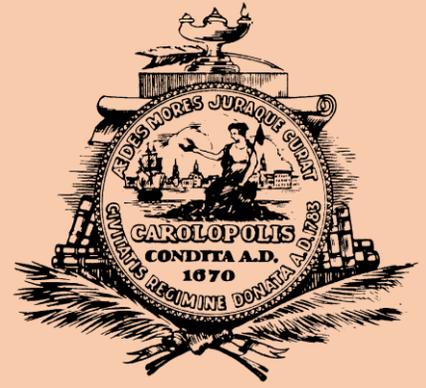


CITY OF CHARLESTON



2021 BENEFITS GUIDE

YOUR BENEFIT OPTIONS

The City of Charleston strives to provide you and your family with a comprehensive and valuable benefits package. A complete benefit plan is more than good health coverage – it includes financial protection from unexpected expenses and encourages healthy behaviors. Offering great benefit choices is just one way the City of Charleston looks after the health and wealth of the people who make our city special. Our benefits package includes a full range of options to fit everyone's needs.

ENROLLING IN BENEFITS

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline the different benefits City of Charleston offers, so you can identify which offerings are best for you and your family. Benefits eligible employees have an annual opportunity to enroll or make changes unless you experience a qualifying life event.

WHO IS ELIGIBLE FOR BENEFITS?

Active, full-time employees who are regularly scheduled to work at least 30 hours per week are eligible for the benefits described in this guide. For health, dental, and vision benefits, employees are eligible on the first day of the month following your hire date. For other benefits, you are eligible on the first day of the month following 30 days of employment.

Your dependents can also be enrolled in plans which offer dependent coverage. Eligible dependents include your legal spouse (same or opposite sex), children up to age 26 regardless of marital or tax-dependent status (natural, step, legally adopted, children of a valid domestic partnership, and/or children for whom you have been appointed legal guardianship by a court of law), and your children of any age who are unable to care for themselves due to mental or physical condition.

IN THIS GUIDE

Qualifying life events and making changes.....	3
Benefitplace – How to Self-Enroll.....	4
Medical Benefits.....	5
Dental Benefits.....	9
Vision Benefits.....	10
Spending Accounts.....	11
Disability Benefits.....	14
Life Insurance Benefits.....	15
Retirement Benefits.....	16
Employee Wellness Programs.....	17
Time Away from Work.....	19
Holidays.....	20
2021 Payroll Calendar.....	21
Health, Dental & Vision Premiums.....	22
It's all in the cards (ID card samples).....	23
Important Notices.....	24
Contact Information.....	30

QUALIFYING LIFE EVENTS (QLE)

Choose your benefits carefully. In most cases, the coverage you choose must remain in effect for the entire plan year unless you experience a QLE. You must notify HR of any such event within 30 days, and all supporting documentation must be submitted within 60 days.

Qualifying Life Events Include:

- Marriage or Divorce
- Birth or Adoption of a child
- Death of your spouse or dependent
- Change of employment

IMPORTANT UPDATES FOR 2021!

Every year, the City of Charleston carefully evaluates our benefit plans to support a comprehensive total rewards strategy. Our goal is to offer competitive benefit choices which encourage healthy behaviors and improve our plan efficiency. We've included the following updates to help you navigate the enrollment process for 2021.

- There will be no benefit design changes to any coverages in 2021.
- Increased HSA and FSA maximum contribution limits.
- The City will continue to make contributions to your HSA.
- Telemedicine with Blue CareOnDemand is a great way to see a doctor from just about anywhere.

BENEFIT TYPE	EFFECTIVE DATE	WHO PAYS?	WHEN CAN I CHANGE?	ENROLLMENT RESPONSIBILITY
Medical	1 st of the month following date of hire	You and the City	Open Enrollment, Qualifying Life Event	Enrollment Required
Dental	1 st of the month following date of hire	You and the City	Open Enrollment, Qualifying Life Event	Enrollment Required
Vision	1 st of the month following date of hire	You and the City	Open Enrollment, Qualifying Life Event	Enrollment Required
Flexible Spending Accounts	1 st of the month following date of hire	You	Open Enrollment, Qualifying Life Event	Enrollment Required
Health Savings Account	1 st of the month following date of hire	You and the City	Anytime	Enrollment Required
Short Term Disability	1 st of the month following date of hire	the City	Auto Enrollment	Auto Enrollment
Long Term Disability	1 st of the month following date of hire	the City	Auto Enrollment	Auto Enrollment
Basic Life/AD&D	1 st of the month following date of hire	the City	Auto Enrollment	Auto Enrollment
Supplemental Life/AD&D	1 st of the month following 30 days of employment	You	Open Enrollment	Enrollment Required
Annual and Sick Leave	Available for use after 90 days	the City	Annual Accrual by Years of Service	Auto Enrollment
Employee Assistance Program	1 st of the month following date of hire	the City	Auto Enrollment	Auto Enrollment
SC Retirement System	Date of hire	You and the City	Auto Enrollment	Auto Enrollment
Deferred Compensation	Date of hire	You	Anytime	Enrollment Required



Benefitplace™

Enroll and manage your benefits on your phone or online!

