



City of **Hialeah**

2021 Employee Benefits Guide

CONTENT

■ Introduction	1
■ Benefits Eligibility	2-3
■ Qualifying Events	3
■ Your Responsibility	4
■ Enrollment Instructions	5-7
■ Medical Coverage Introduction	8
■ Benefit Terminology	9
■ Medical OAP Plan – Cigna	10
■ Cigna Telehealth & Wellness	14
■ Gap Insurance – American Public Life	15-16
■ Medical PPO Plans – UnitedHealthcare	17-18
■ UnitedHealthcare Telehealth & Wellness	19-20
■ Dental DHMO Introduction	21
■ Dental DHMO Plans – Aetna	22
■ Dental PPO Introduction	23
■ Dental PPO Plans – Cigna	24
■ Vision PPO Introduction	25
■ Vision PPO Plan – Aetna	26
■ Employee Rates	27-28
■ Basic Life & AD&D - Securian Ochs	29
■ Voluntary Term Life & AD&D – Securian Ochs	30-31
■ Retirement Plan	32
■ Deferred Compensation – Nationwide	33
■ Colonial Life Voluntary Insurance	34-40
Accident insurance	
Cancer insurance	
Group specified disease insurance	
Disability insurance	
Group term life insurance	
■ Contact Information	41
■ ERISA Notices	43-49

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Introduction

The City of Hialeah understands that your benefits are important to you and your family. This Benefits guide provides a description of the City's benefits program. More detailed information about all of your benefits can be found on the City's Human Resources Department Employee Benefits page located on the City's website.

Included in this guide are summary explanations of the benefits and costs, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled, apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, participating networks, and services that may be limited or not covered (exclusions).

This guide is not an employee/employer contract. It is not intended to cover all provisions of your plans, but rather a quick reference to help answer most of your questions. Please see your Summary Plan Description and/or carrier certificates for complete details. We hope this benefits guide will give you an overview of your benefits and help you be better prepared for the enrollment process.



Enrolling in Benefits

If you are an eligible employee, regularly scheduled to work 30 or more hours per week, a qualified part-time employee, a retiree or an eligible dependent, you can enroll in benefits on the date of a qualifying event. You can also enroll or change benefits during our annual Open Enrollment period each year.



Benefits Eligibility

Employee Eligibility

Benefit eligible employees are provided an opportunity to participate in the City of Tampa sponsored health benefits programs on the 1st of the month following a 60 day wait and annually during Open Enrollment. Please refer to the following guidelines regarding eligibility and election changes.

Dependent Eligibility*

A dependent is defined as a covered employee's legal spouse, domestic partner and dependent children of the employee or employee's spouse or domestic partner.

Dependent children will be covered until the end of the calendar month in which they reach age 26. A dependent child is defined as:

- » A natural child
- » A step-child
- » A legally adopted child
- » A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse or domestic partner
- » Unmarried children of any age who become mentally or physically disabled before reaching the age limit

Documentation Requirements

All dependents must have an established legal relationship to the employee to be covered under the benefit program. The types of documentation accepted are as stated in the table below.

Employee with dependents enrolled in the group insurance plan are advised that they will be required to comply with this process or may jeopardize maintaining continued coverage for such dependents.

Dependent Relationship	Documentation Required
Spouse	<ul style="list-style-type: none"> • Copy of legal government issued marriage certificate, Social Security card, • AND copy of most recent IRS tax return – front page. Employees may “black out” financial information.
Dependent Child(ren) Under Age 26	<ul style="list-style-type: none"> • Copy of State issued birth certificate(s) OR copy of legal guardianship court documents listing the employee as legal guardian. • AND Social Security card.
Step-Child(ren) Under Age 26	<ul style="list-style-type: none"> • Copy of State issued birth certificate(s), Social Security card, • AND copy of State issued marriage certificate.
Child(ren) under Legal Guardianship, Custody or Foster Care Under Age 26	Copy of court documents showing legal guardianship OR legal custody OR foster care placement.
Child(ren) Adopted or in the process of Adoption Under Age 26	Copy of court documents of the legal adoption showing relationship to and placement in the employee’s house OR Adoption Certificate.

Qualifying Event

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a “Qualifying Event.” A Qualifying Event allows you to make a change to your benefit elections within thirty days of the event.

Examples of Qualifying Events include, but are not limited to:

- » Marriage
- » Divorce or legal separation
- » Birth, adoption, or legal custody of a dependent child
- » Involuntary loss of other group health insurance coverage
- » Death
- » Electing coverage under another group health plan

If you experience a Qualifying Event, you must contact Risk Management at **(305) 883-8059** within 30 days of the event to make changes to your benefit elections.

Your Responsibility

Before you enroll, make sure you understand the plans and ask questions. In January, check your first payroll stub to make sure that the correct payroll deduction is being made and that all the benefits you elected are included.

Any corrections must be made by January 30, 2021. You should also verify that all beneficiary information is current during Open Enrollment.

During your employment, Employees and Retirees must provide the following documentation to the City of Hialeah if they are interested in having dependents claimed on the insurance programs. If you are claiming a new dependent or have not had your dependents verified previously, you must email the appropriate documentation to Lourdes Munder, Risk Management Specialist , at LMunder@hialeahfl.gov.



Enrollment – As Simple as 1, 2, 3

KNOW YOUR BENEFITS

Benefits are an integral part of your total compensation at the City of Hialeah. That is why it's important that you get the maximum value from your benefit plans. Before making your benefit selections, take the time to know and understand all of your benefits and make the elections that keep pace with the changes in your life.

CHOOSE WISELY

The choices you make during Open Enrollment stay in effect throughout the entire year of 2021, unless you experience a qualifying status change that is accepted by the City. It is important that you think carefully about your needs and that of your dependents for the coming year. Take into consideration any fixed expenses you have, such as regular prescription medications, as well as any projected expenses that may be coming up during 2021. With a host of different plans to choose from, you'll want to be sure to select the Medical and supportive plans, like Dental, Vision and Colonial Life that best meet your overall needs.

PAYING FOR YOUR BENEFITS

Both you and the City of Hialeah share in the costs of some of your benefits. It is important to note that many of your benefits are paid for with "pre-tax" dollars. This means that the contributions you make from your paychecks are deducted before taxes are determined. Because this lowers the amount of your annual income on which you pay federal income taxes, it enables you to pay less in current income taxes – the City has made this possible through its election under Section 125 Pre- Tax Savings Plan of the IRS.



