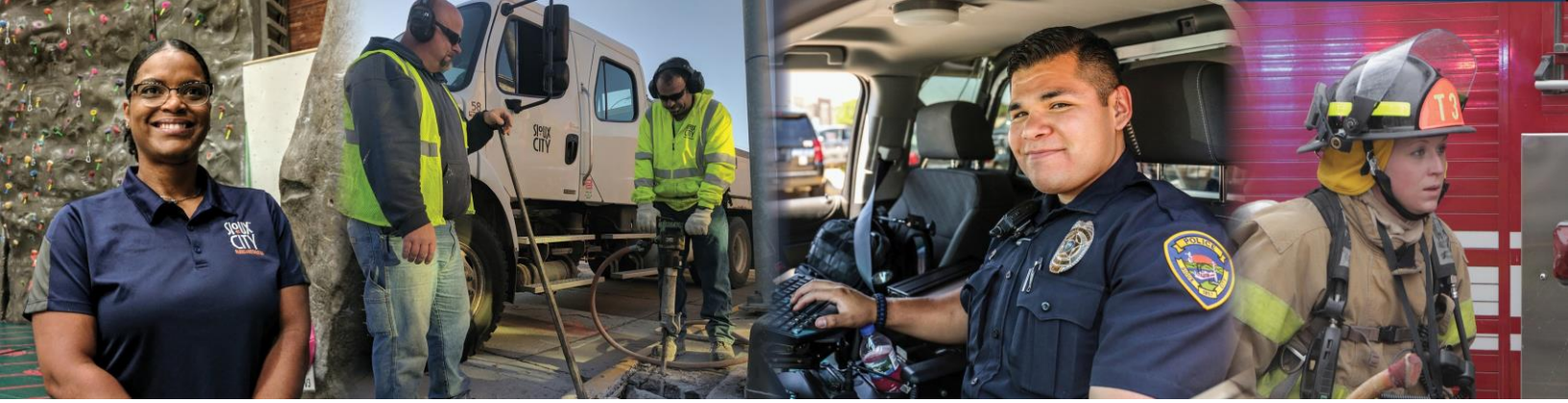
City of Sioux City
Employee Benefit Guide

REVISION DATE 12/2024



Employee Benefits

Welcome!

We're very glad you're working with the City of Sioux City. On the following pages you will find information regarding your benefits with us. If you have questions going through this guide, please don't hesitate to give us a call, email us or stop by.

Human Resources
City Hall, 2nd Floor, Suite 204
405 6th Street, Sioux City, IA 51101
712-279-6200
HRInfo@sioux-city.org

Summary

The City of Sioux City is proud to offer a comprehensive benefit package to all active, eligible employees. This Benefit Guide briefly summarizes the benefits offered by the City. For more detailed information, the Summary Plan Descriptions and Certificates of Coverage for the referenced plans are found on the Sioux City Human Resources page under Benefits.

(https://www.sioux-city.org/government/departments-g-p/human-resources/benefits/plan-documents-certificates-of-coverage)

This document is an outline of the coverage based on information provided by the City of Sioux City. It does not include all the terms, coverage, exclusions, limitations and conditions of the actual contract language. Please read the policies and contracts themselves for those details. Policies and Summary Plan Descriptions are available online at https://www.sioux-city.org/government/departments-g-p/human-resources/benefits/plan-documents-certificates-of-coverage

The intent of this document is to provide you with general information regarding your benefits. It does not address specific issues, nor should it be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by appropriate legal representation.

WHERE TO FIND...

Who is eligible for benefits?

Regular Full-time Employees
Regular Part-time Employees**
Regular Part-time Transit Employees >25 hours
Regular Part-time Library Employees >20 hours

*** Regular part-time employees not covered under the Library Bargained Contract, the Library Non-bargained Manual or Transit Bargained contract are eligible for Hospital Indemnity, Accident, Critical Illness, and ID Theft Protection only.*

When do benefits begin and end?

New hire benefits begin based on hire date. For employees hired between the 1st and the 15th of the month, coverage begins the first day of the following month. Employees hired between the 16th and end of the month, benefit coverage begins the first day of the next following month.

Benefit Effective Date Example

Hire Date	Effective Date
05/15	06/01
05/16	07/01

Employees moving from a regular part-time position to a regular full-time position will have benefits effective the first day of the month following the effective date of their job status change.

Benefits end on the last day of the month in which you are actively employed. Employees eligible to elect Retiree Coverage may elect Medical and/or Dental and those benefits begin the first day of the month following their last day of active employment.

Benefit Term Date Example

Term Date	Last Day of Coverage
05/07	05/31
05/30	05/31

Who can I cover on the Plans?

Employees may cover eligible dependents on their benefits. Dependents become effective the same date as employees. Newly acquired dependents will become effective based on the event date under which they are added. (please see ***Qualified Life Events - page 7***)

Eligible Dependents

Legal Spouse & Children (including stepchildren and foster children)

Employees must provide documentation to prove eligibility of dependents.

Dependent children are eligible to be covered on our insurance plans until the end of the month in which they turn 26. Unmarried, full-time students who are 26 or older are eligible to remain on the medical and dental plan provided they are a full-time student ***and*** unmarried.

Employees are responsible for providing ongoing proof of full-time student status. If we do not receive documentation supporting the requirements for over-age dependents, their coverage will be terminated.

Documentation Required

Spouse

- Government issued marriage certificate
  and
- Social security card

Child/Stepchild

- Government issued birth certificate, *or*
- Adoption paperwork, *or*
- Court orders
  and
- Social security card

When and How do I enroll in my benefits?

Making your benefit elections as soon as possible is important. Making timely elections provides us time to get information to the carriers, which in turn ensures you have your benefit cards as soon as you need them. You should enroll in your benefits as soon as possible. New hires or newly eligible employees have thirty (30) days from the date benefits are effective to make elections. During annual benefits open enrollment, you must enroll in the timeframe posted for the event.

***** Please note, all premiums will go back to your effective date, so to avoid paying any back premiums (paying in arrears), please enroll as soon as you are able. If you need assistance, please reach out to Human Resources. *****

Before you begin the Benefit Enrollment process, please have the following available:

- Any other insurance information (other insurance you will continue to carry when this coverage becomes effective)
- Dependents' social security numbers
- Dependents' date of birth
- Required documentation for all dependents

Once you have the information above, you need to navigate to www.mybentek.com/cscbenefit and follow the on-screen instructions to set up your account, or if you already have an account set up, to log in. Additionally, there is a "Quick Tips" information sheet on the City HR web page, under Benefits. Once your account is set up, from the Menu options on the screen, select the reason you are making elections (i.e., new hire, QLE, etc.) and complete the enrollment process. Upload any required documentation to Bentek as soon as possible. ***All benefit eligible employees must complete this process even if you are waiving coverage.***

Employees who choose to waive medical coverage may be eligible to receive an opt out credit. Please see the Coverage Information located at the back of this booklet. Employees covered under the City through another City employee will not be eligible for the opt out credit. ***Any employee who requests to receive the opt out credit must provide a Certificate of Creditable Coverage showing what level of coverage they have, who carries the insurance, all covered dependents and the insurance company providing the coverage****.*

When & how can I make changes to my benefits?

All benefit elections – initial elections, open enrollment elections, and Qualified Life Event elections are completed through Bentek. All of these events are time-sensitive. They have specific timeframes to get them completed. Failure to take action within the required timeline will result in you not having the benefits you want. Please contact Human Resources if you have questions on any of these.

Annual Benefits Open Enrollment

Each year in late fall, all eligible employees participate in Annual Benefits Open Enrollment. During this time, employees review their current benefit elections and prepare to make their elections for the upcoming year. All elections made during the Annual Benefits Open Enrollment period will be in effect for the following plan year (January 1 – December 31). Making changes to your Open Enrollment elections outside of the Open Enrollment period will only be allowed if you have a **Qualified Life Event** (QLE).

Qualified Life Events (QLE)

When you make your benefit elections, they remain in effect for the plan year (January 1 – December 31) unless you have a Qualified Life Event (QLE). The events, shown below, allow you to make changes consistent with the change being reported. (Adding a spouse when you get married, adding a new baby when they're born, etc.)

You are responsible for notifying Human Resources within the designated timeframe (normally 30 days) from the date of the event and documentation is required to support the change being requested. ***Timely notification is imperative***. Please note, some changes may affect your coverage level and may impact your premium.

