinery they are inspecting is a large, complex piece of equipment with various pipes, valves, and a large cylindrical component. The background is a blue wall with a green diagonal stripe running from the top left to the bottom right. The word "city" is written in large white lowercase letters on the blue background, with a green dot above the "i".

# city

## 2025 Benefits

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## Supporting Every Facet of Team Members' Well-Being

City offers a comprehensive health care program to meet the needs of team members and their families. This guide provides information to help team members make enrollment decisions. During benefits enrollment, team members have the opportunity to review coverage needs, consider the benefits plans available and select those that will provide the most value.

This guide also provides assistance in identifying ways to save money. Be sure to review the plans in this guide to ensure the plans selected will best meet personal needs and financial goals.



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# A Message from City

## Welcome to City's 2025 Benefits Guide!

Whether you are a new team member beginning your journey with City or a current team member exploring benefits during Open Enrollment, we are pleased to have you with us. At City, our commitment to the well-being of our team members and their families remains our top priority, and we are excited to present a comprehensive benefits package designed to meet your needs.

City offers a robust suite of benefits that address various aspects of health and wellness, including physical, financial, and emotional well-being. With a diverse range of options available, you have the flexibility to select the coverage that best aligns with your personal and family needs.

We encourage you to thoroughly explore the available offerings to make informed decisions that suit your circumstances. Should you have any questions or require assistance, City's Human Resources team and benefits partners are readily available to support you. For additional guidance, please refer to the resources and contact information provided.

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## ● Enrollment Basics

To be eligible for benefits, team members must be full-time and work a minimum of 30 hours per week. Within the first 30 days of employment, team members will use City's human resources management system, Workday, to elect benefits. Benefits will become effective on the 1st day of the month following date of hire.

Should team members miss the initial enrollment period, the next opportunity to enroll in benefits will be during the annual Open Enrollment period which typically occurs each November. Benefits elected during the annual Open Enrollment period will be effective on the 1st of January the following year.

### Dependents

An eligible dependent is defined as:

- Legal spouse or domestic partner. Spousal surcharge may apply, please see below.
- Dependent child up to the end of the calendar year in which they reach age 26 regardless of their student or tax dependent status.
- Grandchildren, if the dependent parent is covered at the time of birth, to the age of 18 months.

**NEW FOR  
2025**

#### SPOUSAL SURCHARGE

As part of the City Medical Plan, if a team members spouse is employed and offered medical coverage through their employer, but you choose to enroll them in a City medical plan, a \$100 monthly surcharge will be applied.

#### EXCEPTIONS TO THE SURCHARGE:

The surcharge will not apply if spouse is:

- Employed, but their employer does not offer medical insurance
- Self-employed
- Unemployed
- Employed by City
- Retired and not offered medical coverage through a former employer

#### REPORTING CHANGES IN EMPLOYMENT:

If a team members spouse's employment status changes during the year, this will be considered a Qualified Life Event (QLE). This allows the spouse to enroll in a City Medical Plan without penalty.

If a team members spouse becomes eligible for medical insurance through their employer at any point during the year, the team member is required to notify Human Resources within 30 days. Should the team members spouse stay on the City Medical Plan, the \$100 monthly surcharge will then apply.

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## Dependent Documentation

If a team member is adding a dependent to the medical, dental or vision plans, proof of dependent eligibility must be provided within 30 days. If documentation is not provided within 30 days, the request to add a dependent will be denied.

Required documents include:

- Marriage License
- Birth Certificate
- Adoption Placement
- Legal Guardianship
- Proof of Residency and Financial Responsibility for Domestic Partners

For a full list of accepted dependent verification documents, reach out to City's benefits partner, One Source Virtual (OSV), directly by emailing [City\\_benefits@onesourcevirtual.com](mailto:City_benefits@onesourcevirtual.com). All elections will be placed in a "pending" status until required documentation is provided. To provide documentation, email scanned documents to [City\\_benefits@onesourcevirtual.com](mailto:City_benefits@onesourcevirtual.com).

Should a team members employment with City end for any reason, benefits will end on the last day of employment. COBRA benefits are available to former team members and are administered through OSV. Please email COBRA questions to [City\\_COBRA@onesourcevirtual.com](mailto:City_COBRA@onesourcevirtual.com).

## ● How to Enroll

All benefit elections must be submitted through Workday. Please follow the instructions below to start your enrollment. If enrollment assistance or navigating the Workday system is needed, please contact OSV by email, [City\\_benefits@onesourcevirtual.com](mailto:City_benefits@onesourcevirtual.com), or phone, 1-877-723-2367.

- Visit [www.myworkday.com/city](http://www.myworkday.com/city).
- Team members should navigate to their Workday inbox and locate the task "Change Benefits for Life Event", then click "Let's Get Started".
- Benefits will be displayed on the "Overview" page.
- Navigate through each benefit by selecting "Manage" at the bottom of each benefit box.
- Once within the benefits, elect or waive each benefit; per pay period costs will appear as benefits are elected.
- After navigating through each benefit and making elections, select "Review and Sign".

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- Scroll down to the electronic Signature and accept the terms to continue, then choose “Submit”.
- The option to view, download and save elected benefits from the submissions page by clicking “View Benefits Statement”.

## Open Enrollment

On an annual basis, City holds an Open Enrollment period. During this time, team members are able to make changes to existing coverages for the next plan year, without experiencing a qualified life event.

- To update or view previous changes, team members should navigate to their “Benefits and Pay” app in Workday. Your submitted open enrollment event will display, and you can click “Edit” to make changes.
- Once Open Enrollment concludes, making changes to benefit elections will not be allowed, unless a qualified life event is experienced.

## ● Mid-Year Changes

Team members may make changes to benefit elections if a qualified life event occurs. The changes made must be consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted through Workday within 30-days of the event.

## Examples of Qualified Life Events

- Birth, adoption, legal guardianship, or placement for adoption
- Marriage, divorce, or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

### IMPORTANT TO KNOW

How to make mid-year changes to benefits if a qualified life event occurs:

- Log in to [www.myworkday.com/city](http://www.myworkday.com/city) and navigate to the “Benefits” section of team members profile.
- Select “Change Benefits”, then use the drop-down menu to select the reason for the change and the date of the life event.
- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested.
- If the change is not requested and necessary documentation is not provided within 30 days, the team member will have to wait until Open Enrollment to make the change.