Online Benefit Enrollment

As a City employee or retiree, you will be able to completely manage your insurance benefits enrollment online, wherever you are, 24/7. Yes, the City has put you in control of your benefit selections and encourages you to utilize their new system called Employee Navigator® for the 2021 plan year. Follow the simple steps outlined on the following pages and you will be guided to the City's insurance benefit enrollment portal where you will see your choices for Medical, GAP, Dental, Vision and the supplemental Colonial Life plans like Accident, Critical Care, Cancer, Disability and Life products.



Self Enroll Quick Start Guide

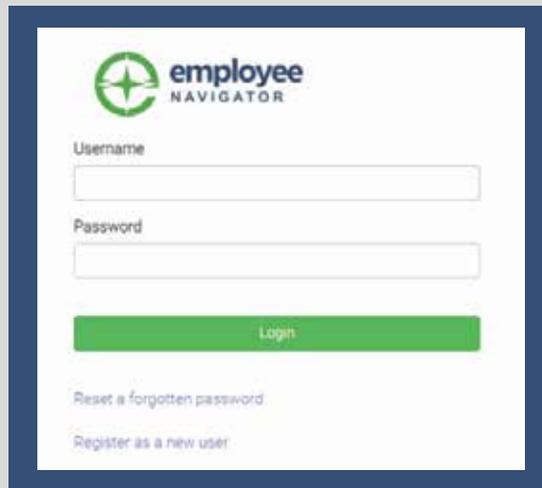
STEP 1

- Go To www.employeenavigator.com and click login



STEP 2

- Then select “Register as a new user”

A screenshot of the Employee Navigator login page. It features the logo at the top, followed by input fields for Username and Password, a green Login button, and links for "Reset a forgotten password" and "Register as a new user".

STEP 3

- You will be required to provide the information listed below, once you enter the required information you will be able to create a unique username and password to access your Navigation Portal
 - Full First Name, Full Last Name
 - Company Identifier (COH-ACTIVE)
 - PIN - Last four of SSN
 - Date of birth - MM/DD/YYYY



You can login to review your benefits 24/7

Medical Coverage for Your Health

At City of Hialeah, your health is our priority. That's why we offer one medical plan through Cigna and two medical plans through UnitedHealthcare for you to consider.

Choosing the right plan to meet your needs is the first step to living your healthiest life. The total cost of coverage is important when deciding which medical plan is right for you and your family. This includes what you pay in premiums and what you pay for services out of your pocket. While each medical plan covers in-network preventive screenings in full, the plans vary on annual deductibles, copays, and levels of coinsurance. This means you may pay higher out-of-pocket with one plan versus another. The ideal medical plan should cover most of your health needs with out-of-pocket costs that meet your needs.



OAP PLAN THROUGH CIGNA

The OAP plan offers access to doctors and specialists within the Cigna's network only. If you visit a provider outside of the network, you will be responsible for the full cost of services received. There is a deductible to satisfy and you typically pay a flat dollar amount, or copay for most medical services. The plan is Open Access, which means that while You should select a Primary Care Physician (PCP), referrals to specialists are not required.

PPO PLANS THROUGH UNITEDHEALTHCARE (UHC)

The PPO Plans gives you flexibility to choose an in-network or out-of-network provider each time you need care. Keep in mind that you will save money when you visit in-network providers. Most services, such as doctor's office visits and emergency room visits, are paid with a set copay. The PPO Plan has lower deductibles and copays but higher employee premiums.

Benefit Terminology

Understanding your benefits doesn't need to be difficult. To make it easy for you, here is a list of commonly used terms, which may be referenced throughout this guide

Coinsurance – The percentage of a covered service, shared by you and the plan.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a \$35 copay for an office visit or prescription.

Deductible – The amount you pay each year before your plan begins paying benefits. Not all covered services are subject to the deductible; for example, preventive care.

Out-of-Pocket Maximum – The maximum dollar amount you pay per year before the plan begins paying covered expenses at 100%. This limit helps you plan for health care expenses.

Inpatient Care – Care given to a person who is admitted to the hospital. This person will stay one or more nights.

Outpatient Care – Care a person gets in a clinic, emergency room, hospital, or surgery center. This person receives care and goes home with no overnight stay.

Preventive Care – Routine health care including regular checkups and screenings to prevent disease, illness, and other health complications. Preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. It is for sudden illness or injuries that are not life-threatening, but care is still needed quickly so the person doesn't develop more serious pain or problems.

Emergency Room Care – Care received at a hospital emergency room for life-threatening conditions.

Preferred Provider Organization (PPO) – PPO plans offer higher coverage with reduced out-of-pocket expenses at a higher premium cost. With these plans, you typically pay a copay for primary care or specialist visits.

Cigna Medical Benefit - OAP

Plan Name	CIGNA OPEN ACCESS PLUS OPTION OAP
	In Network
Calendar Year Deductibles (CYD)	
Individual	\$6,000
Family	\$12,000
Co-Insurance	30%
Out-of-Pocket Maximum	
Individual Out-Of-Pocket Maximum	\$7,900
Family Out-Of-Pocket Maximum	\$15,800
Lifetime Maximum	Unlimited
Physician Office Services	
Virtual Visits (E-VISITS)	\$10 co-pay
Primary Care Physician (PCP) Office Visits	\$10 co-pay
Specialist Office Visits	\$60 co-pay
Labwork	No Charge
Preventive Care/Colonoscopy/Mammogram	No Charge
Urgent Care and Emergency Room	
Urgent Care Facility	\$50 co-pay
Emergency Room Facility Services	\$350 co-pay
Major Diagnostic Services/Complex Imaging	
Hospital	30% AFTER CYD
Freestanding Facility	\$75 co-pay
Hospital / Facility Services	
Inpatient Hospital	30% AFTER CYD
Outpatient Surgery	30% AFTER CYD
Free Standing	\$250 co-pay
Pharmacy Services	
Tier 1	\$0 / \$10 co-pay
Tier 2	\$50 co-pay
Tier 3	\$75 co-pay
Tier 4	20%
Mail Order Pharmacy (90 Day Supply)	2x copay

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Cigna Telehealth - MDLive

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can: elections within thirty days of the event.

- » Access care from anywhere via video or phone.
- » Get medical virtual care 24/7/365 – even on weekends and holidays
- » Schedule a behavioral/mental health virtual care appointment online in minutes.
- » Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- » Have a prescription sent directly to your local pharmacy, if appropriate.

Cigna partners with two national virtual care providers: Amwell™ and MDLIVE®. Both are quality options, so no matter which one you choose, you can feel confident in your care.