** If you are adding a new dependent to your coverage, please **do not wait** until you receive the documentation to complete the QLE process. You may upload them when you receive them.*

Qualified Life Event

- Marriage
- Divorce
- Birth
- Death
- Adoption
- Placement for Adoption
- Gaining New Coverage
- Losing Other Coverage
- Commencing a Military Leave
- Returning from Military Leave
- Changing from FT to PT or PT to FT status

Effective Dates for Changes

Date of Event

- Marriage
- Birth
- Death
- Adoption/Placement for Adoption

First of the Month Following

- Divorce
- Gaining New Coverage
- Losing Other Coverage
- Changing from FT to PT or PT to FT status

What is covered under the Health Insurance?

Medical Information

Wellmark Blue Cross and Blue Shield
www.Wellmark.com
800-622-0005

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks due to unexpected illness and injury. A little prevention goes a long way – especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems may potentially develop into large expenses but by identifying problems early, they are often more easily treated at much less cost.

The Medical plan for the City of Sioux City is a Preferred Provider Organization (PPO) plan that utilizes a network of physicians. Using in-network providers gives you the highest level of benefit. In addition to in-network doctors nationally, it also provides telemedicine for those times you can't make it into the office. You may call in on-demand or set up an appointment with a participating provider.

Forgot your medical ID card? You can download the Wellmark app to your phone and your information is at your fingertips 24/7/365. With the Wellmark app, you can find an in-network doctor, have access to your insurance card, see your claims and much more. You can also view this information on the Wellmark website. Just navigate to www.mywellmark.com to register or login.

Medical Plan A	Coverage Level	In-Network	Out-of-Network
Lifetime Benefit Maximum (Overall)	No Limit		
Annual Deductible	Employee Employee + 1 Employee + 2 or More	$1,000 $1,400 $1,800	$1,500 $2,250 $3,000
Annual Out-of-Pocket Maximum (includes deductibles)	Employee Employee + 1 Employee + 2 or More	$1,600 $2,400 $3,200	$3,000 $4,500 $6,000

Medical Plan A	In-Network	Out-of-Network
Coinsurance	10%	30%
Primary Care, Specialist, Urgent Care, Mental Health/ Chemical Dependency Office Visit	$25 copay	30% after deductible
Ambulance and Home Health Services	10% after deductible	30% after deductible
Wellness Care (annual exams, immunizations, well baby care and services defined under the USTFPS)	no cost to you	$500 for employee/spouse and $250 for children per calendar year for routine care. No cost to you for well-child care.
Emergency Room (Deductible waived if admitted)	$100 copay, then 10% after deductible	$100 copay, then 10% after deductible
Inpatient & Outpatient Services	10% after deductible	30% after deductible
Chiropractic Services (26 visits per calendar year)	$25 copay	30% after deductible
Physical, Occupational and Speech Therapy Services	10% after deductible	30% after deductible
TMJ and Related Services	not covered	not covered
Skilled Nursing	10% after deductible	30% after deductible
Bereavement Couseling Services	$25 copay	30% after deductible
Hospice Services	10% after deductible	30% after deductible
Preadmission Testing	no cost to you	
Other Services (Artificial limbs and other prosthetic devices; blood and blood components; leg, arm, and neck braces; surgical dressings; casts and splints)	$140 deductible per person for prosthetic limb device, then 10% after deductible	$140 deductible per person for prosthetic limb device, then 10% after deductible

Prescription Information

CarelonRx
www.carelonrx.com
844-451-2111

Prescription coverage is essential. Whether you are getting a one-time treatment or are on a maintenance medication, with the cost of prescriptions on the rise, having a strong prescription plan is essential. The prescription plan provided by the City of Sioux City utilizes a comprehensive network of both local and national pharmacies. Always strive to visit an in-network provider as there is no "Out of Network" coverage on prescriptions.

Mail order prescriptions provide a cost saving alternative for employees to receive maintenance medications delivered right to their door at a reduced rate. All specialty drugs are delivered through Carelon Specialty pharmacy.

CarelonRx provides access to a mobile app and a website where you can review your claims, price out prescriptions, have access to your prescription cards 24/7/365, and several other services. We encourage you to log on to www.carelonrx.com and create your account as soon as you have your cards.

Prescription Plan	In-Network	Out-of-Network
Retail - Generic/Formulary/Non-Formulary Drug (34-day supply)	$5/$25/$35 copay	Not Covered
Mail Order - Generic/Formulary/Non-Formulary Drug (34-day supply)	$10/$50/$70 copay	
Mail Order - Specialty Drug (34-day supply)	$50 copay/$100 copay	

Dental Information

Delta Dental
www.deltadentalia.com
800-544-0718

Good oral care contributes to overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with the City of Sioux City dental plan. Eligible employees will have a $1,200 per person/year benefit. Please refer to the Summary Plan Description for any age or frequency restrictions on provided services.

Misplaced your dental card? Wondering how your claims are processing? Want to find an in-network provider? You can download the Delta Dental app or visit their website at www.deltadentalia.com. When searching for an in-network provider, select the Delta Dental Premier option.

Dental Plan	Delta Dental PPO	Delta Dental Premier
Annual Deductible		
Individual	$10	$25
Family	$20	$50
Annual Benefit Amount	$1,200	
Orthodontia Lifetime Maximum (covers 50% up to $2,000; covers adult orthodontia)	$2,000	
Diagnostic & Preventive Services (Check-ups & Teeth Cleaning) (Deductible does not apply)	100%	100%
~ Dental Cleaning ~ Oral Evaluations ~ Fluoride Applications ~ X-rays ~ Sealant Applications ~ Space Maintainers ~ Periodontal Maintenance Therapy		
Routine and Restorative Services (Cavity Repair & Tooth Extractions)	90%	80%
~ Emergency Treatment ~ General Anesthesia/Sedation ~ Restoration of Decayed or Fractured Teeth ~ Limited Occlusal Adjustments ~ Routine Oral Surgery ~ Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)	80%	80%
~ Apicoectomy ~ Direct Pulp Cap ~ Pulpotomy ~ Retrograde Fillings ~ Root Canal Therapy		
Gum and Bone Disease (Periodontal Services)	80%	80%
~ Conservative Procedures (Non-surgical) ~ Complex Procedures (Surgical)		
High-Cost Restorations (Cast Restorations)	80%	80%
~ Crowns ~ Inlays ~ Onlays ~ Post & Cores ~ Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)	50%	50%
~ Bridges ~ Dentures ~ Repairs & Adjustments ~ Recementing of Bridges ~ Implants		
Straighter Teeth (Orthodontics) (has separate deductible - $25 Individual)	50%	50%

Vision Information

VSP
www.vsp.com
800-877-7195

Regular eye exams not only help determine the need for corrective lenses, they can also detect certain eye conditions and other medical conditions at their earliest stages, providing for the most effective treatment options.

Want to know who the in-network providers are? Wondering how much benefit you will receive for your service? Navigate to www.vsp.com to register. The link is located on the right side of the page. You can also download the VSP app giving you 24/7/365 access to important information. When searching for a provider, navigate to www.vsp.com, enter in your zip code, select All Premier Edge locations and click "Search".

Vision Plan	In-Network	Out-of-Network
Services	(Member Benefits)	(Reimbursement)
Eye Exam	Covered in full after $10 copay	Up to $45
Frame Allowance	$50 wholesale allowance (up to $150 retail value)	Up to $70
Standard Spectacle Lenses Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses Lenticular Lenses	$0 copay; covered in full $0 copay; covered in full $0 copay; covered in full $0 copay; covered in full	Up to $30 Up to $50 Up to $65 Up to $100
Contact Lenses Fitting & Evaluation Medically Necessary Lenses	Covered in full after $60 copay Covered in full after eyeware copay	$210
FREQUENCY		
Eye Exam	Once every 12 months	Once every 12 months
Lenses OR Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

Flexible Spending Account (FSA) Information

IBC
www.ibcins.biz
712-277-2424

Save money on your healthcare and/or dependent day care expenses with a Flexible Spending Account (FSA). Set aside funds each pay period on a pretax basis and use them, tax-free, for qualified expenses. You pay no federal income or Social Security taxes on your contributions to your FSA. Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income. Healthcare and Dependent Care FSAs are available for qualified expenses. Please visit https://ibcmember.lh1ondemand.com/Login.aspx for more information on these accounts.

Account Limits

Healthcare Flexible Spending Account – $3,300

Dependent Care Flexible Spending Account - $5,000

Employee, Spouse & Child Life/AD&D Insurance

Madison National

Life insurance and Accidental Death & Dismemberment (AD&D) insurance provide financial security for the people who depend on you.

Eligible employees receive a Basic Life and AD&D benefit provided by the City at no cost. You are also able to elect additional Supplemental Life and AD&D coverage* to increase the amount of your protection. In the event of your death or qualified accident, you or your beneficiaries may receive a lump sum payout.