- Enroll in your benefits and make updates during open enrollment
- Make qualified life event changes as they occur
- Update personal information

Download the app today

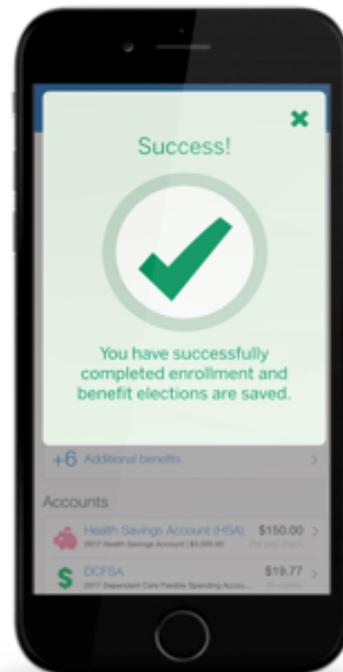
1. Install the **Benefitplace** App from Google Play or the Apple App Store.
2. Enter the company ID [charlestonsc](https://charlestonsc.hr)
3. Log into your benefits using your unique username and password.

Username Example: RonaldM6789

Password Example: Full Social No Dashes

Enroll Online

1. Visit [Charlestonsc.hr](https://charlestonsc.hr)
2. Log into your benefits using your unique username and password.
Username Example: RonaldM6789
Password Example: Full Social No Dashes



Technical Support Questions? Call **866-299-4941**

MEDICAL BENEFITS



The City's medical plans have been designed to keep you healthy and protect you and your family. The City offers two medical plan options through Blue Cross Blue Shield South Carolina (BCBSSC): A Health Reimbursement Account Plan (HRA) and a Health Savings Account Plan (HSA). Both plans are designed to encourage health care consumerism by giving employees the information and tools to be actively involved in making decisions about your healthcare. The City provides incentives to employees who work to be better healthcare consumers.

WELL-CHECK INCENTIVE PROGRAM

By completing the services below, you and your covered spouse can earn funds to be deposited into your HRA or HSA. These extra funds will help cover the cost of services that are not routine, such as a visit to the doctor when you are sick or if you need a procedure. The Well Check program is automated – completion of the items below will trigger the applicable Well Check Incentive to be deposited into your account at the end of **each quarter**.

*Please note that some of these benefits are paid differently depending on the medical plan you choose

WELL-CHECK SERVICE	REWARD
Dental Cleaning Routine cleanings covered 100% Max of \$25/year deposited for dental cleanings	\$25
Annual Physical Routine Physicals covered 100%	\$50
Prostate Screening Routine screening covered 100%, no age restriction	\$25
Annual Dermatology Screening Routine screening covered 100% (HRA) Routine screening subject to deductible (HSA)	\$25
Cervical Screening Routine screening covered 100%, no age restriction	\$25
Colonoscopy One every ten years -diagnostic or screening- covered 100% HRA plan has no age restriction HSA plan allows for one every ten years, age 50+	\$50
Mammogram One per year -diagnostic or screening- covered 100%, age 40+	\$50
Vision Screening Routine screening covered at 100% after \$10 co-pay	\$25

MEDICAL BENEFITS AT-A-GLANCE

The information below is a summary of medical coverage only. Please review the plan booklets for coverage details, limitations, and exclusions. The deductibles, coinsurance, copays, and out of pocket maximums are what you, the employee, are responsible for paying.

BENEFIT	HRA PLAN OPTION	HSA PLAN OPTION
HRA/HSA Contributions (paid by the City)	\$600/\$1,250	\$350/\$700
Deductible	Aggregate	Aggregate
In-Network Deductible (Single/Family)	\$1,100/\$2,200	\$1,500/\$3,000
Out-of-Network Deductible (Single/Family)	\$2,200/\$4,000	\$4,000/\$8,000
Coinsurance		
In-Network	20%	20%
Out-of-Network	40%	50%
In-Network	\$2,500/\$4,500	\$2,500/\$4,500
Out-of-Network	\$5,000/\$9,000	\$5,000/\$10,000
Out of Pocket Maximum	Embedded	Embedded
In-Network OOP Max (deductible, copays & coinsurance)	\$5,000/\$8,500	\$5,000/\$8,500
Out-of-Network OOP Max	Unlimited	Unlimited
Physician Services		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%
Wellness Benefits (based on Health Care Reform Guidelines; includes routine mammogram, pap smear, prostate screening, colonoscopy)		
In-Network	100%	100%
Out-of-Network	Deductible, 40%	Deductible, 50%
Dermatological Exams/Screenings		
In-Network	1 st at 100%, then Deductible, 20%	Preventive only, 1 st at 100%, the
Out-of-Network	Deductible, 40%	Deductible, 50%
Diagnostic Colonoscopies and Sigmoidoscopies		
In-Network	1 st at 100%, then Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%
Inpatient & Emergency Room Facility Charges		
In-Network	\$250 Copay, Deductible, 20%	Deductible, 20%
Out-of-Network	\$250 Copay, Deductible, 40%	Deductible, 50%
Emergency Room Professional Charges		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%
Ambulance		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	In-Network Deductible, 20%	In-Network Deductible, 20%
Skilled Nursing Facility Charges (60 days per year)		
In-Network	\$250 Copay, Deductible, 20%	Deductible, 20%
Out-of-Network	\$250 Copay, Deductible, 40%	Deductible, 50%
Outpatient Facility Charges		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%
Chiropractic Care (\$1,000 Annual Maximum Benefit)		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%
Impacted Tooth Removal		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%

Other Services: TMJ, Home Health, Hospice, Speech Therapy (20 visits), Physical/Occupational Therapy (30 combined visits)		
In-Network	Deductible, 20%	Deductible, 20%
Out-of-Network	Deductible, 40%	Deductible, 50%
Mental Health & Substance Abuse Benefits		
In-Network	Deductible, 80%	Deductible, 80%
Out-of-Network	Deductible, 60%	Deductible, 50%
Inpatient Facility Charges	\$250 Copay, Deductible, 80%	\$250 Copay, Deductible, 60%
Inpatient Professional Charges	Deductible, 80%	Deductible, 80%
Outpatient Facility /Professional Charges	Deductible, 80%	Deductible, 80%
Emergency Room Professional Charges	Deductible, 80%	Deductible, 80%

PHARMACY BENEFITS AT-A-GLANCE

The information below is a summary of prescription drug coverage included with your medical plan.