MDLIVE – medical and behavioral/mental health virtual care **888.726.3171**

Cigna Behavioral Health also provides access to video-based counseling through Cigna's network of providers. To find a provider:

- » Visit myCigna.com, go to "Find Care & Costs" and enter "Virtual counselor" under "Doctor by Type"
- » Call the number on the back of your Cigna ID card 24/7

CIGNA WEBSITE

Cigna's Member Website gives you everything you need to get the most from your plan. The easy-to-use website gives you access to your plan information that allows you to review claims, view and print your explanation of benefits (EOB), access your ID, and locate an In-network provider listing. Register on the website at Cigna.com or download the app:

Download the myCigna App for your mobile device.***



Disponible en Español.

Cigna Wellness Initiatives

Cigna makes it easy to be healthier. Just visit Cigna.com for more information

Lifestyle Management Program:

Whether your goal is to lose weight, quit tobacco or lower your stress levels, you have the power to make it happen. Cigna Lifestyle Management Programs can help – and all at no added cost to you. Each program is easy to use and available where and when you need it. And, you can use each program online or over the phone – or both.

Weight management

Reach your goal of maintaining a healthy weight – all without the fad diets. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. And, you'll get the support you need to stick with it.

Tobacco

Get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good.

Stress management

Lower your stress levels and raise your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need.

Your Health First:

If you have a chronic health condition, we'll connect you with a dedicated contact to help you:

- » Manage a chronic health condition ranging from asthma and low back pain to depression and coronary artery disease
- » Make more educated decisions about your health and treatment options
- » Create a plan to help improve your health
- » Understand medications and doctor's orders
- » Identify the triggers that affect your condition
- » Know what to expect if you need to stay in the hospital
- » Improve your lifestyle by learning to cope with stress, become tobacco-free, maintain good eating habits, and manage or lose weight

MotivateMe- City of Hialeah Wellness Incentive Program

As part of your employer's wellness program, you may be eligible to earn rewards for completing healthy actions. It's all part of the Cigna MotivateMe® program, offered by City of Hialeah. When you complete certain health and wellness activities, you'll earn valuable rewards –

Track your progress. Go to myCigna.com to see your qualifying health and wellness activities and keep track of how much you've earned and how to redeem.

You can earn \$75.00 in incentives when you complete:

A personalized health assessment, must complete this first between 1/1/2021-11/30/2021
Complete your annual physical (preventive exam), must be completed between 1/1/2021-11/30/2021 and earn \$75.

Visit Cigna.com for more information on these programs



Join Omada to build healthy habits that last



Omada is a digital lifestyle change program. We combine the latest technology with ongoing support so you can make the changes that matter most—whether that's around eating, activity, sleep, or stress. It's an approach shown to help you lose weight and reduce.

• EAT HEALTHIER

Learn the fundamentals of making smart food choices.

• INCREASE ACTIVITY

Discover easy ways to move more and boost your energy.

• OVERCOME CHALLENGES

Gain skills that allow you to break barriers to change.

• STRENGTHEN HABITS

Zero in on what works for you, and find lasting motivation.

• STAY HEALTHY FOR LIFE

Continue to set and reach your goals with strategies and support.

YOU'LL GET YOUR OWN



Interactive program



Wireless smart scale



Weekly online lessons



Professional Omada health coach



Small online group of participants

MORE GREAT NEWS:

You'll receive the program at no additional cost if you or your adult dependents are enrolled in the City of Hialeah medical plan offered through Cigna, are at risk for diabetes or heart disease, and are accepted into the program.

Take Omada's 1-minute health screener to see if you're eligible:
wwwv.omadahealth.com/coh

The Omada made program is administered by Omada Health, Inc. an independent third-party service provider. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company or its affiliates. The Omada' program is not administered by Cigna. It is administered solely by Omada Health, Inc. which is responsible for the program.

APL- GAP Insurance Options for Cigna OAP Plan

Gap insurance may help cover out-of-pocket expenses not covered by your medical insurance, such as deductibles, copays and coinsurance. So, for many medical expenses, you may be covered from the first dollar, not just after you've reached your deductible. Through APL you have two GAP plans to choose from;

2021 GAP PLAN OPTIONS		
American Public Life		
	Basic GAP Plan	Advanced GAP Plan
In Hospital Policy:	Option 2	
Max In-Hospital Benefits	\$7,900 per person per CY* Max \$15,800 per family per CY*	\$7,900 per person per CY* Max \$15,800 per family per CY*
In-Hospital Ambulance Benefits	Up to \$7,900 per ground transport Up to \$7,900 per air transport Limited to one trip per CY confined as an inpatient*	Up to \$7,900 per ground transport Up to \$7,900 per air transport Limited to one trip per CY confined as an inpatient*
Outpatient Policy:		
Max Outpatient Benefits	\$250 per covered person per CY*	\$7900 per covered person per CY*
Outpatient Ambulance Benefit	Up to \$250 per ground trip Up to \$250 per air transport Limited to one trip per CY* residing less than 18 hrs*	Up to \$7,900 per ground trip Up to \$7,900 per air transport Limited to one trip per CY* residing less than 18 hrs*
Optional Benefit Riders:		
Physician or Specialty Outpatient Treatment	Physician - \$25 per visit Specialist - \$50 per visit For treatment in hospital outpatient facility or physician's office	Physician - \$25 per visit Specialist - \$50 per visit For treatment in hospital outpatient facility or physician's office

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Filing MEDlink® Series Policy Claims Instructions for the Insured

Two Easy Ways to File a Claim!

1. Present your ID card to the Provider

- Simply present your ID card to your medical provider so they may file your claim and accept the assignment of benefits.
- If your medical provider is unable to accept assignment of benefits, you may file a claim directly with APL.

2. Submit a claim to APL

- Find claim forms on ampublic.com under "Claims & Forms: Select MEDlink® from the list of products, then click "download":
 - Using the MEDlink® claim form (Form C101), complete the section entitled "Claimant's Statement." Please be sure to sign and date in the blanks provided at the bottom of the form.
 - Include the Explanations of Benefits from your primary insurance carrier
 - For in-hospital and outpatient hospital claims, please include a uniform itemized hospital bill from your provider (Form UB-04)
 - For treatment in a physician's office, please include the physician's itemized statement of services from your provider (Form CMS-1500)

Submit Your Claim

Claims may be submitted to us by fax at 877.365.9423 or by mail to:

APL Claims
P.O. Box 925
Jackson, MS 39205-0925



Need assistance?

Call 800256.8606. option 2.
We're happy to help!

If the provider is unable to accept assignment of benefits, please obtain a walk out statement (Form CMS-1500) or an itemized hospital bill (Form UB-04) so that you can file your claim with APL. In order for APL to consider benefits, the itemized bill or walkout statement must list the claimant's name, date of service, charge, procedure code, diagnosis code, name and NPI number of the attending physician.