The amount of basic life insurance you receive is outlined in your contract or employment manual or detailed at the back of this document. For more information on this plan, please refer to your insurance certificate found on the City Human Resources web page at https://www.sioux-city.org/government/departments-g-p/human-resources/benefits/plan-documents-certificates-of-coverage.

**You will be required to complete Evidence of Insurability (EOI) if you…*

… do not purchase employee supplemental life, spouse life, and/or child life at your initial eligibility,
... request to move up more than 1 step in coverage during Open Enrollment,
… are exceeding the Guarantee Issue, or if you
…have a denied or incomplete response to your previously submitted Evidence of Insurability,

The amount requested that requires EOI will not be implemented until approved by the carrier. All life insurance provided through the City is Term Life coverage.

Plan Components

Basic Employee Life Insurance

$25,000 – AFSCME/Airport, PATS Union/EMS, Library Bargained, Library Non-bargained, Transit, Fire Bargained, Police Bargained

1x Annual Salary – PATS, Fire Supervisory, Police Supervisory, Library Director

Employee Supplemental Life Insurance

Increments of $10,000 up to $300,000* ($200,000 guarantee issue)

**Amounts elected in excess of the Guarantee Issue require Evidence of Insurability (approval from the insurance company)*

Spouse Life Insurance

Incremements of $5,000 up to $150,000 is available. $50,000 Guarantee Issue but spouse life may not exceed 50% of the total approved employee supplemental life insurance.

Child Life Insurance

Available in flat amounts of $5,000, $10,000 or $15,000. Children from birth to 6 months have a reduced benefit amount ($500, $1,000 and $1,500 respectively.) The cost for Child Life covers all eligible children in the household for the one rate.

Long Term Disability

Madison National

The City of Sioux City provides regular full-time employees* with long-term disability insurance at no cost to the employee. Coverage begins on the first day of the month following six (6) months of regular full-time employment. The LTD benefit is 66 2/3% up to the maximum monthly benefit stated in the Certificate of Coverage.

**Police and Fire are not eligible to receive Long Term Disability as they are covered under Iowa Code Chapter 411. Council Members and the Mayor are not eligible to receive Long Term Disability.*

Voluntary Supplemental Benefits

Accident, Critical Illness and Hospital Indemnity

Voya
https://presents.voya.com/EBRC/CityofSiouxCity
855-638-3931

The City of Sioux City is happy to partner with Voya to provide additional financial security in times of illness and/or injury. We offer Accident, Critical Illness, and Hospital Indemnity coverage that will pay you when you experience any of the covered occurances. Please see the information on the HR Benefits website for details. Information specific to the Sioux City plans can be found at https://presents.voya.com/EBRC/CityofSiouxCity.

Identity Theft Protection

Aura
www.aura.com
833-552-2123

In these times of increased cyber threats, the City of Sioux City is proud to offer Identity Theft Protection. This protection allows you to monitor your credit report regularly as well as receive Dark Web monitoring. Concerns with your children's online presence? This coverage also offers cyber-bullying and social media reputation monitoring. In the event you become the victim of identity theft, this coverage provides financial assistance to cover the costs of attorneys, investigators and other legal defense needs. Employees can select between Basic and Premium coverage for employee only or family. Both Basic and Premier plans cover credit monitoring, credit scores, and a multitude of other items. Premier also covers Credit & Debit card monitoring, Student Loan activity and a more comprehensive credit score and report option. Please visit https://www.sioux-city.org/government/departments-g-p/human-resources/benefits and scroll down to the Voluntary Benefits section to see more details.

What are my retirement savings options?

The City of Sioux City offers a deferred compensation plan (457) and we, as a public employer, participate in the State pension plans (MFPRSI for public safety employees and IPERS for non-public safety employees.) Deferred compensation is a retirement income that is available for the duration of the funds. Pension compensation is a benefit available for life. The combination of these two plans help our employees fund their retirement years.

Pension Plans - MFPRSI / IPERS

State of Iowa

All employees of the City of Sioux City participate in a Pension Plan. Public safety employees (Police and Fire) participate in Municipal Fire & Police Retirement System of Iowa (MFPRSI) and non-public safety employees participate in Iowa Public Employees' Retirement System (IPERS). The employer and employee contribution amounts are established by the Pension Plans and published on their respective websites, www.mfprsi.org and www.ipers.org.

Deferred Compensation

Mission Square & Nationwide

The City of Sioux City allows regular full-time and regular part-time employees to participate in the City of Sioux City Deferred Compensation Plan (457). This account is a way to set aside money, pre-tax or post-tax, for retirement and participants are 100% vested on day one. City match amount is specific to your bargaining contract/employment manual.

The City of Sioux City utilizes MissionSquare as our deferred compensation provider**.

Website: www.icmarc.org
Contact: Michael McIntosh
202-264-0904
mmcintosh@missionsq.org
(preferred method of contact)

*** Members of the Sioux City Professional Fire Fighter's Association may choose Nationwide or Mission Square for their deferred compensation.*

Please refer to the City Human Resources benefit page for the current contact.

City of Sioux City Wellness Program

Well365

The City of Sioux City offers a Wellness Program to promote and improve employee health and wellbeing by participating in a variety of activities and utilizing tools and resources via the Wellness Portal. Employees who participate in these activities earn points. Employees who meet the points requirements for both measurement periods may qualify for a Wellness Incentive each fiscal year.

Measurement Periods	**Points**
1st Period: July1st - December 31st	500
2nd Period: January 1st – June 30th	500

Incentives are awarded after the completion of the fiscal year and employees must meet the points required for both measurement periods and be an active City employee for the entire fiscal year to qualify for the incentives.

Navigate to the Wellness Portal to log your activities. There are a variety of activities from which you can choose, and you are encouraged to browse through the site to see all it has to offer.

Additionally, the City has a Wellness Committee that meets regularly to plan and promote healthy events and activities. For suggestions or questions, on the Wellness Program or the Wellness Committee, please contact Human Resources at 712-279-6200 or email them at HRInfo@sioux-city.org.

Incentives Offered

Wellness Incentive

The Wellness Incentive is $550.00 paid out in August.

Employee Assistance Plan (EAP)

Avera Mckenna

Employees face many challenges throughout their life. The Employee Assistance Program (EAP) is designed and offered to help you and your family address those challenges through a variety of resources. Avera Employee Assistance Plan may be able to help you with concerns such as:

- Coping with stress and anxiety
- Managing anger and conflict
- Work-related problems
- Coping with change
- Balancing work and home life
- Dealing with grief and loss
- Parenting outcomes
- Alcohol and/or drug problems
- Relationship problems
- Dealing with depression
- Financial problems
- Legal problems

The Employee Assistance Program…

…serves as an immediate resource. The EAP is accessible 24/7 by calling 800-527-9394 or 605-322-4069

…serves as a confidential service. Your call and the assistance you are provided is not shared with anyone. The only exceptions to confidentiality (by law) relate to situations involving risk of suicide, homicide or child abuse

EAP services are provided free to you and dependent family members as an employer-sponsored benefit.

Avera staff is available 24/7/365 – just call 800-527-9394 or visit their website at Avera.org/EAP

Employee Discounts & Perks Program

As an employee with the City of Sioux City, you have access to a variety of discounts and perks.

perks connect

With your Perks Connect card or using the app, employees have access to discounts at thousands of nationwide and local businesses. Log onto https://discounts.perksconnection.com now to set up your account and start saving!

fitness club membership discounts

City emplyees enjoy a discounted rate to both Four Seasons Health Club and the Siouxland Y. These discounts allow City employees access to these facilities at a signficiantly reduced rate. Please contact either facility for more information.

pet insurance

Owning a pet can be quite expensive. The City of Sioux City has partnered with Nationwide to offer Pet Insurance at a reduced rate. This coverage helps with routine care and the unexpected accidents or illnesses. Visit the HR website for more information or reach out to Nationwide to get more infomartion and sign up at (877) 738-7874.

T-Mobile

T-Mobile Work Perks

Save 15% on *Go*5G PLUS and get premium UNLIMITED Talk, Text, and Data!

Plan includes premium features like Netflix, Apple TV+, 50GB mobile hotspot data, international texting and data, Scam Shield™ Premium and free stuff every week with T-Mobile Tuesdays - all with taxes and fees included.

- Who to contact: (Be sure to mention Iowa Local Government – Promo Code – PERKSIA1)
  - New Accounts:
    - Call (855) 570-9947
    - Visit a local T-Mobile store: www.t-mobile.com/store-locator
  - Existing Customers – for Work Perks eligibility questions/options:
    - Call (877) 334-7099
  - Visit: www.t-mobile.com/perks – for online chat, FAQs and additional Perks information & promotions

Who do I contact with questions?