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## Health Plan Resources

**onesource**  
VIRTUAL

### ONESOURCE VIRTUAL - YOUR BENEFITS CALL CENTER

Benefit counselors at OneSource Virtual (OSV) are available to provide team members with answers to benefits related questions. Anything from Workday enrollment to eligibility and coverage, contact the OSV call center from Monday-Friday, 8am-8pm EST.

#### Benefits Questions:

877-7CF-BENS (877-723-2367)

[City\\_benefits@onesourcevirtual.com](mailto:City_benefits@onesourcevirtual.com)

#### COBRA Questions:

833-323-5465

[City\\_COBRA@onesourcevirtual.com](mailto:City_COBRA@onesourcevirtual.com)

**alight**

### ALIGHT NAVIGATOR - HEALTH BENEFITS SUPPORT

City team members enrolled in a medical plan should think of Alight Navigator as an option for benefit support. This FREE resource will help navigate healthcare and find cost-effective care. Call 800.368.4549, visit [MyBenefitsWork.com](https://www.MyBenefitsWork.com) or download the My Benefits Work Mobile App!

**alex**<sup>®</sup>

### ALEX - YOUR PERSONAL BENEFITS ADVISOR

City team members will have access to **ALEX**, an advanced decision-support tool which can help figure out the right benefit plans. ALEX will walk team members through all of City's benefits and provide easy-to-understand explanations along with personalized, confidential benefits guidance.

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## Seeking Care

TELADOC*	CONVENIENT CARE	URGENT CARE	EMERGENCY ROOM
Virtual offering available 24/7 via phone, web or mobile app	Walk-in clinics located within a drug store	Similar to convenient care clinics, but offers enhanced capabilities	Hospital department that provides immediate treatment for acute illnesses
<b>FREE*</b>	<b>\$\$</b>	<b>\$\$\$</b>	<b>\$\$\$\$</b>
Flu & Cold Sore Throat Earaches & Fever Allergies Rash  <small>*Available to team members enrolled in a medical plan</small>	Flu & Cold Sore Throat Earaches & Fever Allergies Rash Vomiting Minor Cuts	Flu & Cold Sore Throat High Fever Cuts & Severe Scrapes Dehydration Minor Sprains or Fractures Minor Injuries or Burns	Severe Allergic Reactions Severe Broken Bones Chest Pain Constant Vomiting or Bleeding Shortness of Breath Deep Wounds Head Injuries



### How to Set Up a Teladoc Account

Visit [teladoc.com](https://teladoc.com) and click "set up account" using the New Benefits ID card details or download the mobile app and click "Activate account" to get started. Need a replacement New Benefits ID card? Call 855.847.3627 or visit [MyBenefitsWork.com](https://MyBenefitsWork.com).



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## Medical Plans

Below is a summary of the medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which is available on Workday or by contacting City's benefits department. View benefits, print an ID card and locate in-network providers by visiting [www.myuhc.com](http://www.myuhc.com).

	Silver Plan with HSA	Gold Plan	Platinum Plan
MEDICAL BENEFITS	IN-NETWORK		
Deductible *(CYD) Individual Family Maximum	\$3,500 \$7,000	\$4,000 \$12,000	\$2,000 \$4,000
Out-of-Pocket Maximum Individual Family Maximum	\$6,000 \$8,550	\$7,000 \$14,000	\$4,000 \$8,000
Coinsurance	20%	30%	10%
Preventive Services	Covered	Covered	Covered
Office Visits Teladoc Primary Care Physician Specialist	\$0 CYD then 20% CYD then 20%	\$0 \$25 \$45	\$0 \$20 \$40
Urgent Care	CYD then 20%	\$40	\$40
Mental Health Inpatient Outpatient	CYD then 20% CYD then 20%	CYD then 30% \$45	CYD then 10% \$40
Emergency Room	CYD then 20%	\$500 Waived if admitted	\$500 Waived if admitted
Inpatient Hospital	CYD then 20%	CYD then 30%	CYD then 10%
Outpatient Surgery and Services	CYD then 20%	CYD then 30%	CYD then 10%
Outpatient Diagnostic Tests Lab X-Ray	CYD then 20% CYD then 20%	\$0 CYD then 30%	\$0 CYD then 10%
Advanced Imaging MRI, CT, PET, etc.	CYD then 20%	CYD then 30%	CYD then 10%
PHARMACY BENEFITS	EXPRESS SCRIPTS		
Generic   Preferred   Specialty	CYD then \$10   \$35   \$65	\$10   \$50   \$80	\$10   \$50   \$80

\*Calendar Year Deductible

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## Health Savings Account (HSA)

Team members who enroll in City's Silver Medical Plan, may be eligible to open a Health Savings Account (HSA) through WEX and save money on a tax-free basis to pay for eligible expenses.

An HSA is a tax-favored savings account that can be used to pay for qualified medical and pharmacy expenses (refer to [IRS publication 502](#) for a list of eligible expenses). It allows tax-free contributions by the team member and tax-free growth of interest or investment earnings.

Team members must complete an identity verification before accessing their HSA funds.

Any unused funds in the HSA will roll over to subsequent years. An HSA is portable; therefore, team members can take it from job to job or at retirement.

### Eligibility Requirements

- Must be enrolled in City's Silver medical plan
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return
- Spouse is not contributing to / participating in a Health Care FSA through their employer

### How much does City contribute annually?

Team Member Coverage	City's Annual Contribution
Team Member Only	\$500
Team Member + Spouse	\$750
Team Member + Child(ren)	\$750
Family	\$1,000

### How much can team members contribute?

IRS regulations allow a change HSA contributions throughout the year. The annual maximum contribution amount consists of team members HSA contribution plus City's contribution.

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For 2025, the maximum contribution amount for single coverage is \$4,300 and the maximum family coverage amount is \$8,550. Team members 55 or older, can contribute an additional \$1,000 with the catch-up provision.