Underwritten by American Pubic Life Insurance Company. This product may have limitations and exclusions. This product is inappropriate for people who are eligible for Medicaid coverage.

UnitedHealthcare Medical Benefit Base Plan – PPO

Carrier / Provider Network Name	UnitedHealthcare / Choice Plus	
	In Network	Out of Network
Deductibles		
Individual	\$1,500	\$3,000
Family	\$4,500	\$9,000
Out-of-Pocket Maximum		
Individual Out-Of-Pocket Maximum	\$5,000	\$10,000
Family Out-Of-Pocket Maximum	\$15,000	\$30,000
Lifetime Maximum	Unlimited	Unlimited
Physician Office Services		
Virtual Visits	\$5 co-pay	N/A
Primary Care Physician (PCP) Office Visits	\$25 co-pay	40% after deductible
Specialist Office Visits	\$50 co-pay	40% after deductible
Labwork	No Charge	No Charge
Preventive Care/Colonoscopy/Mammogram	No Charge	40% after deductible
Urgent Care and Emergency Room		
Urgent Care Facility	\$50 co-pay	40% after deductible
Emergency Room Facility Services	\$250 co-pay	\$250
Major Diagnostic Services/Complex Imaging		
Hospital	20% after deductible	40% after deductible
Freestanding Facility	\$100	40% after deductible
Hospital / Facility Services		
Inpatient Hospital (per admit)	20% after deductible	40% after deductible
Outpatient Surgery - Free Standing/Hospital	20% after deductible	40% after deductible
Pharmacy Services	OPTUM RX	
Tier 1	\$10	N/A
Tier 2	\$30	N/A
Tier 3	\$50	N/A
Tier 4	20%	N/A

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UnitedHealthcare Medical Benefit Premier Plan – PPO

Carrier / Provider Network Name	UnitedHealthcare / Choice Plus	
	In Network	Out of Network
Deductibles		
Individual	\$750	\$1,250
Family	\$1,500	\$3,750
Out-of-Pocket Maximum		
Individual Out-Of-Pocket Maximum	\$4,000	\$8,000
Family Out-Of-Pocket Maximum	\$12,000	\$24,000
Lifetime Maximum	Unlimited	Unlimited
Physician Office Services		
Virtual Visits	\$5 co-pay	N/A
Primary Care Physician (PCP) Office Visits	\$25 co-pay	30% after deductible
Specialist Office Visits	\$50 co-pay	30% after deductible
Labwork	No Charge	No Charge
Preventive Care/Colonoscopy/Mammogram	No Charge	30% after deductible
Urgent Care and Emergency Room		
Urgent Care Facility	\$50 co-pay	30% after deductible
Emergency Room Facility Services	\$250 co-pay	\$250
Major Diagnostic Services/Complex Imaging		
Hospital	10% after deductible	30% after deductible
Freestanding Facility	\$100	30% after deductible
Hospital / Facility Services		
Inpatient Hospital (per admit)	10% after deductible	30% after deductible
Outpatient Surgery - Free Standing/Hospital	10% after deductible	30% after deductible
Pharmacy Services	OPTUM RX	
Tier 1	\$10	N/A
Tier 2	\$30	N/A
Tier 3	\$50	N/A
Tier 4	20%	N/A

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UnitedHealthcare - Virtual Visits

See a doctor whenever, wherever with Virtual Visits

When you're sick and need care quick, a Virtual Visit is a convenient way to start feeling better faster. With a Virtual Visit, you can see and talk to a doctor via mobile device or computer - 24/7. no appointment needed. The doctor can give you a diagnosis and prescription s, if needed. And with a UnitedHealthcare plan, your cost is \$50 or less.

To get started with a Virtual Visit, go to uhc.com/virtualvisits.

Get care in 20 minutes or less.

Use a Virtual Visit for these minor medical needs

- Bladder infection Urinary tract infection
- Bronchitis
- Cold/ flu
- Fever
- Pinkeye
- Rash
- Sinus problems
- Sore throat
- Stomachache

Prepare for your Virtual Visit.

Have these gems ready to register and complete your Virtual Visit

- Health plan ID card
- Credit card
- Pharmacy location
- Pinkeye



Find a primary care provider and save money with myuhc.com.

Here's how:

- Sign in to myuhc.com. You can create an account by choosing **Register now**.
- Click on **Find a Doctor** to search for a network doctor or facility.
- Click on **Medical Directory**.
- Select the type of **Medical Care** or enter name and click search.
- Click on **People** to locate a primary care physician, or enter doctor name and click **Search**.
- Click on **Primary Care**.
- Choose which type of primary care provider.
- If you already knew the doctor name. medical group or hospital you are looking for. enter that name in the open filter field and click **Filter**.

Things to note:

- *If you do not have a doctor's name specialty. facility name or medical group in your designated ZIP code area. or you are searching for a new one. click on the People file and follow the steps to find a new doctor*
- *For some plans, you will need to soled a primary care physician (PCP) at the time of enrollment if you do not select a PCP during enrollment, a PCP in your geographic area who is accepting new patients will be selected for you.*
- *Once you have selected your PCP. click on the Enrollment Information tab.*

UnitedHealthcare Wellness Initiative

Real people. Real Appeal.

Everything you need to lose weight and keep it off —
FREE to eligible UnitedHealthcare members

Thank you for being a UnitedHealthcare member. We are excited to offer Real Appeal, a free digital program that provides you with up to a full year of support for tasting weight loss: On average, participants lose 10 pounds after attending just 4 online classes. Your program includes:



Personal transformation coach

- Stop-by-step guidance and customization for a program that fits your needs, preferences and goals.
- Support and motivation for a full year to help you lose weight or maintain results.
- A personalized dashboard to keep track of your calories, fitness and goals.



24/7 convenience

Staying accountable to your goals may be easier than ever with:

- Food, activity, weight and goal trackers.
- Unlimited access to digital content.
- Your online group class, which is designed to help you build camaraderie and accountability with others in the program.
- Weekly health tips from celebrities, athletes and health experts.



Success kit

Resources to help you kick-start your weight loss and keep yourself on the road to results. Your kit will be delivered after your first class. It includes:

- Step-by-step Success Guides.
- Workout DVDs.
- Quick and simple recipes.
- Nutrition guide
- And much more.

Join the thousands of members that have lost nearly 1 million pounds. Start today at success.realappeal.com Spark your transformation with Real Appeal.