Medical

Administrator: Wellmark Blue Cross Blue Shield
Phone: 800-622-0005
Website: www.Wellmark.com
Group #: XA023
App: Wellmark

Prescription

Administrator: CarelonRx
Phone: 844-451-2111
Website: www.carelonrx.com
Group #: RX42AF
App: pending

Dental

Administrator: Delta Dental
Phone: 800-544-0718
Website: www.deltadentalia.com
Group #: 1-40833-1
App: Delta Dental Mobile App

Vision

Provider: VSP
Phone: 800-877-7195
Website: www.vsp.com
Group #: 40156053
App: VSP Vision Care App

Flexible Spending Accounts

Administrator: Innovative Business Consultants
Phone: 712-277-2424
Website: www.ibcins.biz
Group #: CSC
App: Innovative Business Consultants App

Supplemental Medical

Provider: Voya
Phone: 877-236-7564
Website: https://presents.voya.com/EBRC/CityofSiouxCity
Group #: 717347
Plans: Critical Illness, Hospital Indemnity, Accident

Identity Theft Protection

Provider: Aura
Phone: 855-443-7748
Website:
App: N/A

Human Resources

City of Sioux City Human Resources
Phone: 712-279-6200
Website: https://www.sioux-city.org/government/departments-g-p/human-resources
Email: HRInfo@sioux-city.org

Deferred Compensation – Fire Bargained

Administrator: Nationwide
Contact: Please refer to the City HR Benefits Page

Deferred Compensation – All Others

Administrator: MissionSquare
Contact: Michael McIntosh
Phone: 202-264-0904
Email: mmcintosh@missionsq.org
Website: www.icmarc.org

Iowa Public Employees Retirement System

Website: www.ipers.org
Phone: 800-622-3849

Municipal Fire & Police Retirement System of Iowa

Website: www.mfprsi.org
Phone: 888-254-9200

Regular Full-time Employees	AFSCME	PATS Union/EMS	Library Bargained	Library Non-Bargained	Fire Supervisory	Police Supervisory	PATS	Fire Bargained	Police Bargained	Transit
Medical/Rx	√	√	√	√	√	√	√	√	√	√
Dental	√	√	√	√	√	√	√	√	√	√
Vision	√	√	√	√	√	√	√	√	√	√
Flex (Healthcare & Dependent Care)	√	√	√	√	√	√	√	√	√	√
Life Insurance	√	√	√	√	√	√	√	√	√	√
Opt Out Credit	√	√	√	√	√	√	√	-	√	√
Supplemental Medical	√	√	√	√	√	√	√	√	√	√
ID Theft Protection	√	√	√	√	√	√	√	√	√	√
IPERS/MFPRSI (Pension)	√	√	√	√	√	√	√	√	√	√
Deferred Compensation (457)	√	√	√	√	√	√	√	√	√	√
Deferred Comp Match	√	√	√	√	√	√	√	√	√	√
Retirement Severance Pay	√	√	-	√	√	√	√	√	√	√*
Reduction in Force Pay	√	√	-	√	-	-	√	-	-	-
Wellness Incentive	√	√	√	√	√	√	√	√	√	√
HRA (*PHEP)	√	√	√	√	√	√	√	√*	√	-

Regular Part-time Employees	AFSCME	PATS Union/EMS	Library Bargained	Library Non-Bargained	Fire Supervisory	Police Supervisory	PATS	Fire Bargained	Police Bargained	* Transit (>25 hrs) *
Medical/Rx	-	-	√	√	-	-	-	-	-	√
Dental	-	-	√	√	-	-	-	-	-	√
Vision	-	-	√	√	-	-	-	-	-	√
Flex	-	-	-	-	-	-	-	-	-	-
Life Insurance	-	-	-	-	-	-	-	-	-	√
Opt Out Credits	-	-	-	-	-	-	-	-	-	-
Supplemental Medical	√	√	√	√	√	√	√	√	√	√
ID Theft Protection	√	√	√	√	√	√	√	√	√	√
IPERS/MFPRSI (Pension)	√	√	√	√	√	√	√	√	√	√
Deferred Compensation (457)	√	√	√	√	√	√	√	√	√	√
Deferred Comp Match	-	-	√	√	-	-	-	-	-	-
Retirement Severance Pay	-	-	-	-	-	-	-	-	-	-
Reduction in Force Pay	-	-	-	-	-	-	-	-	-	-
Wellness Incentive	-	-	-	-	-	-	-	-	-	-
HRA	-	-	-	-	-	-	-	-	-	-

Coverage Details

Medical/Rx: All regular full-time employees and regular part-time employees covered under the Library Bargained contract, Library Non-bargained manual and the Transit contract, are eligible to participate in the City of Sioux City Health Plan. Part-time Transit and Library employees must qualify each year during their designated lookback period to participate in the Health Insurance Plan.

Dental: All regular full-time employees and regular part-time employees covered under the Library Bargained contract, Library Non-bargained manual and the Transit contract, are eligible to participate in the City of Sioux City Dental Plan. Part-time Transit and Library employees must qualify each year during their designated lookback period to participate in the Dental Insurance Plan.

Vision: All regular full-time employees and regular part-time employees covered under the Library Bargained contract, Library Non-bargained manual and the Transit Bargained contract, are eligible to participate in the City of Sioux City Vision Plan. Part-time Transit and Library employees must qualify each year during their designated lookback period to participate in the Vision Insurance Plan.

The Vision plan is a fully insured plan, and the City abides by the rules and regulations associated with the insurance policy.

Flexible Spending Accounts: All regular full-time employees are eligible to participate in the City of Sioux City Flexible Spending Plan.

The City offers Healthcare Flexible Spending and Dependent Care Flexible Spending. Account maximums shown each annual open enrollment and are generally in alignment with IRS maximums.

Life Insurance & Accidental Death & Dismemberment (AD/D): All regular full-time employees and regular part-time employees covered under the Transit contract are eligible for Life Insurance and AD/D. The Life and AD/D coverage amounts are the same. All City life insurance is Term Life.

The City offers Basic Life Insurance at no cost to the employee for all eligible employees. Employees covered under the PATS, Police Supervisory, Fire Supervisory manuals and the Library Director receive a basic life insurance amount of one (1) times their annual rate of pay rounded up to the nearest thousand. All others receive $25,000.

Employees are allowed to elect supplemental life insurance for themselves, their legal spouse and their legal dependents under the age of twenty-six (26). Some circumstances may require completion of Evidence of Insurability before the elected coverage is in force.

If you and your spouse and/or children are also benefit eligible City employees, you ***may not*** cover them under Spouse or Child life insurance. They must carry their own coverage.

Guarantee Issue Amounts

Employee	**Spouse**
Age <70 - $200,000 (at initial eligibility)	Age <70 - $50,000 at initial eligibility
Age 70 to 74 - $10,000	Age 70 to 74 - $10,000
Age 75 or greater - $0.00	Age 75or greater - $0.00

Reduction in coverage will be as follows:

Age 70 – coverage amount reduces to 65% of covered amount
Age 75 – coverage amount reduces to 50% of covered amount

Opt Out Credits: All regular full-time employees eligible for health insurance, but who elect to not be covered under City insurance may receive an Opt Out Credit; please refer to your contract/employment manual. ***Employees who are covered under the City plan as a dependent will not be eligible for the Opt Out Credit***.

Employees requesting the Opt Out Credit ***must provide*** a Certificate of Creditable Coverage showing who all is covered under the alternate insurance, who is the primary policy holder and what insurance company is providing the coverage. This proof of alternate coverage is required annually at Open Enrollment.

Monthly Opt Out Credit amounts are $200 (Single), $500 (Employee + 1), $700 (Employee + 2 or more.)

Employees covered under the Fire Bargained contract are not eligible for Opt Out Credits.

Supplemental Medical Insurance: All regular full-time and all regular part-time employees are eligible to participate in the Supplemental Medical Insurance offered through Voya. These are fully insured plans and include Accident, Hospital Indemnity and Critical Illness.

Accident and Hospital Indemnity offer a four (4) tier coverage – Employee, Employee + Spouse, Employee + Child/ren, and Family. Critical Illness is an age-banded product and is offered for employees, their legal spouse and their legal dependents. A spouse may not elect Critical Illness unless the employee elects Critical Illness.

Identity Theft Protection: All regular full-time and all regular part-time employees are eligible to participate in the Identity Theft Protection coverage offered through ID Guard (Aura). This is a fully insured plan and there are two (2) options with two (2) levels – Basic Single or Family and Premier Single or Family.