BENEFITS	HRA		HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Pharmacy Benefits				
Retail Pharmacy (31 Day Supply) Generic Drug Preferred Drug Non-Preferred Drug	\$5 Co-Pay \$35 Co-Pay \$55 Co-Pay	Member pays the in-network copay, then 40% of the remaining cost. No deductible does not apply.	After Medical Deductible is met, Member Pays \$5 Co-Pay \$35 Co-Pay \$55 Co-Pay	After Medical Deductible is met, member pays the in-network copay, then 50% of the remaining cost.
Mail Order Pharmacy (90 Day Supply) Generic Drug Preferred Drug Non-Preferred Drug	\$10 Co-Pay \$70 Co-pay \$110 Co-Pay	Not Covered	After Medical Deductible is met, Member Pays \$10 Co-Pay \$70 Co-Pay \$110 Co-Pay	Not Covered
Specialty Drugs	BriovaRx Specialty Pharmacy \$100 Co-Pay per 31-day supply		BriovaRx Specialty Pharmacy After Deductible, Member pays \$100 Co-Pay per 31-day supply	

In-Network – The doctors, hospitals and pharmacies that participate in the plan by accepting negotiated discounts to their fees.

Co-pay – A flat dollar amount that you are required to pay for some in-network services, such as doctor visits or emergency room use.

Deductible – The amount you are required to pay (excluding copays) before the plan will begin to pay for covered expenses, each calendar year.

Aggregate deductible – Any combination of individuals with a family policy can meet the family deductible and the entire family shares the benefit. On a family plan, no one member will begin coinsurance until the entire family deductible is met.

Coinsurance – The percentage split that you are required to pay after the plan pays its share. Coinsurance applies after your deductible is met.

Out-of-Pocket Maximum – The maximum amount that you could be responsible to pay in any calendar year - above your deductible - before the health plan covers 100% of most remaining covered expenses. The out-of-pocket maximums do not include your deductible or copays. There are separate out-of-pocket maximums for in-network and out-of-network services.

Embedded out of pocket maximum – Each individual with a family policy has their own “embedded” out of pocket limit within the family out of pocket maximum. Once the embedded individual out of pocket maximum is met, the plan will cover most remaining services at 100%.

Maximum Allowable Amount (MAA) Charges – The most a plan will consider eligible for a covered expense. MAA charges are based on the range of fees charged by providers with comparable training for the same or similar service in your area. When you receive care in-network, MAA allowance limitations do not apply.



Blue CareOnDemandSM Video Visits

Why wait for the care you need now? Blue CareOnDemand is a faster, easier way to see doctors. You can consult U.S. board-certified physicians 24/7/365 through the convenience of video visits.

When to use it

Blue CareOnDemand is a great solution when:

- You need to see a doctor, but can't fit it into your schedule
- Your doctor's office is closed
- You, or your child, feel too sick to leave the house
- You're traveling

Doctors can treat many of the most common health conditions through video visits, including:

- Cold and flu symptoms
- Allergies
- Bronchitis and other respiratory infections
- Urinary tract infections
- Skin irritations
- Sinus problems
- Migraines
- And more!

They can even write prescriptions, when needed, according to your state's regulations.

How to use it

There are two easy ways to use Blue CareOnDemand:

1. Download the [Blue CareOnDemand](#) mobile app from the App Store or Google Play
2. Visit www.BlueCareOnDemandSC.com

Register now

You will need to register and create a patient profile on your first visit to the mobile app or website. So grab your BlueCross membership card and register now —the next time you need care, the doctor is only a few clicks away!



\$59.00 per visit

Use your HRA Debit Card to pay for the visit! If you have exhausted your HRA funds, the visit may be an out-of-pocket expense.

*This is also an FSA Eligible Expense.



DENTAL INSURANCE



In addition to protecting your smile, the City offers you dental insurance which includes regular checkups, cleanings, X-rays, and more. Offered through United Concordia, our plan gives you the freedom to see any dentist you choose. Receiving regular preventive dental care is encouraged for ongoing dental health and can protect you and your family from the high cost of dental disease and surgery by detecting problems early.

The following chart outlines your dental benefits. See the certificate of coverage for a detailed description. Check with your dental provider to obtain a pre-treatment cost estimate from United Concordia for services.