## ● Money Saving Tips

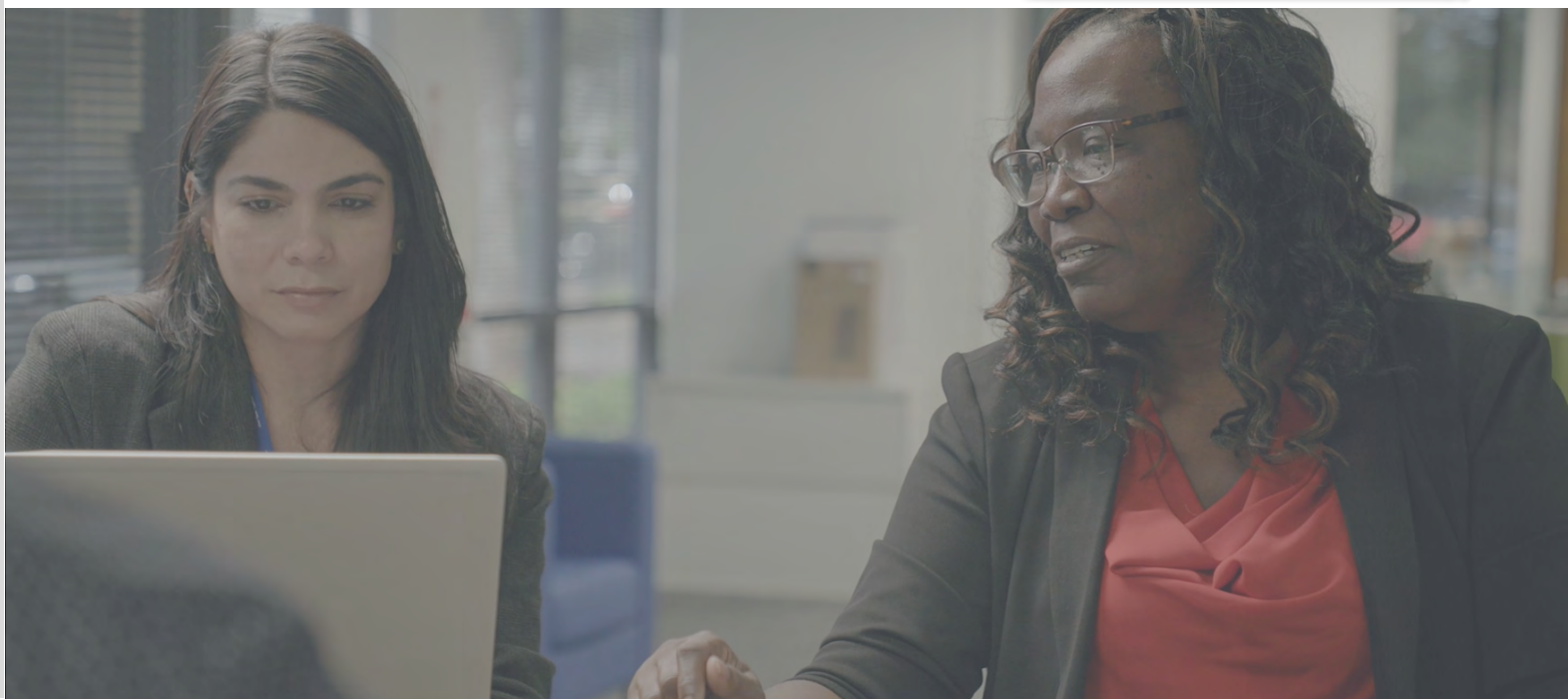
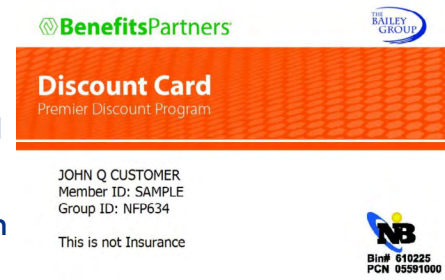
Saving money on prescriptions has never been easier. Generic medications cost less than brand name medications and can be just as effective!

### Mail Order Medications

Many maintenance medications can be filled through mail order. Team members should ask their doctor for a 90-day prescription with three refills so they will pay less.

### New Benefits Pharmacy Discount Card

After enrolling in medical benefits, team members will receive a New Benefits booklet and Pharmacy Discount Card in the mail for discounts on medications. Save anywhere from 10-85% on prescriptions at 60,000 retail pharmacies and on 30+ day supply prescriptions shipped directly to team members home with free shipping!



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## Dental Plan

Dental coverage is provided through UnitedHealthcare. View benefits, print an ID card and locate in-network dental providers by visiting [www.myuhc.com](http://www.myuhc.com).

	LOW PLAN	HIGH PLAN
IN-NETWORK & OUT-OF-NETWORK		
<b>Calendar Year Deductible</b> Individual Family	\$75 \$225	\$50 \$150
<b>Diagnostic &amp; Preventive Services</b> Periodic Oral Evaluation, Radiographs, Labs & other diagnostic tests; Cleanings, Fluoride, Sealants, etc.	Covered 100%	Covered 100%
<b>Basic Services</b> Restorations, Emergency Treatment/General Services, Simple Extractions, Periodontics (Non-Surgical/Maintenance), etc.	30% after deductible	20% after deductible
<b>Major Services</b> Oral Surgery (including surgical extractions), Periodontics, Endodontics, Inlays/Onlays/Crowns, Dentures & Removable Prosthetics, Bridges, Implants, etc.	50% after deductible	50% after deductible
<b>Orthodontic Services</b>	N/A	50%
<b>Lifetime Orthodontia Max</b>	N/A	\$1,500
<b>Annual Benefit Maximum</b>	\$1,000	\$1,500

### IMPORTANT TO KNOW

Understanding Balance Billing and how it applies to medical, dental & vision coverage  
Seeing an in-network provider will save money in many ways! In-network providers contracted with UHC for specific agreed upon pricing, but if team members visit an out-of-network provider, the provider can bill the difference in cost between what UHC allows and what they charge to the team member. Find an in-network provider by visiting [www.myuhc.com](http://www.myuhc.com).



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## Vision Plan

Vision coverage is provided through UnitedHealthcare. When utilizing a provider that participates in the Spectera network, discounts will be greater and there are no claim forms necessary.

Plan participants also have access to discounted lens upgrade options and Lasik eye surgery.

Team members may view benefits, print an ID card and search for in-network vision providers at [www.myuhcvision.com](http://www.myuhcvision.com).

### IMPORTANT TO KNOW

#### Warby Parker

Consider retailer, Warby Parker, to shop for eyeglass frames. Pick five (5) frames to test out for five (5) days and they'll ship them to team members for free to try on at home!