Pension (IPERS/MFPRSI): All City employees participate in the state Pension plans. Public safety employees (Police and Fire) participate in the Municipal Fire and Police Retirement System of Iowa (MFPRSI) and all other employees participate in Iowa Public Employees Retirement System (IPERS).

Deferred Compensation (457): All regular full-time and regular part-time employees are eligible to participant in the City of Sioux City Deferred Compensation Plan. The Plan is administered by Mission Square for all employees except those employees covered under the Fire Bargained contract. The employees covered under the Fire Bargained contract may choose to have their deferred compensation plan through Nationwide or Mission Square.

Deferred Compensation (457) Match: All regular full-time employees may receive a City match to their deferred compensation. Match amounts are shown on each Salary Schedule.

Retirement Severance Pay: All regular full-time employees, except those covered under the Library Bargained contract and the Transit Bargained contract, who retire and meet the eligibility defined below, shall receive payment as described.

AFSCME/Airport – Any regular full-time employee of the City who retires and immediately upon retirement becomes eligible for regular retirement benefits under the provisions of IPERS, the Social Security Act, or Workers' Compensation shall receive twenty-four (24) hours pay for each twelve (12) months of service based on the employee's hourly rate of pay at the time of separation.

PATS Union/EMS – Any employee with a minimum of fifteen (15) years of consecutive service with the City or who retires and immediately upon retirement becomes eligible for regular retirement benefits under the provisions of IPERS, the Social Security Act, or Workers' Compensation shall receive twenty-four (24) hours pay for each twelve (12) months of service based on the employee's hourly rate of pay at the time of separation.

Fire Bargained – Please refer to The Sioux City Professional Fire Fighter's Association Contract, Local 7, Article 4.09.

Police Bargained – Please refer to The Sioux City Police Officer's Association Contract, Article 7.11.

Transit Bargained – Please refer to the contract for The Amalgamated Transit Union under Retirement Allowance, Article 39, Section 4.

Fire Supervisory - Any employee who retires and immediately upon such retirement becomes eligible for regular retirement benefits under the provisions of the Fire Fighter's Retirement System, the Social Security Act or Workers' Compensation, or resigns as a vested member of the provisions of the Fire Retirement System, shall receive retirement severance pay, at the rate of three day's pay (24 hours) for each full twelve (12) months of consecutive service with the City. Assistant Fire Chiefs assigned to Fire Suppression and any other Fire Supervisor that may be required to work a 56-hour workweek shall have their hourly dollar value calculated using a 40-hour work week.

Computation of such retirement severance pay shall be on the basis of the employee's regular rate of pay at the time of termination, including longevity pay, if applicable. In the case of death, employee's designated beneficiary shall receive the earned severance pay.

Police Supervisory - Any employee who retires and immediately upon such retirement becomes eligible for regular retirement benefits under the provisions of the Police Retirement System, the Social Security Act, Workers' Compensation, or resigns as a vested member of the provisions of the Police Retirement System, shall receive retirement severance pay, at the rate of three day's pay (24 hours) for each full twelve months of consecutive service with the City.

Computation of such retirement severance pay shall be on the basis of the employee's regular rate of pay at the time of termination, including longevity pay, if applicable. In the case of death, employee's designated beneficiary shall receive said pay.

PATS - Any regular full-time employee with a minimum of fifteen (15) years of consecutive service with the City shall receive three (3) days' pay (24 hours) for each full year of consecutive service upon retirement, resignation, death, or separation (other than for disciplinary reasons). The fifteen (15)-year requirement does not apply to those who retire and immediately become eligible to receive retirement benefits under the provisions of the Iowa Public Employees' Retirement System (IPERS), the Social Security Act, or Fire/Police Retirement System (MFPRSI).

Computation of such severance pay shall be based on the employee's regular rate of pay at the time of separation. In the case of death, the employee's designated beneficiary shall receive said pay.

Library Non-bargained - Any employee with a minimum of fifteen (15) years of consecutive service with the City shall receive three days' pay (24 hours) for each full twelve (12) months of consecutive service upon retirement, resignation, death, or separation (other than for disciplinary reasons). The 15-year requirement does not apply to those who retire and immediately become eligible to receive retirement benefits under the provisions of the Iowa Public Employee Retirement System (IPERS), the Social Security Act.

Reduction in Force Pay: All regular full-time employees covered under the AFSCME/Airport contract, the PATS Union/EMS contract, and the PATS manual shall receive pay as outlined below.

AFSCME/Airport – Any regular full-time employee of the City who has been employed for over one (1) year and who is affected by a reduction in force shall be entitled to forty (40) hours pay based on their current hourly salary at time of layoff.

PATS Union/EMS – Any full-time regular employee of the City who is affected by a reduction in force and who has been employed for over one (1) year shall be entitled to forty (40) hours pay; for over two (2) years, eighty (80) hours pay; and over seven (7) years, one hundred and twenty (120) hours pay. All pay is based on the employee's current hourly salary at time of layoff. Employees who receive this benefit are not eligible for severance pay.

PATS - Any regular full-time employee of the City, other than Executive or Council appointee, who is affected by a reduction in force, may be eligible to receive Reduction in Force pay as follows:

After 1 year of service	40 hours
Beginning of year 2 through year 6	80 hours
Beginning of year 7 and thereafter	120 hours

All pay is based on the employee's hourly rate of pay at time of layoff. Employees have the option to select retirement severance pay or reduction in force pay, if applicable, but would not be eligible for both.

Wellness Incentive: All regular full-time employees may be eligible to receive a Wellness Incentive. To earn the incentive, employees must successfully complete all the requirements of the Wellness Program and be an employee for the full fiscal year.

Health Reimbursement Account (HRA): All regular full-time employees who meet the requirements of a bona fide retirement will receive 20% of their remaining sick balance, paid out at the rate of pay on the date of separation and these funds will be deposited into a Health Reimbursement Account. Employees covered under the Fire Bargained contract will receive this pay deposited into their PEHP. Employees covered under the Fire Supervisory Manual have the option to receive this payout in their PEHP or in the HRA.

NOTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS
When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.
You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records.
You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications.
You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share.
You can ask us not to use or share certain health information for treatment, payment, or our operations.
We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information.
You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.
You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.
If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated.
You can complain if you feel we have violated your rights by contacting us using the information on page 1.
You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
We will not retaliate against you for filing a complaint.

NOTICES (CONTINUED)

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR CHOICES
For certain health information, you can tell us your choices about what we share.
If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:
Share information with your family, close friends, or others involved in payment for your care
Share information in a disaster relief situation
If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:
Marketing purposes
Sale of your information

Our Uses and Disclosures
How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the health care treatment you receive.
We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization.
We can use and disclose your information to run our organization and contact you when necessary.
We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

Pay for your health services.
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

NOTICES (CONTINUED)

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.
We can share health information about you for certain situations such as:
Preventing disease
Helping with product recalls
Reporting adverse reactions to medications
Reporting suspected abuse, neglect, or domestic violence
Preventing or reducing a serious threat to anyone's health or safety

Do research.
We can use or share your information for health research.

Comply with the law.
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
We can share health information about you with organ procurement organizations.
We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests.
We can use or share health information about you:
For workers' compensation claims
For law enforcement purposes or with a law enforcement official
With health oversight agencies for activities authorized by law
For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES
We are required by law to maintain the privacy and security of your protected health information.
We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.
OTHER INSTRUCTIONS FOR NOTICE
Effective Date: 07/01/2023
Privacy Officer: Janelle Bertrand, HR Director • 405 6th Street • Sioux City, IA 51101 • PH: 712-279-6200 • Email: jabertrand@sioux-city.org • This Notice of Privacy Practices applies to: City of Sioux City, IA

HIPAA Special Enrollment Rights

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 the other coverage (or if the employer stops contributing towards your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents'' other coverage ends (or after the employer stops contributing toward the other coverage).

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 the designated time for the qualifying event (30 days for marriage, 60 days for birth, adoption or placement for adoption).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact Human Resources at 712-279-6200 or email Hrinfo@Sioux-city.org. You may also come to the HR office at 405 6th Street, Suite 204, Sioux City, IA 51101.

Women's Health and Cancer Rights Act (WHCRA) Enrollment Notification

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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following cost sharing amounts apply:

Plan A	Deductible		Out-of-Pocket Maximum	
(per Cal Year)	**PPO**	**Non-PPO**	**PPO**	**Non-PPO**
Individual	$1,500	$1,500	$1,600	$3,000
Individual +1	$1,400	$2,250	$2,400	$4,500
Family	$1,800	$3,000	$3,200	$6,000

Co-insurance Plans A and B	
PPO	10%
Non-PPO	30%

If you would like more information on WHCRA benefits, call Human Resources for the City of Sioux City at 712-279-6200.