Dental Coverage for Your Health

This year you will have the option of choosing between two Dental HMO plans offered through Aetna and two Dental PPO plans offered through Cigna for 2021.

DHMO Plans Offered Through Aetna

The first two options are pre-paid DHMO plans with In-Network benefits only. All benefits are subject to a comprehensive fee schedule that outlines copays and charges for services. You must also choose a Primary Dentist office for you and your covered dependents. For a complete summary of copays by procedure please refer to the Aetna Schedule of Benefits.

Steps to locating an Aetna Dentist

1. Visit www.aetna.com/docfin
2. Visit your ZIP code or city/state and click search. This will allow you to search the entire directory or search for a specific dentist.



Preventive dental care can help reduce health risks

Aetna- Dental DHMO Plans

	Aetna DHMO Base Plan 751	Aetna DHMO Premier Plan 56
FEATURES:	In-Network Only	In-Network Only
Provider Network	Aetna Dental Maintenance Organization	Aetna Dental Maintenance Organization
CALENDAR YEAR DEDUCTIBLE (CYD):		
Individual:	N/A	N/A
Family:	N/A	N/A
Applied to Preventive	N/A	N/A
Annual Maximum	Unlimited	Unlimited
Out-of-Network Reimbursement	N/A	N/A
Reimbursement Schedule:		
Preventive	Copay Schedule	Copay Schedule
Basic Services	Copay Schedule	Copay Schedule
Major Services	Copay Schedule	Copay Schedule
Oral Evaluations	D0120 - \$0	D0120-\$0
Intraoral Series, X-rays	D0210-\$0	D0210 - \$0
Prophylaxis (Cleanings)	D1110-\$0	D1110-\$0
Fluoride Treatment	D1208 - \$0	D1208-\$0
Sealants	D1351 - \$0	D1351 - \$0
Restorations (Amalgam / Composite)	D2140 - \$0 / D2330 - \$0	D2140 - \$0 D2330 - \$0
Simple Extractions	D7140 - \$0	D7140-\$0
Periodontics Scaling/Planning	D4910 - \$33	D4910- \$15
Endodontics (Root Canal)	D3310 - \$56	D3310- \$0
Complex Extractions	D7241 - \$85	D7241 -\$60
Crowns	D2740 - \$259	D2740 - \$150
Dentures	D5110 - \$318	D5110-\$185
Bridges	D5211 - \$318	D5211 -\$185
Reimbursement Schedule:		
Child Ortho to Age 19	(Adult & Child) \$2,800 Max	(Adult & Child) \$2,300 Max

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PPO Dental Plans Offered Through Cigna

The PPO plan provides coverage for both In-Network and Out-of-Network (non-contracted dentist) coverage. You will maximize your benefits and minimize your out of pocket expenses when you seek care from a contracted PPO dentist. The PPO plan does not require a Primary Dentist assignment. For a complete summary of copays by procedure please refer to the Cigna Schedule of Benefits.

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

Go to Cigna.com and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."

(If you're already a Cigna customer, log in to myCigna.com or the my Cigna app to search your current plan's network. To search other networks, use the Cigna.com directory)



Step 2

Change the geographic location to the city/state zip code you want to search, Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



Step 3

Answer any clarifying questions and then verify where you live (as that will determine the networks available).



Step 4

Optional: Select one of the plans offered by your employer during open enrollment.

That's it! You can also refine your search results by distance years in practice, spending, languages spoken and more.

Search first. Then choose Cigna

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to myCigna.com - your one stop source for managing your health plan, anytime just about anywhere. On myCigna.com you can estimate your health care costs, manage and track claims, learn how to live healthier life and more.

Questions? Call 1.800Cigna.24



Cigna- Dental PPO Plans

FEATURES:	Cigna Dental PPO Base Plan		Cigna Dental PPO Premier Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Provider Network	Total Cigna Dental PPO		Total Cigna Dental PPO	
CALENDAR YEAR DEDUCTIBLE (CYD):				
Individual	\$50		\$50	
Family	\$150		\$150	
Applied to Preventive	No		No	
Annual Maximum	\$1,200		\$5,000	
Out-of-Network Reimbursement	90th Percentile of Allowed Charges		90th Percentile of Allowed Charges	
Reimbursement Schedule:				
Preventive	100%		100%	
Basic Services	80%		80%	
Major Services	50%		50%	
Oral Evaluations	Preventive		Preventive	
Intraoral Series, X-rays	Preventive		Preventive	
Prophylaxis (Cleanings)	Preventive		Preventive	
Fluoride Treatment	Preventive		Preventive	
Sealants	Preventive		Preventive	
Restorations (Amalgam /Composite)	Basic		Basic	
Simple Extractions	Basic		Basic	
Periodontics Scaling/Planning	Basic		Major	
Endodontics (Root Canal)	Basic		Major	
Complex Extractions	Basic		Major	
Crowns	Major		Major	
Dentures	Major		Major	
Bridges	Major		Major	
Orthodontia:				
Child Ortho to Age 19	(Children) 50% to \$1,000 Max		(Children) 50% to \$2,000 Max	

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PPO Vision Plan Offered Through Aetna

Aetna is our vision provider for 2021. The plan includes benefits for eye exams, eyeglasses, and contact lenses. To maximize your benefits, please visit a doctor within the Aetna network.

You're set in three steps



1. Find a provider

Visit aetnavision.com or call 1-877-9-SEE AETNA (1-877-973-3238) (TTY:711)



2. Call to set up a visit.

Or visit aetnavision.com or our mobail app to schedule one.



3. Get care at any provider.

when you stay in network, there are no claims to file , and you'll likely pay less



You can also buy eyewear online at:

contactsdirect **GLASSES.COM** **OPTICAL**

Ray-Ban

LENSCRAFTERS

VISION PPO PLAN - AETNA

FEATURES:	In-Network	Out-of-Network
Provider Network	Aetna Vision Preferred	Aetna Vision Preferred
FREQUENCY SCHEDULE:	12/12/24/12	12/12/24/12
Comprehensive Exam	Once every 12 months	Once every 12 months
Eyeglass Lenses	Once every 12 months	Once every 12 months
Eyeglass Frames	Once every 24 months	Once every 24 months
Contact Lenses (in lieu of glasses)	Once every 12 months	Once every 12 months
PLAN FEATURES:		
Exam	\$10 copay	\$30 Reimbursement
Materials	Covered 100% after copay	100% after copay
Standard Contact Lens Fit	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit	Member pays 90% of retail	Not Covered
EYEGLOSS LENSES OPTIONS:		
Single Vision Lenses	\$10 copay	\$25 Reimbursement
Bifocal Lenses	\$10 copay	\$40 Reimbursement
Trifocal Lenses	\$10 copay	\$64 Reimbursement
Lenticular Lenses	\$10 copay	\$64 Reimbursement
Standard Progressive Lenses	\$75 copay	\$40 Reimbursement
Premium Progressive Lenses	20% discount off retail minus \$120 plan allowance plus \$75 copay	\$40 Reimbursement
CONTACT LENSES OPTIONS:		
Elective	\$160 allowance applies to all contact lens materials and fittings/evaluations	\$128 Reimbursement
All Other Elective Contact Lenses	Covered 100%	\$200 Reimbursement
Necessary Contact Lenses		
FRAMES BENEFIT:		
Any Frame Allowance, Including Frames for Prescription Sunglasses	Up to \$160 allowance, then 20%	\$80 Reimbursement
ADDITIONAL SERVICES:		
Laser Vision Discount at U.S. Laser Network (1-800-422-6600) Tier 2	Discounts may be available	Discounts may be available