BENEFIT		United Concordia Flex Plan
		Network: Elite Plus*
Class I		Diagnostic & Preventive Services
Oral Exams – 2 per year		Covered at 100% No Deductible
X-Rays – Bitewings (2 per year), Full Mouth (1 per 3 years)		
Cleanings – 2 per year		
Fluoride Treatments – 2 per year under age 19		
Sealants – ages 6 through 15		
Space Maintainers – under age 19		
Palliative (Emergency) Treatment		
Class II		Basic Services
Basic Restorative – fillings, etc.		Covered at 80% After Deductible
Endodontics		
Non-Surgical Periodontics		
Repairs of Crowns, Inlays, Onlays, Dentures		
Inlays, Onlays, Crowns		
Simple Extractions		
Surgical Periodontics		
Complex Oral Surgery		
General Anesthesia		
Class III		Major Services
Repairs of Bridges		Covered at 50% After Deductible
Prosthetics - Bridges, Dentures		
Dental Implants		
Maximums & Deductibles (applies to the combination of services received from network and non-network dentists)		
Calendar Year Deductible (per member/per family)		\$50/\$100 Excludes Class I & Orthodontics
Calendar Year Maximum (per member per year)		\$2,000 Excludes Orthodontics
Yearly Orthodontic Maximum (children under age 19)		\$1,000
Occlusal Guards Maximum (per member per year)		\$50

*Reimbursement is based on the schedule of maximum allowable charges (MAC). Network dentists agree to accept the UC allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the UC allowance and their fee (also known as balance billing). UC's standard exclusions and limitations apply.

VISION INSURANCE

The vision plan offered by the City through EyeMed round out your health care benefits. Our plan pays a rich benefit for a variety of services, designed to help you save money on exams, glasses, contact lenses, and more. Our plan also offers discounts on additional pairs of glasses and balances beyond plan coverage. EyeMed will submit in-network claims on your behalf. Out-of-network claim forms are available on the City intranet.



Our vision benefits run on a calendar year basis – regardless of when you receive vision care benefits during the plan year, your benefits will reset every January 1.

BENEFIT	Member Cost In-Network
Exam with Dilation as Necessary	\$10 Copay
Retinal Imaging Benefit	Up to \$39
Exam Options:	
Standard Contact Lens Fit and Follow-Up:	Up to \$55
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price
Frames:	
Any available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150
Standard Plastic Lenses	
Single Vision/ Bifocal/ Trifocal/ Lenticular	\$15 Copay
Standard Progressive Lens	\$80 Copay
Premium Progressive Lens	See attached Fixed Premium Progressive list
Lens Options:	
UV Treatment	\$15
Tint (Solid and Gradient)	\$15
Standard Plastic Scratch Coating	\$15
Standard Polycarbonate- Adult / Kids under 19	\$40
Standard Anti-Reflective Coating	\$45
Polarized	20% off Retail Price
Photochromatic / Transitions Plastic	\$75
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating list
Other Add-Ons	20% off Retail Price
Contact Lenses (allowance includes materials only)	
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150
Medically Necessary	\$0 Copay, Paid-in-Full
Laser Vision Correction	
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair of eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
Frequency:	
Examination	Once every calendar year
Lenses or Contact Lenses	Once every calendar year
Frame	Once every two calendar years

SPENDING ACCOUNTS



FLEXIBLE SPENDING ACCOUNT (FSA)

Flexible Spending Accounts help you save money by allowing you to pay for certain types of health care and dependent care expenses on a pre-tax basis. You decide how much money to put aside each pay period to cover these expenses up to the maximum amount allowed. Each year the IRS sets limits on how much you can contribute to your FSA. There are also limits to what you can purchase with FSA funds. Visit www.irs.gov for a full list of eligible expenses and contribution limits. The City's plan is administered by ConnectYourCare (CYC) and offers a debit card for your convenience. There are a variety of different benefits of using an FSA:

- **Saves you money.** Allows you to put aside money pre-tax which can be used for qualified expenses. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **Flexibility.** You can use your FSA funds at any time, even if it's the beginning of the year. Dependent care FSA funds are not available until in your account and cannot be reimbursed until they are incurred.
- **Rolls over.** You can roll over up to \$550 of unused funds into the next plan year. However, it is important to make your elections carefully! Any unused funds over \$550 at the end of the year will be lost. To use rollover funds, you must re-enroll in the FSA the following year.

HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Accounts are designed to fund healthcare expenses if you are enrolled in a high deductible health plan. The HSA is a savings account which secures pre-tax dollars in a fund to help you meet your deductible and pay for a variety of eligible services. HSAs allow flexibility in how you use your funds now and in the future, and serve as a great investment tool for retirement. There are limits to how much you can contribute to your HSA, set annually by the IRS. Our plan is administered by ConnectYourCare (CYC) and offers a debit card for your convenience. Benefits of an HSA include:

- **Long-term savings tool.** Contributions to your account earn interest over time and can be used for any purpose after you turn 65.
- **It is portable.** The money in your HSA carries over year to year with no rollover limits. The account is yours to keep, even if you leave employment with the City.
- **Makes you a better health care consumer.** Because HSAs are partnered with high deductible health plans, you are encouraged to shop around for the best value for your health care needs.

	HRA	HSA	FSA
Account Owner	Employer	Individual/employee	Employer
Account Funding	The City	You and the City	You
City Contribution to your account	\$600 individual / \$1,250 family	\$350 individual / \$700 family	N/A
2021 Annual Contribution Limits	No limits are imposed on HRAs.	\$3,600 Ind. \$7,200 Family Catch-up Contribution: \$1,000/year for ages 55 and older	For 2021, employees may not elect to contribute more than \$2,750 per year.
Rollover Options	Any unused funds rollover to the next year, up to the out of pocket maximum.	Your entire unused account balance rolls over year after year.	You can roll over up to \$550 of unused funds to the next plan year. Unused funds over \$550 are lost.