Important Information About Your COBRA Continuation Coverage Rights

When your coverage ends, you may be eligible to continue coverage under this group health plan.

Coverage Continuation for Surviving Dependent(s) of an Active Employee

The City will pay for coverage, including that for dependent children, for a widow/widower of a deceased active employee for 12 months after the death of such employee. Thereafter, a covered member on this coverage may continue coverage by filing for COBRA as outlined for all participants eligible for COBRA. The City will mail out standard COBRA paperwork for the "Other" covered members, and they must apply within the designated COBRA enrollment timeframes as outlined on the COBRA paperwork. This continued COBRA coverage would term under the same terms as all other COBRA coverage (see COBRA section). If a child attains age 26, their coverage will term as normal unless they meet the stated conditions to remain on the plan as an overage dependent (see Eligibility).

COBRA Continuation

COBRA continuation coverage is a temporary extension of group health coverage under the plan under certain circumstances when coverage would otherwise end. The right to COBRA coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA coverage can become available when you would otherwise lose group health coverage under the plan. It can also become available to your spouse and dependent children, if they are covered under the plan, when they would otherwise lose their group health coverage under the plan. The following paragraphs generally explain COBRA coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The description of COBRA coverage contained here applies only to the group health plan benefits offered under the plan and not to any other benefits offered by your employer or group sponsor (such as life insurance, disability, or accidental death or dismemberment benefits). The plan provides no greater COBRA rights than what COBRA requires. Nothing in the plan is intended to expand the participant's rights beyond COBRA's requirements.

Coverage Entitlement

You, your spouse, and/or your dependent child(ren) will be entitled to elect COBRA if you lose your group health coverage under the plan because of a life event known as a *qualifying event*. You may be entitled to continue this coverage under COBRA for a period of 18, 29, or 36 months depending on the qualifying event that causes loss of coverage under this plan. See *Length of Coverage* later in this section.

The following are recognized qualifying events that will entitle you, your spouse, and/or your dependent child(ren) for COBRA Coverage.

You will be entitled to elect COBRA:

- If you lose your group health coverage under the plan because your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

Your spouse will be entitled to elect COBRA if he/she loses his/her group health coverage under the plan because any of the following qualifying events happens:

- You die;
- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- You become entitled to Medicare benefits (Part A, Part B or both) prior to your qualifying event; or
- Your spouse becomes divorced or legally separated from you.

Your dependent child will be entitled to elect COBRA if he/she loses his/her group health coverage under the plan because any of the following qualifying events happens:

- You die;
- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- You become entitled to Medicare benefits (Part A, Part B or both);
- You and your spouse become divorced or legally separated; or
- The dependent stops being eligible for coverage under the plan as a dependent child.

A child born to, adopted by, or placed for adoption with you during a period of COBRA coverage is considered to be a qualified beneficiary provided that, if you are a qualified beneficiary, you have elected COBRA coverage for yourself. The child's COBRA coverage begins when the child is enrolled under this plan, whether through special enrollment or open enrollment, and it lasts for as long as COBRA coverage lasts for other family members of the employee. To be enrolled under this plan, the child must satisfy the otherwise applicable eligibility requirements (for example, regarding age).

Your child who is receiving benefits under this plan pursuant to a qualified medical child support order (QMCSO) received by your employer or group sponsor during your period of employment with your employer or group sponsor is entitled to the same rights to elect COBRA as your eligible dependent child.

If you take a Family and Medical Leave Act (FMLA) leave and do not return to work at the end of the leave or terminate coverage during the leave, you (and your spouse and dependent children, if any) will be entitled to elect COBRA if:

- They were covered under the plan on the day before the FMLA leave began or became covered during the FMLA leave; and
- They will lose coverage under the plan because of your failure to return to work at the end of the leave. This means that some individuals may be entitled to elect COBRA at the end of an FMLA leave even if they were not covered under the plan during the leave.

COBRA coverage elected in these circumstances will begin on the last day of the FMLA leave, with the same 18-month maximum coverage period, subject to extension or early termination, generally applicable to the COBRA qualifying events of termination of employment and reduction of hours. For information on how long you may have COBRA coverage, see later in this section, under *Length of Coverage.*

QUALIFYING EVENTS

After a qualifying event occurs and any required notice of that event is properly provided to your employer or group sponsor, COBRA coverage must be offered to each person losing coverage under the plan who is a qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries and would be entitled to elect COBRA if coverage under the plan is lost because of the qualifying event.

COBRA coverage is the same coverage that this plan gives to other participants or beneficiaries under the plan who are not receiving COBRA coverage. Each qualified beneficiary who elects COBRA will have the same rights under the plan as other participants or beneficiaries covered under the component or components of this plan elected by the qualified beneficiary, including open enrollment and special enrollment rights. Under this plan, qualified beneficiaries who elect COBRA must pay for COBRA coverage.

When the qualifying event is the end of your employment, your reduction of hours of employment, or your death, COBRA coverage will be offered to qualified beneficiaries. You need not notify your employer or group sponsor of any of these three qualifying events.

For the other qualifying events, a COBRA election will be available only if you notify your employer or group sponsor in writing within 60 days after the later of:

- The date of the qualifying event; and
- The date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of the qualifying event.

The written notice must include the plan name or group name, your name, your Social Security Number, your dependent's name and a description of the event.

Please note: If these procedures are not followed or if the written notice is not provided to your employer or group sponsor during the 60-day notice period, you or your dependents will lose your right to elect COBRA.

ELECTING COVERAGE.

To elect COBRA, you must complete the Election form that is part of the COBRA election notice and submit it to the COBRA Vendor. An election notice will be provided to qualified beneficiaries at the time of a qualifying event. You may also obtain a copy of the Election form from your employer or group sponsor. Under federal law, you must have 60 days after the date the qualified beneficiary coverage under the plan terminates, or, if later, 60 days after the date of the COBRA election notice provided to you at the time of the qualifying event to decide whether you want to elect COBRA under the plan.

Mail the completed Election form to:

COBRA Administrator
IBC
412 Water St.
Sioux City, IA 51103

The Election form must be completed in writing and mailed to the individual and address specified above. The following are not acceptable as COBRA elections and will not preserve COBRA rights: oral communications regarding COBRA coverage, including in-person or telephone statements about an individual's COBRA coverage; and electronic communications, including e-mail and faxed communications.

The election must be postmarked 60 days from the termination date or 60 days from the date the COBRA election notice provided at the time of the qualifying event. **Please note:** If you do not submit a completed Election form within this period, you will lose your right to elect COBRA.

If you reject COBRA before the due date, you may change your mind as long as you furnish a completed Election form before the due date. The plan will only provide continuation coverage beginning on the date the waiver of coverage is revoked.

You do not have to send any payment with your Election form when you elect COBRA. Important additional information about payment for COBRA coverage is included below.

Each qualified beneficiary will have an independent right to elect COBRA. For example, your spouse may elect COBRA even if you do not. COBRA may be elected for only one, several, or for all dependent children who are qualified beneficiaries. You and your spouse (if your spouse is a qualified beneficiary) may elect COBRA on behalf of all of the qualified beneficiaries, and parents may elect COBRA on behalf of their children. Any qualified beneficiary for whom COBRA is not elected within the 60-day election period specified in the COBRA election notice will lose his or her right to elect COBRA coverage.

When you complete the Election form, you must notify the COBRA Vendor if any qualified beneficiary has become entitled to Medicare (Part A, Part B, or both) and, if so, the date of Medicare entitlement. If you become entitled to Medicare (or first learn that you are entitled to Medicare) after submitting the Election form, immediately notify the COBRA Vendor of the date of the Medicare entitlement at the address specified above for delivery of the Election form.

Qualified beneficiaries may be enrolled in one or more group health components at the time of a qualifying event. If a qualified beneficiary is entitled to a COBRA election as the result of a qualifying event, he or she may elect COBRA under any or all of the group health components under which he or she was covered on the day before the qualifying event. For example, if a qualified beneficiary was covered under the medical and vision components on the day before a qualifying event, he or she may elect COBRA under the vision component only, the medical component only, or under both medical and vision (only if both components are available as a separate election option to the active employee).