Warby Parker representatives are available by phone at 888.492.7297 from 9am-9pm, seven days a week or 24 hours per day by visiting: [www.warbyparker.com](http://www.warbyparker.com).

### IN-NETWORK

#### Eye Exams

Once every 12 months

\$0

#### Frames

Once every 12 months

\$150 allowance

#### Lens

Once every 12 months

Single Vision

\$0

Lined Bifocal

\$0

Lined Trifocal

\$0

Lenticular

\$0

#### Contacts

Once every 12 months

Selection Elective Contacts

Non-Selection Elective Contacts

Medically Necessary Contacts

6 boxes included  
\$150 allowance  
\$0

### OUT-OF-NETWORK ALLOWANCE

#### Eye Exams

Once every 12 months

\$40

#### Frames

Once every 12 months

\$45

#### Lens

Once every 12 months

Single Vision

\$40

Lined Bifocal

\$60

Lined Trifocal

\$80

Lined Lenticular

\$80

#### Contacts

Once every 12 months

Selection Elective Contacts

Non-Selection Elective Contacts

Medically Necessary Contacts

\$150

\$150

\$210

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## Flexible Spending Account (FSA)

City offers team members the opportunity to open Flexible Spending Account(s) through WEX. A flexible spending account is a tax-free account, in their name, that pays or reimburses for qualified health care or dependent care expenses.

FSA contributions are made pretax (no employment or federal income taxes are deducted) through payroll deductions. When team members receive a distribution from their FSA, the reimbursements are tax-free. There is an annual grace period, which gives team members a two and a half month extended window in which to incur eligible expenses.

Visit [www.wexinc.com](http://www.wexinc.com) or call WEX Participant Services at 866.451.3399 for additional support.

### HEALTH CARE FSA

- Allows team members to pay for eligible healthcare expenses not covered by insurance, including medical, pharmacy, dental and vision expenses. See [IRS publication 502](#) for a comprehensive list.
- Eligible to team members who are enrolled in the Gold or Platinum medical plans, or those who have waived medical coverage.
- Not eligible if City's Silver medical plan is elected.
- The 2025 maximum annual contribution is \$3,300.

### DEPENDENT CARE FSA

- Allows team members to use pretax dollars toward qualified dependent care. Can be used to pay for qualified childcare expenses for dependent children aged 12 and younger who live with the team member and qualified caregiver expenses for a dependent of any age, who lives with the team member and is unable to care for themselves. See [IRS Section 21](#) and [IRS Section 129](#) for a comprehensive list.
- Care must be provided to keep the team member and their spouse gainfully employed.
- At any given time, Dependent Care FSA distributions are limited to the amount in team members account. Dependent care expenses cannot be reimbursed until they are actually incurred. The deadline for reimbursing Dependent Care expenses is March 15.
- Maximum contribution is \$5,000 (\$2,500 for a married individual filing taxes separately).

### IMPORTANT REMINDERS:

- Team members enrolled in a Health Care FSA are allowed to carry over a maximum of \$660 in unused money at the end of the plan year to be used to reimburse expenses. Any amount in excess of \$660 will be forfeited, so plan accordingly.

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- Only team members enrolled in City's Gold or Platinum medical plans or those who have waived medical coverage are eligible for the Health Care FSA. All City team members, regardless of medical enrollment are eligible to enroll in the Dependent Care FSA.
- Please consult a tax professional for any personal tax advice. Keep receipts as they will be needed to verify expenses throughout the year.

## Life Insurance

### Basic Life Insurance

As an eligible team member, City provides a life insurance & accidental death and dismemberment insurance policy. This coverage is offered at no cost.

### Optional Life Insurance

If team members choose to elect additional life insurance, they must elect coverage for themselves in order to elect spouse and/or child coverage.

As a new hire, this benefit is waived, Evidence of Insurability (EOI) will be required should they choose to elect coverage at a later date.

COVERAGE FOR:	COVERAGE AVAILABLE:
Team member	Up to 5x your base salary to a maximum of \$500,000 (in \$10,000 increments)
Spouse or Domestic Partner	Up to \$100,000 but not to exceed 100% of team member's coverage (in \$5,000 increments)
Child(ren)	Benefit amounts are available in increments of \$1,000 to a maximum of \$10,000

### Guarantee Issue (GI) and Evidence of Insurability (EOI)

Guarantee Issue means that, as a new hire, the team member can receive the above amount of coverage without being subject to Evidence of Insurability (medical questions).

Please note: If this coverage was previously declined and then elected during the annual Open Enrollment period, the team member will be subject to EOI. Any amount elected over the Guarantee Issue amount, is also subject to EOI. *Benefits are subject to age reduction.*

**New Hire Team Member Guarantee Issue: \$100,000**

**New Hire Spouse Guarantee Issue: \$25,000**

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## Disability Benefits

### Short Term Disability

This coverage is to protect the team members income in the event a short-term disability prevents them from performing the duties of their job.

EXPLANATION OF BENEFIT:	
Waiting Period	15th day of disability
Max Benefit Duration	Up to 13 weeks
% of Income Replaced	60% of basic weekly earnings
Max Benefit Amount	\$1,000 per week
Pre-Existing Condition Exclusion	For the first 6 months on the plan, Mutual of Omaha will look at medical records dating back 3 months prior to coming on the plan. Any claims filed for those conditions will not be covered.

### Long Term Disability

This coverage is designed as income replacement protection should a team member become disabled and unable to perform the material and substantial duties of their job. If this coverage was previously declined and is elected after the initial new hire enrollment period, team members will be subject to Evidence of Insurability (EOI).

EXPLANATION OF BENEFIT:	
Waiting Period	90th day of disability
Max Benefit Duration	Social Security Normal Retirement Age (SSNRA)
% of Income Replaced	60% of basic monthly earnings
Max Benefit Amount	\$6,000 per month
Pre-Existing Condition Exclusion	For the first 12 months are on the plan, Mutual of Omaha will look at medical records back 12 months prior to coming on the plan. Any claim filed for those conditions will not be covered.
Survivor Benefit	If a team member passes away while receiving long term disability benefits, a lump sum equal to 3x their monthly benefit will be paid to an eligible survivor.



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## Voluntary Benefits

Supplemental benefits are offered through Unum and provide benefits which pay directly to the team member regardless of other insurance. Benefits received from the plans listed can help with the medical and personal expenses incurred when a person is diagnosed or undergoing treatment. Costs and benefit amounts will vary based on election.