Your HSA, Your Way

- ✓ Tax savings for health care expenses
- ✓ Health care payment card
- ✓ Quick and easy payments
- ✓ Online and mobile account access
- ✓ Health education toolkit
- ✓ 24/7 customer tools

Know how it works.

A Health Savings Account (HSA) is like a 401(k) for health care – a tax-advantaged account you can use for qualified medical expenses today or save for the future.

- ✓ **Yours forever** – Your HSA is owned by you, is immediately 100% vested, and never expires
- ✓ **Use it today** – Use your pre-tax HSA funds to cover health care expenses today – it’s like getting a discount on every bill.
- ✓ **Grow it for tomorrow** – HSAs earn interest and may be invested. Even better – unused HSA funds roll over each year and continue to earn interest and grow.

We make it quick and easy to use your HSA.

- ✓ **Payment card** – you will receive a health care payment card to pay for eligible expenses.
- ✓ **Online and mobile app** – if you do not use your card, you can quickly and easily submit payment requests online or on our mobile app. Check your account balance and payments online or on your mobile device.
- ✓ **We’re here to help** – always available for questions, 24/7.

Why HSAs Rock – Triple Tax Savings!

1. Contributions are not taxed.
2. Investment earnings and interest growth are not taxed.
3. Withdrawals for eligible expenses are not taxed.

Maximize your Savings

By maximizing your contributions and reviewing your investment options today, you can grow your account for tomorrow.

- ✓ **Interest earnings** – from day one! Enjoy interest earnings on your HSA balance from the first day your HSA is active.
- ✓ **Investments** – for the saver in you! Consider investing HSA funds in nationally recognized mutual fund families. It’s simple to set up and manage online.

Savings That Really Add Up

Say you contribute \$3,000 a year to your HSA each year until retirement. Assuming you use \$1,500 a year for medical expenses, earn 6% a year in interest and investments, and reinvest all your earnings, your savings can really add up. *

Starting Age	HSA value at age 65
25	\$419,680
35	\$163,523
45	\$74,137
55	\$23,469

*ConnectYourCare Calculator: HSA Growth Estimator

Your HSA will get you there.

Did you know your HSA can help you grow your financial future?

- ✓ **Build it up.** Because your contributions are pre-tax, for every \$100 you put into your HSA, your paycheck is only reduced by about \$70 (depending on your tax bracket).
- ✓ **Build it more.** Interest and investment earnings are also tax-free. The earlier you start the more you’ll have later.
- ✓ **Pay it forward.** Consider paying for care with personal funds instead of your HSA, and record those eligible transactions in HSA Save-It!™ for future cash.
- ✓ **Spend it later.** With HSA Save-It!, because all disbursements are for eligible expenses accumulated throughout the life of your HSA, you can treat yourself to a vacation, shopping spree, or even a boat when you’re ready to cash it out.



HRA



Save on health care with an employer-funded health reimbursement arrangement.

Pay for medical expenses with a health reimbursement arrangement (HRA).

How does an HRA work?

An HRA is a reimbursement account set up and funded by your employer that helps you pay for qualified medical expenses incurred throughout the plan year.

How will I benefit from an HRA?

An HRA is offered with your health insurance plan and is designed to help offset out-of-pocket financial responsibilities associated with your health care. The funds in the account can be used to pay for typical medical expenses not covered by your insurance plan such as doctor office visits, copays, and hospital services.

The money your employer contributes to the account is not included in your salary and is not considered taxable income.

How do I use my HRA to pay for health care expenses?

You can use your AccrueHealth debit card to pay your providers for eligible health care expenses, or pay with your personal funds and submit a claim for reimbursement.



Qualifying expenses

Eligible expenses will be outlined in the summary plan document and typically include:

- Copays, deductible payments, coinsurance
- Doctor office visits, exams, lab work
- Hospital visits

A comprehensive list of eligible expenses can be found at www.irs.gov/publications/p502/.



DISABILITY INCOME BENEFITS



The City of Charleston provides employees with short and long term disability income benefits should you become unable to work due to an injury or illness. Our plans are designed to protect you and your family from financial hardship if you become disabled, which is why the City pays the full cost of these benefits for you. Disability income benefits provide a partial replacement of lost income. Both benefits are offered through Cigna. Contact Cigna at 888-842-4462 for information and to file a claim.

	STD	LTD
Benefits Begin	15 th day of injury or illness	180 days of disability
Benefits Payable	6 months	Up to age 65
Percentage of Income Replaced	60% of weekly salary	60% of base pay
Maximum Benefit	\$1,500 per week	\$6,000 per month
Benefit Limitations	Pre-existing conditions do apply	Benefit is reduced by any additional disability income such as workers' compensation, Social Security, state disability plans, pensions, etc.

FAMILY MEDICAL LEAVE ADMINISTRATION (FMLA)

When you or a loved one experiences a serious health condition that requires you to take time off from work, the stress from worrying about keeping your job while away can add to an already difficult situation. The Family and Medical Leave Act (FMLA) provides 12 weeks per year of unpaid, job-protected leave which can be taken all at once or intermittently as the medical condition requires. There are rules set by the US Department of Labor around who can take FMLA and when. Our FMLA is administered by Cigna. You should let Cigna and HR know as soon as possible if you need to take FMLA, and submit any required documentation as instructed.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all experience times when we need a little help with life's challenges. The City of Charleston understands how challenging it can be to balance your work and personal life and we are committed to helping you do just that! The City's Employee Assistance Program (EAP) and associated work-life services are provided through our affiliation with Cigna. This company-sponsored benefit is available to all employees of the City of Charleston and their family members (those covered under their insurance) at no cost. Each person may use up to 5 visit(s) per need per plan year.