Qualified beneficiaries who are entitled to elect COBRA may do so even if they have other group health plan coverage or are entitled to Medicare benefits on or before the date on which COBRA is elected. However, a qualified beneficiary's COBRA coverage will terminate automatically if, after electing COBRA, he or she becomes entitled to Medicare benefits or becomes covered under other group health plan coverage. For information on when coverage will terminate, see later in this section, under *Termination of Coverage.*

When considering whether to elect COBRA, you should take into account that a failure to elect COBRA will affect your future rights under federal law. You should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as coverage sponsored by the spouse's employer) within 30 days after your group health coverage under the plan ends because of one of the qualifying events listed above. You will also have the same special enrollment right at the end of COBRA coverage if you get COBRA coverage for the maximum time available.

LENGTH OF COVERAGE

When coverage is lost due to your death, your divorce or legal separation, or your dependent child losing eligibility as a dependent child, COBRA coverage can last for up to a maximum of 36 months.

When coverage is lost due to the end of your employment or reduction in hours of employment, and you became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA coverage for qualified beneficiaries (other than you as the employee) who lose coverage as a result of the qualifying event can last a maximum of 36 months after the date of Medicare entitlement. For example, if you become entitled to Medicare eight months before the date on which your employment terminates, COBRA coverage under the plan for your spouse and children who lost coverage as a result of your termination can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months). This COBRA coverage period is available only if you become entitled to Medicare within 18 months before the termination or reduction of hours.

Otherwise, when coverage is lost due to the end of your employment or reduction of hours of employment, COBRA coverage generally can last for only up to a maximum of 18 months.

EXTENDING COVERAGE

If the qualifying event that resulted in your COBRA election was your termination of employment or reduction of hours, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify your employer or group sponsor of a disability or a second qualifying event in order to extend the period of COBRA coverage. Failure to provide notice of a disability or second qualifying event will eliminate the right to extend the period of COBRA coverage. Along with the notice of a disability, the qualified beneficiary must also supply a copy of the Social Security Administration disability determination.

If a qualified beneficiary is determined by the Social Security Administration to be disabled and you notify your employer or group sponsor in a timely fashion, all of the qualified beneficiaries in your family may be entitled to receive up to an additional 11 months of COBRA coverage, for a total maximum of 29 months. This extension is available only for qualified beneficiaries who are receiving COBRA coverage because of a qualifying event that was your termination of employment or reduction of hours. The qualified beneficiary must be determined disabled at any time during the first 60 days of COBRA coverage. Each qualified beneficiary will be entitled to the disability extension if one of them qualifies.

The disability extension is available only if you notify your employer or group sponsor in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- The date of the Social Security Administration's disability determination;
- The date of your termination of employment or reduction of hours; or
- The date on which the qualified beneficiary loses (or would lose) coverage under the terms of the plan as a result of your termination of employment or reduction of hours.

The written notice must include the plan name or group name, your name, your Social Security Number, your dependent's name and a description of the event.

You must also provide this notice within 60 days after your termination of employment or reduction of hours in order to be entitled to a disability extension.

If these procedures are not followed or if the written notice is not provided to your employer or group sponsor during the 60-day notice period, then there will be no disability extension of COBRA coverage.

An extension of coverage will be available to your spouse and dependent children who are receiving COBRA coverage if a second qualifying event occurs during the 60 days (or, in the case of a disability extension, the 29 months) following your termination of employment or reduction of hours. The maximum amount of COBRA coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include your death, your divorce or legal separation, or a dependent child's ceasing to be eligible for coverage as a dependent under this plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the plan if the first qualifying event had not occurred. (This extension is not available under this plan when you become entitled to Medicare.)

This extension due to a second qualifying event is available only if the participant notifies your employer or group sponsor in writing of the second qualifying event within 60 days after the later of:

- The date of the second qualifying event; and
- The date on which the qualified beneficiary would lose coverage under the terms of this plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under this plan).

If these procedures are not followed or if the written notice is not provided to your employer or group sponsor during the 60-day notice period, there will be no extension of COBRA coverage due to a second qualifying event.

In addition to the regular COBRA termination events specified later in this section, the disability extension period will end the first of the month beginning more than 30 days following recovery.

For example, if disability ends June 10, coverage will continue through the month of July (7/31).

TERMINATION OF COVERAGE.

Coverage under COBRA will end when you meet the maximum period for your qualifying event, as indicated earlier under *Length of Coverage.*

COBRA coverage will automatically terminate before the end of the maximum period if:

- Any required premium is not paid in full on time;
- A qualified beneficiary
  - becomes covered, after electing COBRA, under another group health plan;
  - becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing COBRA;
- The employer ceases to provide any group health plan for its employees; or

- During a disability extension period, the disabled qualified beneficiary is determined by the Social Security Administration to be no longer disabled. For more information about the disability extension period, see *Extending Coverage,* earlier in this section.
- COBRA coverage may also be terminated for any reason this plan would terminate your coverage or coverage of a beneficiary not receiving COBRA coverage, such as fraud.

You must notify your employer or group sponsor in writing within 30 days if, after electing COBRA, a qualified beneficiary becomes entitled to Medicare (Part A, Part B, or both) or becomes covered under other group health plan coverage.

COBRA coverage will terminate (retroactively if applicable) as of the date of Medicare entitlement or as of the beginning date of the other group health coverage. Your employer or group sponsor will require repayment of all benefits paid after the termination date, regardless of whether or when you provide notice to your employer or group sponsor of Medicare entitlement or other group health plan coverage.

If a disabled qualified beneficiary is determined by the Social Security Administration to no longer be disabled, you must notify your employer or group sponsor of that fact within 30 days after the Social Security Administration's determination.

If the Social Security Administration's determination that the qualified beneficiary is no longer disabled occurs during a disability extension period, COBRA coverage for all qualified beneficiaries will terminate (retroactively if applicable) as of the first day of the month that is more than 30 days after the Social Security Administration's determination that the qualified beneficiary is no longer disabled. Your employer or group sponsor will require repayment of all benefits paid after the termination date, regardless of whether or when you provide notice to your employer or group sponsor that the disabled qualified beneficiary is no longer disabled. For more information about the disability extension period, see *Extending Coverage,* earlier in this section.

COVERAGE COST AND PAYMENT

Each qualified beneficiary is required to pay the entire cost of COBRA coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of COBRA coverage due to a disability, 150 percent) of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving COBRA coverage. The amount of the COBRA premiums may change from time to time during the period of COBRA coverage and will most likely increase over time. You will be notified of COBRA premium changes.

All COBRA premiums must be paid by check or money order.

Your first payment and all monthly payments for COBRA coverage must be made payable to IBC and mailed to:

COBRA Administrator
IBC
412 Water St.
Sioux City, IA 51103

The payment is considered to have been made on the date that it is postmarked. You will not be considered to have made any payment by mailing a check if your check is returned due to insufficient funds or otherwise.

If you elect COBRA, you do not have to send any payment with the Election form. However, you must make your first payment for COBRA coverage not later than 45 days after the date of election. This is the date the Election form is postmarked, if mailed, or the date the Election form is received by the individual at the address specified for delivery of the Election form, if hand-delivered. For more information on electing coverage, see *Electing Coverage* earlier in this section.

The first payment must cover the cost of COBRA coverage from the time coverage under the plan would have otherwise terminated up through the end of the month before the month in which you make your first payment.

For example, Sue's employment terminated on September 30, and she loses coverage on September 30. Sue elects COBRA on November 15. Her initial premium payment equals the premiums for October and November and is due on or before December 30, the 45th day after the date of her COBRA election.
You are responsible for making sure that the amount of your first payment is correct. You may contact the plan administrator to confirm the correct amount of the first payment.
Claims for reimbursement will not be processed and paid until you have elected COBRA and make the first payment for it.

If you do not make the first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under this plan.

After you make your first payment for COBRA coverage, you will be required to make monthly payments for each subsequent month of COBRA coverage. The amount due for each month for each qualified beneficiary will be disclosed in the election notice provided at the time of the qualifying event. Under the plan, each of these monthly payments for COBRA coverage is due on the first day of the month for that month's COBRA coverage. If you make a monthly payment on or before the first day of the month to which it applies, your COBRA coverage under this plan will continue for that month without any break.

Although monthly payments are due on the first day of each month of COBRA coverage, you will be given a grace period of 30 days after the first day of the month to make each monthly payment. COBRA coverage will be provided for each month as long as payment for that month is made before the end of the grace period for that payment. However, if you pay a monthly payment later than the first day of the month to which it applies, but before the end of the grace period for the month, your coverage under this plan will be suspended as of the first day of the month and then retroactively reinstated (going back to the first day of the month) when the monthly payment is received. This means that any claim submitted for benefits while coverage is suspended may be denied and may have to be resubmitted once coverage is reinstated.
If you fail to make a monthly payment before the end of the grace period for that month, you will lose all rights to COBRA coverage under the plan.