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2021 EMPLOYEE BI-WEEKLY RATES

Health Insurance

	Open Access Plus OAP Cigna	PPO Base Plan UnitedHealthcare	PPO Premier Plan UnitedHealthcare
Employee Only	\$32.44	\$50.71	\$80.52
Employee and Spouse	\$66.91	\$123.63	\$186.77
Employee and Child(ren)	\$59.92	\$114.90	\$174.36
Employee and Family	\$119.42	\$173.31	\$261.82

GAP (GAP CAN ONLY BE USED WITH HMO PLAN)

	Basic GAP Plan Through American Public Life With OAP Plan	Advanced GAP Plan Through American Public Life With OAP Plan
Employee Only 27.39	\$8.79	\$27.39
Employee and Spouse	\$18.96	\$49.30
Employee and Child(ren)	\$15.38	\$45.53
Employee and Family	\$34.32	\$75.32

Dental and Vision

	Dental DHMO Base Plan Aetna	Dental DHMO Premier Plan Aetna	Dental PPO Base Plan Cigna	Dental PPO Premier Plan Cigna	Aetna Vision PPO
Employee Only	\$6.26	\$7.23	\$19.33	\$28.39	\$3.47
Employee and Spouse	\$11.03	\$13.61	\$36.40	\$53.46	\$6.59
Employee and Child(ren)	\$10.93	\$13.67	\$36.55	\$53.68	\$6.94
Employee and Family	\$16.17	\$21.39	\$57.23	\$84.04	\$10.20



Basic Life and AD&D- Securian I Ochs



City of Hialeah provides you with Basic Term Life Insurance at no cost to you through Securian Financial – administered by Ochs. The amounts vary depending on job classification. The benefit included of insurance is specified in the grid below.

The Plan includes a \$7,500 Accidental Death and Dismemberment (AD&D). The AD&D benefit will provide your beneficiary if death is due to an accident. If the employee is dismembered (such as loss of an eye or limb), benefits will be paid to the employee. You must be actively at work on the date of coverage becomes effective.

Securian Financial – administered by Ochs			
Employee Class	Class Description	Coverage Amount	AD&D Amount
Class 1	Active Full time Management Employees, except for employees in classes 6 and 9	\$100,000.00	\$7,500.00
Class 2	Retired Management employees who retired on or after 7/1/02 and are 65 years of age or under	\$100,000.00	\$7,500.00
Class 3	Retired Management Employees who retired on or after 7/1/02 and are over 65 years of age	\$25,000.00	\$7,500.00
Class 4	Retired Management Employees who retired after on or after 11/1/80 but before 7/1/2020 and are age 65 and under	\$50,000.00	\$7,500.00
Class 6	Retired Management Employees who retired on or after 11/1/80 but before 7/1/2020 and are over age 65	\$12,500.00	\$7,500.00
	All other Active full-time employees excluding Sworn Police Officers in Class 1 and active management employees in class 1		
Class 7	All other retired employees who are age 65 and under, excluding retired Sworn Police Officers and retired management employees who are age 65 and under	\$10,000.00	\$7,500.00
Class 8	All other retirees who are over age 65 (excluding retired Sworn Police Officers who are over age 65)	\$2,000.00	\$7,500.00
Class 9	Active Sworn Police Officers	\$10,000.00	\$7,500.00
Class 10	Retired Sworn Police Officers who are age 65 and under	\$10,000.00	\$7,500.00
Class 11	Retired Sworn Police Officers who are over age 65	\$2,000.00	\$7,500.00

Voluntary Term Life and AD&D Insurance- Securian I Ochs

In addition to the Basic Life coverage provided by the City you can also purchase supplemental life insurance through Securian Financial – administered by Ochs for yourself and your eligible dependents.

Employee - Purchase in increments of \$10,000 up to a maximum of \$750,000. During the designated annual enrollment period, Evidence of Insurability is required for all elections, except for Child coverage. If you are a newly eligible employee you can purchase up to \$300,000 without answering any health questions

Spouse/Domestic Partner - Purchase in increments of \$10,000 up to a maximum of \$250,000. During the designated annual enrollment period, Evidence of Insurability is required for all elections, except for Child coverage. If your spouse is newly eligible you can purchase up to \$50,000 without answering any health questions.

Children - For dependent children you can purchase in increments of \$10,000, \$15,000 or \$20,000 for each child and not to exceed the employee’s total basic and supplemental coverage. One premium insures all eligible children from live birth to age 26. Children are at least 14 days old and under the age of 19, or 25 if a full-time student, you can purchase life insurance in the amount of \$5,000 or \$10,000.

MONTHLY COST - Employee or Spouse - Supplemental Term Life
See rate grid for easy cost calculation.

Age	Rate per \$1,000
<25	\$0.070
25-29	\$0.070
30-34	\$0.080
35-39	\$0.091
40-44	\$0.137
45-49	\$0.210
50-54	\$0.322
55-59	\$0.540
60-64	\$0.812
65-69	\$1.431
70-74	\$2.060
75*	\$2.060



*Rates beyond age 75 are available upon request. Rates increase with age and all rates are subject to change.

Voluntary Term Life and AD&D Insurance

Waiver of Premium - If you become totally and permanently disabled, according to the terms of your certificate, life insurance premiums may be waived.

Accelerated Benefit - If an insured person is diagnosed with a terminal illness, as defined in your certificate, he/she may be eligible to request early payment of the life insurance in force.

Continuation: If you retire, leave the City or take a leave of absence, you may continue your supplemental term life coverage and make premium payments directly to the insurance company. However, the rates will vary.