The EAP is strictly confidential, as mandated by law. The City encourages you to take advantage of this benefit to help you and your family manage personal challenges. A professional is available 24 hours a day, seven days a week, at 888-371-1125. You can also access the EAP online at www.mycigna.com and use **cityofcharleston** for the Employer ID.

LIFE INSURANCE BENEFITS



BASIC LIFE/AD&D INSURANCE

Life insurance can help provides a foundation of financial security for your loved ones in the event of your death. The City of Charleston provides full-time employees with this benefit, which is offered through Cigna, at no cost to you.

Full time employees receive a benefit equal to 1x their annual salary. Council members, judges, and attorneys receive a flat benefit of \$10,000. Please note this benefit reduces to 65% of the basic benefit at age 70.

VOLUNTARY LIFE/AD&D INSURANCE

To supplement the basic life and AD&D coverage offered by the City, you may purchase additional life insurance for yourself and eligible dependents. You are responsible for paying the full cost of for this benefit. Keep in mind your insurance needs may increase as your life changes.

	MONTHLY COST PER \$1,000			
	EMPLOYEE	<20	\$.051	60-64
20-24		\$.051	65-69	\$1.122
25-29		\$.051	70-74	\$3.094
30-34		\$.068	75-79	\$3.094
35-39		\$.093	80-84	\$3.094
40-44		\$.170	85-89	\$3.094
45-49		\$.297	90-94	\$3.094
50-54		\$.620	>95	\$3.094
55-59		\$.918		
SPOUSE & DEPENDENT CHILD(REN)		\$2.25 per family unit Spouse: \$10,000 benefit. Child(ren): \$5,000 benefit. Children under the age of 19 are eligible for coverage (or under 26 if they are a full-time student). Maximum benefit for a child less than 15 days old is \$500.		

CALCULATING YOUR BENEFIT

Monthly Cost per \$1,000 X 10 =
 Monthly Cost per \$10,000
 Monthly Cost per \$10,000 X number of units =
 Monthly Cost of your elected amount
 Monthly Cost of your elected amount x 12 =

Example for a 42 year old employee electing \$30,000

$$.170 \times 10 = \1.70
 $\$1.70 \times 3 = \5.10
 $\$5.10 \times 12 = \61.20
 $\$61.20 / 26 = \2.35



RETIREMENT BENEFITS

THE FOUNDATIONS FOR RETIREMENT

Financial security at retirement is not something that just happens. It takes years of planning to build a foundation that allows you to enjoy the good life during those golden years. It also takes a commitment to saving money now during your active working years. Aside from contributing to Social Security on your behalf, the City offers two important plans that provide special incentives to help you save for retirement.

- South Carolina Retirement Systems
- Voluntary 401(k) and 457 savings plans

SOUTH CAROLINA RETIREMENT SYSTEMS

State law requires that full-time, part-time and certain temporary employees belong to the South Carolina Retirement Systems (SCRS). Sworn police officers and firefighters belong to the Police Officers Retirement System (PORS). Both you and the City contribute to the retirement system. For those employees in SCRS, the City contributes 15.56% of your gross salary each year while you contribute 9.00%. For those employees in PORS, the City contributes 18.24% of your gross salary each year while you contribute 9.75%. Your contributions are deducted from your pay on a pre-tax basis.

The retirement programs also include life insurance coverage. In addition, PORS includes accidental death coverage. The South Carolina Retirement Systems also provide a disability retirement benefit for employees who are permanently unable to work due to injury or illness and who meet certain qualifications.

VOLUNTARY 401(k) AND 457 SAVINGS PLANS

The voluntary 401(k) and 457 plans offered through the South Carolina Deferred Compensation Program offer tax treatment for your retirement savings. Here are some important plan features:

- You decide how much to save, subject to the minimum and maximum amounts set by the federal government. Your savings are deducted from your paychecks and deposited in your 401(k) or 457 account before you pay federal and most state and local income taxes. This lowers your current taxable income and you save by paying less in taxes.
- You also have the option to contribute on a post-tax basis via a Roth 401(k) or Roth 457 account.
- You may increase, decrease, or stop your savings at any time.
- Saving is easy with automatic payroll deductions.
- You may choose from a variety of professionally managed investment funds for investing your savings. Any interest earned is tax deferred, meaning no taxes are due until you withdraw funds from the plan.
- You always have complete ownership of your savings and investment earnings. If you leave the City, your savings and interest go with you.

Keep in mind, 401(k) and 457 plans are designed for long-term savings. The IRS applies an early withdrawal penalty tax on any funds you receive before age 59 ½. If you leave the City of Charleston, you can avoid financial penalties by rolling over your distribution into another qualified savings plan.



Employee Wellness Programs

Please join and take advantage of these resources that can improve your physical and mental wellbeing!