ASSISTANCE WITH QUESTIONS

Questions concerning the plan or your COBRA rights should be addressed to the contact or contacts identified below. For more information about COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional Office of the U.S. Department of Health and Human Services (HHS) or visit the HHS website at www.hhs.gov. Addresses and phone numbers of Regional HHS Offices are also available through HHS's website.

NOTIFICATION OF CHANGES

In order to protect your family's rights, you should keep the COBRA Vendor informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices sent by your employer or group sponsor.

PLAN CONTACT INFORMATION

For additional information about you and your dependents' rights and obligations under the plan and under federal law, you should contact your employer or group sponsor, the plan administrator. You may obtain information about COBRA coverage on request from:

COBRA Administrator
IBC
412 Water St.
Sioux City, IA 51103

The contact information for the plan may change from time to time. The most recent information will be included in the most recent plan documents (if you are not sure whether this is the most recent plan document, you may request the most recent one from the plan administrator or your employer or group sponsor).

CONTINUATION FOR PUBLIC GROUP

Iowa Code Sections 509A.7 and 509A.13 may apply if you are an employee of the State, an Iowa school district, or other public entity supported by public funds. If this law applies to you, you may be entitled to continue participation in this medical benefits plan when you retire.

If you do not make the first payment for COBRA coverage in full within 45 days after the date of your election, you will lose all COBRA rights under this plan.

COVERAGE CONTINUATION OR REENROLLMENT UPON DEATH OF ELIGIBLE PEACE OFFICER OR FIRE FIGHTER IN THE LINE OF DUTY

Pursuant to Iowa Code Section 509A.13C, a governing body, county board of supervisors, or city council that sponsors a health care coverage plan for its employees under Iowa Code chapter 509A shall permit continuation of existing coverage or reenrollment in previously existing health coverage for the surviving spouse and each surviving child of an eligible peace officer or fire fighter. An "eligible peace officer or fire fighter" means a peace officer, as defined in Iowa Code Section 801.4, or a fire fighter, as defined in Iowa Code Section 411.1, to which a line of duty death benefit is payable pursuant to Iowa Code Section 97A.6, Subsection 16, Iowa Code Section 97B.52, Subsection 2, or Iowa Code Section 411.6, Subsection 15. A governing body, a county board of supervisors, or a city council shall also permit continuation of existing coverage for the surviving spouse and each surviving child of an eligible peace officer or fire fighter until such time as the determination is made as to whether to provide a line of duty death benefit.

Iowa Code Section 509A.13C applies retroactively to allow reenrollment in previously existing health coverage for the surviving spouse and each surviving child of an eligible peace officer or fire fighter who died in the line of duty on or after January 1, 1985. Coverage benefits will be provided for services on or after the date of reenrollment.

Eligibility for continuation and reenrollment are subject to any applicable conditions and limitations in Iowa Code Section 509A.13C. To request coverage continuation or reenrollment under Iowa Code Section 509A.13C, the surviving spouse, on his/her behalf and on behalf of each surviving child, must provide written notification to the applicable governing body, county board of supervisors, or city council. The governing body, county board of supervisors, or city council must then notify Wellmark of the continuation or reenrollment request.

The governing body, county board of supervisors, or city council is not required to pay for the cost of the coverage for the surviving spouse and children but may choose to pay the cost or a portion of the cost for the coverage. If the full cost of the coverage is not paid by the governing body, county board of supervisors, or city council, the surviving spouse, on his/her behalf and on behalf of each surviving child, may elect to continue the health care coverage by paying that portion of the cost of the coverage not paid by the governing body, county board of supervisors, or city council.

The continuation and reenrollment options are not available if the surviving spouse or surviving child who would otherwise be entitled to continuation or reenrollment under this section was, through the surviving spouse's or surviving child's actions, a substantial contributing factor to the death of the eligible peace officer or fire fighter.

CONTINUATION UNDER IOWA LAW

Under Iowa Code Chapter 509B, you may be eligible to continue your medical care coverage for up to nine months if:

- You lose the coverage you have been receiving through your employer or group sponsor; and
- You have been covered by your medical benefits plan continuously for the last three months.

Your employer or group sponsor must provide written notice of your right to continue coverage within 10 days of the last day you are considered employed or your coverage ends. You will then have 10 days to give your employer or group sponsor written notice that you want to continue coverage.

Your right to continue coverage ends 31 days after the date of your employment termination or the date you were given notice of your continuation right, whichever is later.

If you lose your coverage because of divorce, annulment, or death of the employee, you must notify the employer or group sponsor providing the coverage within 31 days.

Benefits provided by continuation coverage may not be identical to the benefits that active employees have and will be subject to different premium rates. You will be responsible for paying any premiums to your employer or group sponsor for continuation coverage.

If you believe the Iowa continuation law applies to you, you may contact your employer or group sponsor for information on premiums and any necessary paperwork.
If you are eligible for coverage continuation under both Iowa law and COBRA, your employer can comply with Iowa law by offering only COBRA continuation.

ADDENDUM TO GENERAL NOTICE AND COBRA CONTINUATION COVERAGE NOTICE

IMPORTANT INFORMATION REGARDING OTHER HEALTH COVERAGE ALTERNATIVES.

When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace offers "one-stop shopping" to find and compare private health insurance options. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums and cost-sharing reductions (amounts that lower your out-of-pocket costs for deductibles, coinsurance and copayments) right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll. Through the Marketplace you'll also learn if you qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP). You can access the Marketplace for your state at www.HealthCare.gov .

Coverage through the Health Insurance Marketplace may cost less than COBRA continuation coverage. Being offered COBRA continuation coverage won't limit your eligibility for coverage or for a tax credit through the Marketplace.

WHEN CAN I ENROLL IN THE MARKETPLACE COVERAGE?

You always have 60 days from the time you lose your job-based coverage to enroll in the Marketplace. That is because losing your job-based health coverage is a "special enrollment" event. After 60 days, your special enrollment period will end, and you may not be able to enroll so you should act right away. In addition, during what is called an "open enrollment" period, anyone can enroll in the Marketplace coverage.

To find out more about enrolling in the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.HealthCare.gov.

IF I SIGN UP FOR COBRA CONTINUATION COVERAGE, CAN I SWITCH TO COVERAGE IN THE MARKETPLACE? WHAT IF I CHOOSE THE MARKETPLACE COVERAGE AND WANT TO SWITCH BACK TO COBRA CONTINUATION COVERAGE?

If you sign up for COBRA continuation coverage, you can switch to a Marketplace plan during a Marketplace open enrollment period. You can also end your COBRA continuation coverage early and switch to a Marketplace plan if you have another qualifying event such as marriage or birth of a child through something called a "special enrollment period". But be careful though – if you terminate your COBRA continuation coverage early without another qualifying event, you'll have to wait to enroll in Marketplace coverage until the next open enrollment period and could end up without any health coverage in the interim.

Once you've exhausted your COBRA continuation coverage and the coverage expires, you'll be eligible to enroll in Marketplace coverage through a special enrollment period, even if Marketplace open enrollment has ended.

If you sign up for Marketplace coverage instead of COBRA continuation coverage, you cannot switch to COBRA continuation coverage under any circumstances.

Can I enroll in another group health plan?
You may be eligible to enroll in coverage under another group health plan (like a spouse's plan), if you request enrollment within 30 days of the loss of coverage.

If you or your dependent chooses to elect COBRA continuation coverage instead of enrolling in another group health plan for which you're eligible, you'll have another opportunity to enroll in the other group health plan within 30 days of losing your COBRA continuation coverage.

What factors should I consider when choosing coverage options?
When considering your options for health coverage, you may want to think about:

Premiums: Your previous plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive.

Provider Networks: If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check to see if your current health care providers participate in a network as you consider options for health coverage

Drug Formularies: If you're currently taking medication, a change in your health coverage may affect your costs for medication – and in some cases, your medication may not be covered by another plan. You may want to check to see if your current medications are listed in drug formularies for other health coverage.

Severance Payments: If you lost your job and got a severance package from your former employer, your former employer may have offered to pay some or all your COBRA payments for a period of time. In this scenario, you may want to contact the Department of Labor at 866-444-3272 to discuss your options.

Service Areas: Some plans limit their benefits to specific service or coverage areas – so if you move to another area of the country, you may not be able to use your benefits. You may want to see if your plan has a service or coverage area, or other similar limitations.

Other Cost Sharing: In addition to premiums or contributions for health coverage, you probably pay copayments, deductibles, coinsurance or other amounts as you use your benefits. You may want to check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

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