### Critical Illness

This benefit helps team members financially by providing a lump-sum payment when its needed the most. Team member coverage is guaranteed, provided they are not on leave.

- \$15,000 or \$30,000 benefit amounts are available.
- Team member coverage is guaranteed, provided they are not on leave.
- Spouse coverage is also available, provided the team member is not on leave.

EXAMPLES OF ELIGIBLE DIAGNOSIS:	
Heart Attack, Stroke, Major Organ Failure, End-Stage Kidney Failure, Invasive Cancer	100% of Elected Benefit Amount
Coronary Artery Disease (Major)	50% of Elected Benefit Amount
Infectious Disease, Non-Invasive Cancer, Pulmonary Embolism, Bone Marrow/Stem Cell	25% of Elected Benefit Amount

### Accident

If a team member or their covered dependent has an accident, this coverage will provide cash to help with uncovered medical or unexpected personal costs associated with the accident. This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Please refer to the policy summary for exclusions and limitations.

EXAMPLES OF ELIGIBLE ACCIDENTS:	
Emergency Treatment = \$150 ER; \$100 Urgent Care	Rehab Unit Confinement = \$150
Ambulance = \$600 Ground; \$2,500 Air	Coma = \$20,000
Dislocations & Fractures = Up to \$10,000	Outpatient Surgery Facility Services = \$300
Lacerations & Burns = Up to \$15,000	

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## Hospital Indemnity

This benefit is designed to supplement team members primary medical coverage and help pay for certain out-of-pocket expenses if they are hospitalized.

This policy includes a childbirth limitation clause, meaning Unum will not pay benefits due to childbirth for any insured within the first nine months after the coverage effective date. Other limitations and exclusions can be found in the policy summary which can be provided by City's benefits department.

### IMPORTANT TO KNOW

#### FIXED INDEMNITY POLICIES

Fixed indemnity policies may pay a limited dollar amount if plan participants are sick or hospitalized. Team members are still responsible for paying the cost of care.

- The payment recieved is not based on the size of the medical bill
- There might be a limit on how much these policies will pay each year
- These policies are not substitutes for comprehensive health insurance
- Since these policies are not health insurance, they do not have to include most Federal consumer protections that apply to health insurance

#### EXAMPLES OF BENEFIT PAYMENTS:

	OPTION 1	OPTION 2
Initial Hospitalization	\$1,000	\$1,500
Daily Hospital Confinement	\$200 up to 365 days	\$250 up to 365 days
Daily ICU Confinement	\$400 up to 30 days	\$500 up to 30 days

## Genomic Life (formerly Cancer Guardian)

A cancer benefit can help in the prevention and management of cancer by combining the power of DNA testing with the personalized support of expert cancer care resources.

Dependents under the age of 26 are automatically covered if team member elects this coverage.

#### EXAMPLES OF BENEFIT PAYMENTS:

Cancer Support Specialist	Cancer Information Expert Pathology Review On-Site Nurse Advocate
Advanced DNA Testing	Hereditary Risk Screening Genomic Profiling
Navigation Technology	Medical Records Platform Clinical Trial Explorer Financial Navigation

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## LegalShield

Without the worry of high hourly costs, LegalShield gives team members the opportunity to talk to an attorney on any personal legal matters such as:

- Will preparation
- Divorce & adoption assistance
- Trial defense hours
- Letters and phone calls on your behalf
- Legal document review, up to 15 pages each
- Name change assistance
- Video law library
- Forms service center

### Identity Theft Protection

This benefit protects team members from identity theft through comprehensive monitoring and unlimited consultation. Should their identity be stolen while enrolled, this benefit will provide complete restoration.



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## Pet Insurance

Pets are family too! In return for their unconditional love, our pets rely on us for their health care. The available plans can cover all types of pets to ensure team members are providing the best possible care for their four-legged friends.

	WISHBONE	PET ASSURE	PET PLUS
Type	Pet Health Insurance	Vet Discount Plan	Prescription Discount Plan
Description	Offers up to 90% reimbursement on accidents & illnesses	Provides an instant 25% discount on all in-house medical services at participating vets	Provides savings up to 50% off on brand prescriptions, preventatives and other pet products from <a href="https://www.petcareRx.com">PetCareRx.com</a>
Exclusions	Pre-existing conditions (Applies to new enrollees)	None	None
Types of Pets	Dogs & Cats	All pets	Dogs & Cats
Participating Vets	Any licensed vet in the U.S.	Participating vets in the U.S.	N/A
Additional Benefits	24/7 Pet Helpline powered by WhiskerDocs vet experts	24/7 Lost Pet Recovery Service	24/7 Pet Helpline powered by WhiskerDocs vet experts
	Starting at \$35 per month, per pet	\$8 per month for one pet or \$11 per month for unlimited pets	\$3.75 per month for one pet or \$7.50 per month for unlimited pets

More information, including participating vets, can be found below.

City FL team members: <https://www.wishboneinsurance.com/cityfl>

City MA / CBES team members: <https://www.wishboneinsurance.com/cityma>



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# o Your 401(k) Wealth Building Plan

## Who Can Participate

Newly hired team members will automatically be enrolled in the City 401(k) Retirement Plan to be effective on the first of the month following 60 days of employment.

## Auto Escalation

Auto escalation helps put team members on track to automatically save, which will contribute to their sense of financial wellbeing. This 401(k) plan feature automatically increases their contribution amount by 1%, to a maximum of 8% of their annual compensation, on the first of June each year.

## Rollovers

Rollovers from another tax-qualified retirement plan may be accepted into the plan. If support is needed with a rollover from a previous company, please contact our advisor partner, Douglas Tutwiler at Merrill Lynch at 904.634.6124 or [douglas.tutwiler@ml.com](mailto:douglas.tutwiler@ml.com).

## Managing Your 401(k) Account

For general inquiries, or one-on-one financial planning and guidance, you can contact City's team at Merrill Lynch by emailing [cptgroup@ml.com](mailto:cptgroup@ml.com).

For self-service 401(k) account access: Go to [transamerica.com/portal/home](https://transamerica.com/portal/home). If team members have not previously registered, they will need to register as a new user for an individual retirement account. Manage desired investment options, elections, and make changes to contributions. Team members who are 50+ years old are eligible for Catch-Up contributions each year. To take advantage of this feature, select the box to turn it on, within the Transamerica account. Failure to do so will result in contributions being limited to the IRS standard maximum each year. For online support, call 877-717-8858, Monday-Friday, 9AM-6PM EST.