- 1) **Tobacco Cessation Program:** We offer the American Lung Association's *Freedom from Smoking* program. With over a 90% success rate, this program has proven to work. It addresses the physical, mental, and social aspects of nicotine addiction. The costs of tobacco cessation medications and nicotine replacement therapies are covered for participants who are on the City's health insurance plan.
- 2) **Weight Management:** Maintaining a healthy weight is one of the best ways to prevent chronic disease and injury.
 - a) Individual nutritional consultations in the wellness office.
 - b) \$1500 reimbursement treatment at a physician guided weight management program (filed to BCBS insurance)
 - c) \$200 per year for weight loss classes/programs
- 3) **PUSH (Pulling Up Standards of Health) Employee Exercise Program.** This program reimburses up to \$25/month for employees and \$15/month for dependents to help with the cost of gyms or exercise classes. The City has also partnered with O2 Fitness gym and Pivotal Gym to provide corporate membership rates. However, staff are allowed to use any gym of their choice. All full-time staff are eligible as well as dependents and spouses on insurance.
- 4) **Diabetes Program:** This program aims to provide all the tools needed for a person with diabetes to be able to self- manage their condition and avoid complications. A Registered Pharmacist is assigned as the "diabetes coach" and helps to manage medication, assess lab work, and collaborate with the physician. Jan Park, RN the City's wellness nurse also provides an initial nutritional consult and ongoing nutritional support. Participants receive waived coinsurance on diabetes medication and supplies (medicine and supplies are free). Employees, dependents, and retirees who are on the City's health insurance plan are eligible.
- 5) **Healthy Heart Program:** The goal of the Healthy Heart program is to help the participants manage and reverse their high blood pressure and high cholesterol through a heart healthy diet and exercise. Participants have yearly nutrition consults and receive heart health education. Participants receive waived coinsurance on blood pressure and cholesterol medication as an incentive. Employees, dependents, and retirees who are on the City's health insurance plan are eligible.
- 6) **Onsite exercise classes:** Workout at Work classes taught by a certified trainer. Classes include cardio and strength training. Classes are open to all staff and their spouses. Yoga classes offered

on Fridays for employees. Contact the Wellness Office for a full schedule. Come try a free class to check it out!

- 7) **Well Check Program:** The Well Check program aims to drive preventive health maintenance. Employees and their spouses who are on the City's health insurance plan can earn funds into their HRA/HSA medical accounts to help lower their deductible and out of pocket medical costs. Funds are earned when you complete your annual physical, annual screenings, dental cleaning, and vision checks. Funds are automatically deposited into the employee's account quarterly.
- 8) **Screenings:** Body composition using our InBody scale, cholesterol, blood pressure, and diabetes screenings are available at work Monday through Friday. Please call the Wellness Office to set up an appointment.
- 9) **Consultations:** Individualized nutritional consults are available in the wellness office and include overall assessment of eating patterns, goal setting, caloric requirements, teaching on fats/proteins/carbohydrates, grocery lists, food/exercise tracking and monitoring, and weekly weigh ins. Consults are tailored to address medical conditions such as diabetes or heart disease.
- 10) **Fitbit Program:** Employees on the City's health insurance can order a discounted fitbit to help you increase your activity and fitness. Contact the wellness office for details.
- 11) **Nutritional Webinar Series:** Access recorded nutritional education videos and everything you need to lose weight and eat healthy. These are located on the employee intranet, click on the Wellness tab.

For questions regarding the Wellness Programs and to enroll, please contact the Wellness Manager:

Jan Park, RN

parkj@charleston-sc.gov

(843) 958-6412

TIME AWAY FROM WORK

ANNUAL LEAVE

The City recognizes the hard work of its employees and encourages the opportunity for rest and relaxation. The City offers an annual leave benefit to allow employees schedule rest away from work with pay. Full-time employees accrue annual leave according to the table below:

Non-Firefighting Positions				
Years of Service	Accrual Rate Per Year	Accrual Rate Per Pay Period	Max. Accumulation In Days	Max. Accumulation In Hours
0-4 years	12 days	3.69 hours	24 days	192 hours
5-9 years	15 days	4.62 hours	30 days	240 hours
10-14 years	18 days	5.54 hours	36 days	288 hours
15-19 years	21 days	6.46 hours	42 days	336 hours
20+ year	24 days	7.38 hours	48 days	384 hours

Firefighting Positions				
Years of Service	Accrual Rate Per Year	Accrual Rate Per Pay Period	Max. Accumulation In Days	Max. Accumulation In Hours
0-4 years	6 shifts	5.54 hours	12 shifts	288 hours
5-9 years	7.5 shifts	6.92 hours	15 shifts	360 hours
10-14 years	9 shifts	8.31 hours	18 shifts	432 hours
15-19 years	10.5 shifts	9.69 hours	21 shifts	504 hours
20+ years	12 shifts	11.08 hours	24 shifts	576 hours

Part-time employees accrue annual leave on a pro-rated basis based on the number of hours worked in each pay period. Full-time employees will accrue annual leave on a prorated basis based on the number of hours worked or in a paid sick leave status in each pay period.

Any number of hours equal to or less that two-times your annual accrual rate (see “Maximum Accumulation in Hours” column in table above) may be carried over from the last pay period in one year to the first pay period in the following year.

SICK LEAVE

We understand our employees and their immediate family sometimes become ill. The City offers a sick leave benefit to provide time away from work to during illness and recovery. Full-time employees accrue 3.69 hours, employees in firefighting positions accrue 5.54 hours each pay period. Full-time and part-time employees accrue sick leave on a pro-rated basis based on the number of hours in a paid status in each pay period. This is reflected on your paycheck as “Sick Leave Balance.”