MONTHLY COST – Child Life

\$10,000	\$15,000	\$20,000
\$1.30	\$1.95	\$2.60

One premium insures all eligible children.



Contact Ochs

ochs@ochsinc.com
651 665 3789
or 1 800 392 7295

Retirement Plan

A Secure Future Begins Now!

401(A): "Defined Contribution Retirement System (commonly known as the 401(a) plan for its IRS code number) is a plan for non-public safety employees hired after April 1, 2012. The City contributes 7% and the non-public safety employee contributes 7% to the system. The Defined Contribution/Defined Benefits Committee review reports on cash and investment performance."

457(b): "Deferred Compensation Plan (commonly known as the 457 plan for its IRS code number)-for the City Attorney and certain Assistant City Attorneys as a retirement plan. Other City employees can utilize the plan as a secondary optional retirement with employee contribution only. The Defined Contribution/Defined Benefits Committee review reports on cash and investment performance."

ELIGIBILITY

You are eligible to participate in the 457(b) Deferred Compensation Plan on the first of the month following or coinciding with your date of hire. Unless you elect to participate at a specific dollar amount, percentage of pay per period, or elect to opt out of participation, you will be automatically eligible for benefits. When eligible, you may change your contribution, designated beneficiaries, and allocate your asset investments at any time. You do not need to wait for the annual enrollment to make changes.

For additional information, please contact the Risk Management Office at [305-883-8059](tel:305-883-8059)





Being retirement ready is an important part of financial wellness. The key to success is to start saving now. The 457(b) Deferred Compensation Plan, administered by Nationwide, offers a variety of investment options.

Deferred Compensation can supplement your pension and help you have a more comfortable retirement.

What is deferred compensation?

A deferred compensation plan is a supplemental retirement-savings program that offers a tax-advantaged way to invest for potentially more retirement income. Pre-tax contributions and any earnings are taxed as ordinary income when withdrawn.**

Why join a deferred compensation plan?

By investing through your employer's deferred comp plan, you may be able to fill a potential gap between what your pension provides and income you may need. Consider this: a 65 year old couple retiring this year may need \$220,000 (in Today's dollars) to cover medical expenses throughout retirement.

How do you put money in your account?

That's the easiest part! Your contributions are automatically deducted before taxes from your pay, contributed to your deferred comp plan account, and then invested as you direct.*

Deferred comp is designed for long-term investing. However, If you leave employment with your deferred comp plan sponsor, you can withdraw money without paying a 10 % penalty. Consider that, If you're thinking about early retirement.

What about the risks of Investing?

Investing involves market risk, including possible loss of principal. But you also face several other risks. While your Nationwide Retirement specialist cannot offer investment , tax or legal advice, we'll help you put the various risks into perspective and explain strategies that may help you deal with them.

How do I get started in a deferred compensation plan?

Contact your Nationwide Retirement Specialist:

Ana Aguiree 789 506 2944
Ninoska Calzadilla 305 849 1392



To learn more about retirement planning, visit your plan website or contact your Nationwide Retirement Specialist today.



Nationwide®

Supplemental Insurance- Complete Your Coverage



City of Hialeah employees may purchase supplemental insurance on a voluntary basis through Colonial Life. Descriptions of the variety of coverage options available are provided below.

All Colonial Life programs help employees:

- ✓ Protect their income
- ✓ Supplement their medical plan
- ✓ Provide a financial safety net for unexpected health issues

Accident Insurance- Colonial Life

Accident Insurance- Provides employee with cash benefits if they or a covered dependent receive treatment for injuries sustained in a covered accident, 24/7.

Accidents can happen anytime, anywhere.

Accidents are usually followed by a series of bills. Even if you have good insurance, you may still have to cover out-of-pocket costs, such as:

- Doctor bills
- Ambulance fees
- Hospital expenses

Accident insurance from Colonial Life & Accident Insurance Company can help protect you, your spouse and your dependent children from the unexpected expenses of an accident.



Features of Colonial Life's Accident Insurance:

- You are paid benefits to help you with the care and treatment of a covered accidental injury.
- Your benefits are paid directly to you, unless you specify otherwise.
- You are paid benefits regardless of any other insurance you may have with other insurance companies.
- You can take your coverage with you if you change jobs or retire.

Cancer Insurance-Colonial Life

Cancer Insurance- Provides employee with cash benefits if they or a covered dependent are diagnosed with cancer.

How will you pay for what your health insurance won't?

If diagnosed with cancer, would you have the money to cover:

- Out-of-network treatments
- Experimental treatments
- Rehabilitation
- Travel and lodging
- Child care expenses

Cancer insurance from Colonial Life & Accident Insurance Company helps guard against financial hardship if you or a loved one is diagnosed with cancer.

Features of Colonial Life's Cancer Insurance:

- Helps pay some of the direct and indirect costs related to cancer diagnosis and treatment.
- Helps pay for expenses health insurance may not cover, such as deductibles and coinsurance.
- Pays an annual benefit for specified cancer screening tests.



Group Specific Disease Insurance -Colonial Life

Group Specific Disease Insurance- Provides employee with cash benefits if they or a covered dependent are diagnosed as having had a named specified health event.

Are you prepared for the cost of a serious illness?

A serious illness, such as a heart attack, stroke or cancer, could leave you in a period of financial difficulty. Even with major medical coverage, there are typically uncovered expenses to consider, such as

- Deductibles and coinsurance
- Home health care needs
- Travel and lodging
- Lost income
- Rehabilitation
- Child care

Group specified disease insurance from Colonial Life & Accident Insurance Company helps preserve your lifestyle in the event of a specified critical illness. It provides benefits that you can use however you like.

Features of Colonial Life's Group Specified Disease Insurance:

- Pays a lump-sum benefit if you are diagnosed with a covered specified disease.
- Pays a monthly benefit for the extended treatment of cancer.
- Coverage is available for you and your covered dependents.



Disability Insurance-Colonial Life

Disability Insurance- Provides employee with a source of income if they are unable to work due to an illness or injury.

If you got sick or hurt and couldn't work, how long could you go without a paycheck?

In today's economy, it'd be difficult losing just one paycheck. But a disability could have you out of work for days, weeks, months or even a year.

Disability insurance from Colonial Life & Accident Insurance Company can help protect your income, so you can maintain your way of life.

Features of Colonial Life's Disability Insurance income protection coverage:

- You're paid regardless of any other insurance you may have with other insurance companies.
- Benefits are paid directly to you, unless you specify otherwise.
- You may choose the amount of your disability benefits to meet your needs, subject to income.
- You can take your coverage with you if you change jobs or leave your employer.