## Benefits of Participating in City's 401(k) Plan



Helps reduce taxable income since contributions to 401(k) accounts are made on a pre-tax basis.



Automatic payroll deductions help make saving for retirement a habit.



Matched contributions from City build retirement funds even faster.

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## UnitedHealthcare (UHC) Rewards

Good news! Your health plan comes with a new way to earn up to \$300 annually. UnitedHealthcare Rewards is included in your health plan at no additional cost.

With UHC Rewards, a variety of actions, including many things you may already be doing, lead to rewards. The activities you go for are up to you - same goes for ways to spend your earnings. Below are some ways you can earn.

### Getting Started:

1. Download the UnitedHealthcare app, select Menu and choose UHC Rewards. Activate and start earning rewards.
2. On [myuhc.com](https://myuhc.com), sign in or register, select UHC Rewards. Activate and start earning rewards.
3. Add a fitness tracker such as Fitbit, Apple, Garmin, etc. to earn additional money for step and sleep activities.

ACTION	DESCRIPTION	DOLLARS EARNED
Complete health survey	Learn how your health journey is going and offers to help improve your well-being	\$15
Get a cost estimate	A cost estimate explains the expected cost for an upcoming visit or service	\$20
Annual checkup (claims based)	Complete an annual checkup to support health and prevent illness	\$25
Get a breast screening (claims based)	A mammogram may usually find breast changes that could be cancer years before symptoms develop	\$50
Get a biometric screening	Complete annual bloodwork and measurements	\$50

## Nicotine Surcharge Program

Any City team member is able to enroll in the nicotine surcharge program. The program may be used to help quit nicotine for good and best of all, it's FREE!

City team members who currently use nicotine products have the opportunity to participate in and complete the cessation program to have the surcharge removed and reassessed for the current plan year. Additional details regarding the cessation program, Quit For Life will be shared by the Benefits Team via email following enrollment. For questions, email the City Benefits Team at [citybenefits@cfm-us.com](mailto:citybenefits@cfm-us.com).

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## ● Calm Health by UHC

The Calm Health app provides programs and tools to help support team members mental health and well-being.

Team members enrolled in a medical plan have access to Calm Health at no additional cost. This benefit is available to team members and covered dependents, 16 years of age and older.

Team members will begin with a short mental health intake, then Calm Health will suggest programs to consider based on where they are in their well-being journey.

Team members will have access to a library of support - including mindfulness content and programs created by psychologists - for a variety of health experiences and life stages.

- Learn techniques to improve well-being
- Work toward goals
- Support mind and body
- Message a therapist whenever needed



To access Calm Health:

1. Log into [myuhc.com](https://myuhc.com) or the UnitedHealthcare app, available on [Android](#) and [Apple](#) products.
2. Navigate to "Benefits" then "Mental Health - Self Care & Coaching"



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## Employee Assistance Program (EAP)

Team members and dependents have access to an Employee Assistance Program (EAP) to help with the everyday challenges of life that may affect their health, family life and desire to excel at work.

Team members households are eligible for up to three consultations with a licensed professional, per year. This benefit includes access to legal and financial consultations, which do not count toward the yearly sessions.

Your EAP can help resolve many issues including:

- Mental Health & Emotional Support (Stress, Anxiety, Depression, Grief or Trauma)
- Financial Counseling (Guidance on budgeting, debt management)
- Work Life Balance (Stress, burnout, time management)
- Legal Assistance (Will prep, legal advice)
- Substance Abuse (Drug & alcohol related concerns)
- Crisis Intervention (crisis support for domestic violence, emotional breakdown)
- Family & Relationship Issues (Marital, relationship & family conflicts, parenting challenges)
- Health & Wellness (Resources for managing chronic conditions and improving well-being)

Call 1-800-316-2796 anytime to speak with a clinician, request a referral or schedule an appointment.

## City's Discount Program

City team members have access to a variety of discounts – from restaurants to cell phones to tuition discounts and apparel!

Please utilize this great discount program, all for just being a team member, by visiting the [City Benefit Hub](#).





## ● Kaia Virtual Physical Therapy

City team members who are enrolled in one of the group medical plans now have access to Kaia, a virtual physical therapy option offered through UnitedHealthcare.

### Low-cost, Convenient & Holistic MSK Solution

Virtual physical therapy provided by Kaia offers personalized digital physical therapy for team members anywhere on the care continuum, with:

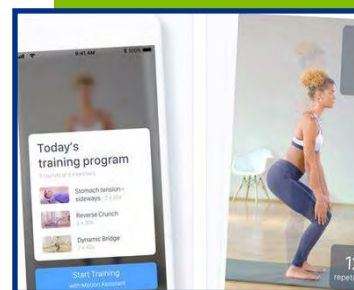
- Modules that include physical therapy exercises, condition education and behavioral health along with personalized one on one coaching delivered via chat or phone.
- A computer-version motion coach that provides validated, physical therapy-grade feedback.

### Easily Accessible & Convenient to Use

With personalized content customized to their needs, users have options for managing their pain whenever, wherever. Simply download the Kaia app using a smartphone or tablet.

Additional support can be found through the [Kaia Help Center](#) or by calling 917.580.7851.

Using artificial intelligence (AI) technology, Kaia tracks users' movements to pinpoint critical joints and appendages.



An AI coach then guides users through the workouts, counting repetitions and providing real-time feedback of their performance.

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## Key Terms to Know

### Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

### Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

### Coinsurance

A percentage of the medical costs, based on the allowed amount, participants must pay for certain services after meeting the annual deductible.

### Copayment

A set dollar amount paid for network doctors' office visits, emergency room services and prescription drugs.

### Deductible

Total dollar amount, based on the allowed amount, participants must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible does not apply to network preventive care if any services where a copayment applies, rather than coinsurance. Some dental options also have an annual deductible, generally for basic and major dental care services.

### Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing

generic drugs allows participants to pay a lower out-of-pocket cost than if purchasing formulary or non-formulary brand name drugs.

### Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

### Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

### Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. Participants may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

### Open Enrollment

The annual enrollment period which allows team members to make changes to existing benefits without a qualified life event.

### Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once the out-of-pocket maximum is met, the Plan pays the entire coinsurance amount for

covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

### Portability

A team member carries or 'ports' their current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for a team member who is leaving his/her job and still wants to maintain the protection that life insurance provides.

### Primary Care Physician (PCP)

The health care professional who monitors health needs and coordinates overall medical care, including referrals for tests or specialists.

### Qualified Life Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

### Specialty Drugs

Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.

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## Special Notices

### IMPORTANT NOTICE FROM CITY ABOUT PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where it can be easily found. This notice has information about City's current prescription drug coverage and about the options under Medicare's prescription drug coverage. This information can help team members decide whether or joining a Medicare drug plan is a better option. Contact information about where to get help with making decisions about prescription drug coverage is at the end of this notice.

There are three important things to know about City's current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. Team members can get this coverage if they join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City has determined that the prescription drug coverage offered by the ESI / United Healthcare AHIP Silver plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, team members will get more help with their drug costs if they join a Medicare drug plan, than if they only have prescription drug coverage from the United Healthcare AHIP Silver Plan. This also is important because it may mean that they could pay a higher premium (a penalty) if they do not join a Medicare drug plan when they first become eligible.
3. Team members can keep their current coverage from City. However, because their coverage is non-creditable, they have decisions to make about Medicare prescription drug coverage that may affect how much they pay for that coverage, depending on if and when they join a drug plan. When they make the decision, they should compare their current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in their area. Read this notice carefully - it explains options.

When can team members join a Medicare drug plan?

Team members can join a Medicare drug plan when they first become eligible for Medicare and each year from October 15th to December 7th.

However, if team members decide to drop their current coverage with City, since it is employer sponsored group coverage, they will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however they also may pay a higher premium (a penalty) because they did not have creditable coverage under City.

Since they are losing creditable prescription drug coverage under the ESI / United Healthcare AHIP Silver plan, they are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Will team members pay a higher premium (penalty) to join a Medicare drug plan?

Since the coverage under the ESI / United Healthcare AHIP Silver plan is not creditable, depending on how long team members go without creditable prescription drug coverage they may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that they were first eligible to join a Medicare drug plan but didn't join, if they go 63 continuous days or longer without prescription drug coverage that's creditable, their monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that they did not have that coverage. For example, if they go nineteen months without creditable coverage, their premium may consistently be at least 19% higher than the Medicare base beneficiary premium. They may have to pay this higher premium (penalty) as long as they have Medicare prescription drug coverage. In addition, they may have to wait until the following October

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to join.

What happens to team members current coverage if they decide to join a Medicare drug plan?

If a team member decides to join a Medicare drug plan, their current coverage with City will not be affected. Their current coverage pays for health expenses in addition to prescription drug. If they enroll in a Medicare prescription drug plan, they and their eligible dependents will still be eligible to receive all current health and prescription drug benefits. [See pages 9 - 11 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If team members do decide to join a Medicare drug plan and drop their current City coverage, be aware that coverage can be reinstated, but only during a qualified life event or during the annual enrollment period.

For more information about this notice or City's current prescription drug coverage email City Benefits at [citybenefits@cfm-us.com](mailto:citybenefits@cfm-us.com). NOTE: Team members will get this notice each year, and also get it before the next period they can join a Medicare drug plan, and if this coverage through City changes. They also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. Team members get a copy of the handbook in the mail every year from Medicare. They may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](http://medicare.gov)
- Call State Health Insurance Assistance Program (see the inside back cover of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If team members have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](http://socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Why is creditable coverage important? Making sure coverage is creditable is important. If team members fail to enroll in Medicare Part D when they first become eligible or if they drop or lose creditable coverage and don't join a Medicare drug plan within 63 continuous days after the creditable coverage ends, they may pay a higher premium (a penalty) to join a Medicare drug plan later, which can only be done from October 15th through December 7th of each year.

How can team members find out more? Visit [medicare.gov](http://medicare.gov) or call the State Health Insurance Assistance Program (see the inside back cover of the "Medicare & You" handbook for their telephone number) for personalized help. The Plan Administrator has determined that the Gold and Platinum plans meet the criteria for being considered creditable coverage.

Mental Health Parity and Addiction Equity Act (MHPAE)

Group health plans sponsored by State and local governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. City has elected to exempt the City Self-Funded Medical Plan from the following requirements:

Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these Federal requirements will be in effect for the 2025 beginning January 1, 2025 and ending December 31, 2025. The election may be renewed for subsequent plan years.

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### Portability of Coverage

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 entitles team members to a complete transfer of benefits (no pre-existing condition exclusions) if they change jobs or City changes insurance carriers. To guarantee the portability of benefits, their previous coverage must not have lapsed for more than 63 days prior to their new eligibility date and they must provide proof of prior coverage to their new employer.

### Pre-Tax or Post-Tax?

For some benefits, pre-tax dollars from team members pay can be used. For others, after-tax dollars must be used. When paying for benefits with pre-tax dollars, money is deducted from team members pay before taxes are taken out. This way, they avoid paying Federal Income taxes on what they spend on qualified benefits. With after-tax contributions, just the opposite is true. They're deducted from team members pay after Federal Income taxes are calculated and deducted from their gross pay.

### Newborn & Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### Women's Health & Cancer Rights Act of 1998 (WHCRA) Notice

If team members have had or are going to have a mastectomy, they may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

All stages of reconstruction of the breast on which the mastectomy was performed;

Surgery and reconstruction of the other breast to produce a symmetrical appearance;

Prostheses; and physical complications of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If team members would like more information on WHCRA benefits, call United Healthcare.

### Children's Health Insurance Program (CHIP)

If a team member or their children are eligible for Medicaid or CHIP and they're eligible for health coverage from City, their state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If team members or their children aren't eligible for Medicaid or CHIP, they won't be eligible for these premium assistance programs but they may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If team members or their dependents are already enrolled in Medicaid or CHIP, contact the State Medicaid or CHIP office to find out if premium assistance is available.

If team members or their dependents are NOT currently enrolled in Medicaid or CHIP, and they think they or any of their dependents might be eligible for either of these programs, contact the State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If they qualify, ask the state if it has a program that might help them pay the premiums for an employer-sponsored plan.

If team members or their dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under City's plan, City must allow them to enroll in City's plan if they aren't already enrolled. This is called a "special enrollment" opportunity, and team members must request coverage within 60 days of being determined eligible for premium assistance. If team members have questions about enrolling in City's plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).