Group Term Life Insurance- Colonial Life

Life insurance protection when you need it most

Life insurance needs change as life circumstances change. You may need different coverage if you're:

- Getting married
- Buying a home
- Having a child
- Taking on additional debt

Group term life insurance from Colonial Life & Accident Insurance Company provides protection for a specified period of time, typically offering the greatest amount of coverage for the lowest initial premium. This fact makes term life insurance a good choice for supplementing cash value coverage during life stages where obligations are higher, such as while children are young. It is also a good option for families on a tight budget.

Benefits of Colonial Life's Group Term Life Insurance:

- Provides a benefit for the beneficiary that is typically free from income tax.
- The policy's Accelerated Death Benefit can pay a percentage of the death benefit if the insured is diagnosed with a terminal illness with less than 12 months to live (may vary by state).
- The LifeWorks Employee Assistance Program provides online, telephonic and in-person services, and includes will preparation assistance for no additional cost.
- Accidental Death and Dismemberment and Waiver of Premium benefits are included in all plans.
- If you qualify, you may keep coverage if you change jobs or retire, without evidence of insurability.
- Spouse and dependent children coverage is available.

Why take chances with your family's financial security? Talk with your Colonial Life benefits counselor about group term life insurance and how it can help protect what you've worked so hard to build.



Whole Life Insurance - Colonial Life

Life insurance that comes with guarantees ... because life doesn't

Whole life insurance from Colonial Life & Accident Insurance Company provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect your family's way of life.

Guaranteed protection: Offers lifetime protection with a guaranteed death benefit that will not change as long as premiums are paid when due.

Guaranteed premiums: Promises a level premium that stays the same from the day you purchase the policy.

Guaranteed cash value: Guarantees the cash value amount – which accumulates on a tax-deferred basis.

Features of Colonial Life's Whole Life Insurance:

- Provides a benefit for the beneficiary that is typically free from income tax.
- Three option dates to purchase additional coverage with no proof of good health required if you are age 55 or younger at the time of purchase.
- The policy's Accelerated Death Benefit can provide a percentage of the death benefit if the insured is diagnosed with a terminal illness.
- \$3,000 immediate claim payment as an advance of the death benefit, paid to the designated beneficiary.

You can't predict the future, but you can rest easier knowing you have life insurance protection with lifelong guarantees. Talk with your Colonial Life benefits counselor to learn more.



Filing claims

eClaims

With the eClaims feature on ColonialLife.com, you can file claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- With eClaims, you can file most claims online, including:
 - Accident
 - Hospital confinement indemnity
 - Disability
 - Critical illness
 - Cancer
 - Vision*
- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the Claims Center and select File an Online Claim to get started.

You can always check the status of your claim on the My Colonial Life site at [ColonialLife.com](https://www.coloniallife.com).

Contact us

Online ColonialLife.com

Log in and click on Contact Us to email us.

Telephone

1-800-325-4368

Contact Center representatives are available Monday through Friday, 8 a.m. to 8 p.m. ET



Contact Information

VENDOR	TELEPHONE NUMBER	WEBSITE
MEDICAL INSURANCE		
CIGNA- HMO PLAN	800-244-6224	WWW.CIGNA.COM
UNITEDHEALTHCARE- PPO PLANS	866-633-2446	WWW.MYUHC.COM
DENTAL INSURANCE		
AETNA- DHMO PLANS	877-238-6200	WWW.AETNA.COM
CIGNA- PPO PLANS	800-244-6224	WWW.CIGNA.COM
VISION INSURANCE		
AETNA	877-973-3238	WWW.AETNA.COM
BASIC AND SUPPLEMENTAL LIFE INSURANCE		
Securian Financial Ochs	800-392-7295	OCHS@OCHSINC.COM
DEFERRED COMPENSATION		
NATIONWIDE Ana Aguirre	786-506-2944	ANA.AGUIRRE@NATIONWIDE.COM
SUPPLEMENTAL INSURANCE		
COLONIAL LIFE Accident, Cancer, Disability, Critical Care, Group Term Life, Whole Life	800-325-4368	WWW.COLONIALLIFE.COM
GAP INSURANCE		
AMERICAN PUBLIC LIFE	800-256-8606	WWW.AMPUBLIC.COM
CITY OF HIALEAH		
RISK MANAGEMENT	305-883-8059	WWW.HIALEAHFL.GOV

IMPORTANT PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICES, **ERISA NOTICES AND CONTACTS FOR MORE INFORMATION**

The City of Hialeah is providing these important notices to you at no fee. The notices in this package describe important rights that you have under the terms of The City of Hialeah Group Health Plan. If you have any questions or need additional information regarding these notices you can contact:

Your Employer Representative

Risk Management
305-883-8059

or by mail at
501 Palm Avenue Hialeah,
FL 33010



The following notices are included in this communication in this order:

- WHCRA Notice (Women’s Health and Cancer Rights Act)
- CHIPRA Notice (Children’s Health Insurance Program Reauthorization Act)
- Patient Protection Choice of Providers
- HIPAA Special Enrollment Rights Notice

NOTICE OF RIGHTS UNDER THE WOMEN’S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Employer Representative for more information.

If you have had or are going to have a mastectomy, you 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
- Treatment of physical complications of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductible and co-insurance particulars that are applicable to other medical and surgical benefits provided under this Plan. City of Hialeah has provided the detailed information regarding deductible and co-insurance for the City of Hialeah Group Health Plan. For more information or to get a copy of the Summary Plan Description containing these details contact your Employer Representative.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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



If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2021. Contact your State for more information on eligibility –

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p>	<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>KENTUCKY – Medicaid</p> <p>KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)</p> <p>Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfnv.gov Medicaid Phone: 1-800-992-0900</p>
<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>

MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
OREGON – Medicaid	VERMONT – Medicaid
<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>	<p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462</p>	<p>Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>

RHODE ISLAND – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:



U.S. Department of Labor Services

Employee Benefits Security
Administration services
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebesa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

PATIENT PROTECTION CHOICE OF PROVIDERS

In cases where the City of Hialeah Group Health Plan allows or required a participant to designate a primary care provider, the participant has the right to designate any primary care provider who participates in the network and who is available to accept the participant or participant's family members.

Until you make this designation, City of Hialeah Group Health may designate a primary care provider automatically. For information on how to select a primary care provider, and for a list of the participating primary care providers, you can contact your Employer Representative.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from The City of Hialeah Group Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Employer Representative.

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Employer Representative.





The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or the carrier's official plan document. This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as an employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

The City of Hialeah reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

Presented by



**Emphasis
Benefits**
Member-Centered. Only Smart Benefits.