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If you live in certain states, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility.

#### Special Enrollment Rights

If a team member is declining enrollment for themselves or their dependents (including their spouse) because of other health insurance or group health plan coverage, they may be able to enroll themselves and their dependents in this plan if they or their dependents lose eligibility for that other coverage (or if the employer stops contributing toward them or their dependents' other coverage). However, they must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if a team member has a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll themselves and their dependents. However, they must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact City Human Resources.

#### A Note About Social Security

Pre-tax deductions taken from team members paycheck lowers their taxable income. Therefore, Social Security taxes (and, consequently, future Social Security benefits) may be lower. How they are affected depends on their pay and the amount of pre-tax contributions made. The reduction on Social Security benefits, if any, for most team members will be minimal - a few dollars a month. Younger team members who use large amounts of tax-free dollars to pay for benefits over a long period (20 to 30 years) may experience a greater reduction in benefits when they retire. However, for most people, the benefit reduction has been more than offset by the tax savings. For more information, please contact the local Social Security Administration office.

#### Health Care Reform: Affordable Care Act

**Summaries of Benefits and Coverage (SBC):** The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier. A copy of this notice to be sent to eligible dependents that reside at an address other than the team members own by contacting Human Resources and providing the separate mailing address.

**Health Insurance Marketplace (Exchange):** This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by City. The Exchange Notice of Coverage Options is available from the Human Resources Department.

**What is the Health Insurance Marketplace?** The Marketplace is designed to help team members find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in their geographic area.

**Can I Save Money on my Health Insurance Premiums in the Marketplace?** Team members may qualify to save money and lower their monthly premium and other out-of-pocket costs, but only if City does not offer coverage, or offers coverage that is not considered affordable for them and doesn't meet certain minimum value standards (discussed below). The savings that they're eligible for depends on their household income. They may also be eligible for a tax credit that lowers their costs.

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Does City's Health Coverage Affect Eligibility for Premium Savings through the Marketplace? Yes. If a team member has an offer of health coverage from City that is considered affordable for them and meets certain minimum value standards, they will not be eligible for a tax credit, or advance payment of the tax credit, for their Marketplace coverage and may wish to enroll in City's health plan. However, they may be eligible for a tax credit, and advance payments of the credit that lowers their monthly premium, or a reduction in certain cost-sharing, if City does not offer coverage to team members at all or does not offer coverage that is considered affordable for them or meet minimum value standards. If the team members share of the premium cost of all plans offered to them through City is more than 9.02% of their annual household income, or if the coverage through City does not meet the "minimum value" standard set by the Affordable Care Act, team members may be eligible for a tax credit, and advance payment of the credit, if they do not enroll in City's health coverage. For family members of the team member, coverage is considered affordable if the team members cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% of the team members household income.

City's group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. This means that team members eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace.

Note: If a team member purchased a health plan through the Marketplace instead of accepting health coverage offered through City, then they may lose access to whatever City contributes to the employment-based coverage. Also, this contribution -as well as the team members contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Team members payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information? The Marketplace can help team members evaluate their coverage options, including their eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in the area.

#### Michelle's Law

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school.

A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

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## Contact Information

### New Hire Benefits Enrollment Support:

Complete the onboarding process then enroll in benefits by visiting the task located in team members Workday inbox. If assistance is needed navigating the system or enrolling, reach out to OneSource Virtual (OSV) at 877-7CF-BENS (877-723-2367).

### Have Questions?

1. For benefits questions, contact OSV by calling 877-7CF-BENS (877-723-2367) or emailing [City\\_benefits@onesourcevirtual.com](mailto:City_benefits@onesourcevirtual.com).
2. Team members enrolled in healthcare benefits should contact Alight Navigator by visiting [MyBenefitsWork.com](https://www.mybenefitswork.com) or calling 800-513-1667 x. 1606.
3. If OSV & Alight Navigator cannot answer questions, email City's benefits team at [citybenefits@cfm-us.com](mailto:citybenefits@cfm-us.com), or our benefits consultants at The Bailey Group: Cecelia Holder, [cholder@mbaileygroup.com](mailto:cholder@mbaileygroup.com) or Kelly Harris, [kharris@mbaileygroup.com](mailto:kharris@mbaileygroup.com).

CONTACT	PHONE	WEBSITE / EMAIL
Medical, Dental & Vision United Healthcare (Group 914109)	866-633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
Pharmacy Express Scripts	800-282-2881	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Life, Disability & EAP Mutual of Omaha (Group #G000BBQB)	Mbr Svcs: 800-877-5176 EAP: 800-316-2796	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Accident, Critical Illness & Hospital Indemnity Unum (Group # 5935302)	866-679-3054	<a href="http://www.unum.com">www.unum.com</a>
HSA / FSA WEX (Group # 33031)	866-451-3399	<a href="http://www.wexinc.com">www.wexinc.com</a>
COBRA OneSource Virtual	833-323-5465	<a href="mailto:City_COBRA@onesourcevirtual.com">City_COBRA@onesourcevirtual.com</a>
Retirement 401(k) Merrill Lynch (Financial Planning) Transamerica (Account Access)	Doug Tutwiler: 904-634-6124 800-755-5801	<a href="mailto:douglas.tutwiler@ml.com">douglas.tutwiler@ml.com</a> <a href="http://www.transamerica.com/portal/home">www.transamerica.com/portal/home</a>
Cancer Guardian Genomic Life	844-MYGENOME	<a href="http://www.genomiclife.com">www.genomiclife.com</a>
LegalShield & ID Theft LegalShield (Group # 156057)	800-654-7757	<a href="http://www.legalshield.com">www.legalshield.com</a> <a href="http://www.idshield.com">www.idshield.com</a>
Pet Benefits Wishbone	888-913-7387	<a href="http://www.wishboneinsurance.com/cityfl">www.wishboneinsurance.com/cityfl</a> <a href="http://www.wishboneinsurance.com/cityma">www.wishboneinsurance.com/cityma</a>



This benefit summary provides selected highlights of employee benefits programs. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at City US. All benefit plans are governed by the master policies, contracts and plan documents. Should there be any discrepancies between the information provided in this guide and the actual terms of such policies, contracts and plan documents, the information contained in the policies, contracts and plan documents will prevail. City US reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.