Sick leave may be used for personal or immediate family members only for illness, medical appointments, and similar purposes as long as the employee is present. If you end your employment with the City, you will not be paid for unused sick time. However, the South Carolina Retirement System does use your sick leave balance to calculate retirement benefits for Class 2 members.

HOLIDAYS

For the purpose of enjoying holidays away from work without a loss in pay, the City provides the benefit of paid holidays. The City observes ten paid holidays per year. Generally, full-time and part-time employees are paid for these days:

Holidays	
New Year's Day	January 1 st
Martin Luther King's Birthday	3 rd Monday in January
President's Day	3 rd Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4 th
Labor Day	1 st Monday in September
Veteran's Day	November 11 th
Thanksgiving	4 th Thursday in November
Day After Thanksgiving	Day following Thanksgiving
Christmas	December 25 th

In addition, regular full-time employees may take one Personal Holiday per calendar year. This Personal Holiday is used similar to an annual leave day except that it must be taken at one time in a full-day increment. Use of the Personal Holiday requires pre-approval and a Request for Leave form.





City of Charleston
An Equal Opportunity Employer

2021 Payroll Calendar

January						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Workweek- The workweek begins each Saturday and ends on the following Friday.

Holidays – If a payday falls on a City-observed holiday, then paychecks will be distributed on the previous workday.

Annual Leave/Personal Holiday- For 2021, the cutoff date for using excess annual leave and the personal holiday is December 24, 2021.

Biweekly Payday
 Biweekly Payroll Ending Date
 City Observed Holiday
 Orientation

2021 HEALTH, DENTAL & VISION PREMIUMS

BCBSSC HRA MEDICAL PLAN RATES – BI-WEEKLY				
Tobacco Status	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Non-Tobacco Discounted Rate	\$28.50	\$122.50	\$91.50	\$147.00
Regular Non-Discounted Rate	\$39.75	\$169.50	\$128.25	\$204.00

BCBSSC HSA MEDICAL PLAN RATES – BI-WEEKLY				
Tobacco Status	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Non-Tobacco Discounted Rate	\$14.50	\$78.75	\$55.50	\$99.00
Regular Non-Discounted Rate	\$20.25	\$112.25	\$79.00	\$140.50

*Non-Tobacco Discounted rates are only available to employees who are tobacco and nicotine free. Employees who completed Non-Tobacco User Premium Affidavit's for 2020 will **not** be required to update their status for 2021. If you did not complete a Non-Tobacco Affidavit for 2020 and are now tobacco and nicotine free, you can contact your HR administrator for instruction on how to submit a 2021 affidavit.

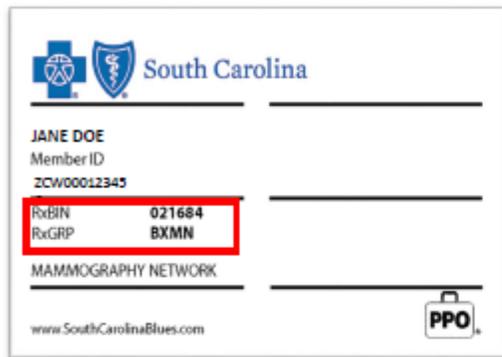
UC DENTAL PLAN RATES – BI-WEEKLY	
Employee Only	\$3.75
Employee & Spouse	\$16.50
Employee & Child(ren)	\$12.25
Employee & Family	\$20.50

EYEMED VISION PLAN RATES – BI-WEEKLY	
Employee Only	\$1.00
Employee & Spouse	\$2.00
Employee & Child(ren)	\$1.50
Employee & Family	\$2.50

IT'S ALL IN THE CARDS.

Heading to the doctor, dentist, or pharmacy and not sure which benefit card to use?

Check out the guide below to ensure you use the right card at the right time!

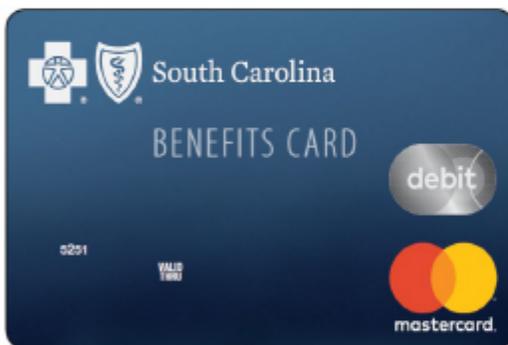


MEDICAL INSURANCE CARD:



Present this card to your medical provider as proof of insurance. Request that all claims be filed through Blue Cross Blue Shield of SC before paying any charges.

For more information about your medical plan benefits, please visit www.southcarolinablues.com or download the mobile app, My Health Toolkit for BCBS. The mobile app provides access to all benefit information, including a copy of your ID card.



HRA CARD:



This card is used to pay for your deductible and coinsurance on **medical** expenses only. This card will not work for pharmacy, dental, or vision expenses.

Ask your provider to file your claim first and upon receiving your final bill, use this card to pay any outstanding charges. This card is prefunded for you (\$600/employee only OR \$1250/family).

Visit one of these two sites to view accounts details including balance information:

- 1) www.southcarolinablues.com or the "My Health Toolkit for BCBS" app
- 2) <https://member.accrue-health.com/> or the "AccrueHealth" app



FSA / HSA CARD:



Flex Spending- Use this card to pay for any dental, vision, or pharmacy expenses. You **must** provide supporting documentation to substantiate your claims. Documents can be uploaded online or by taking a photo on with your phone and uploading to the mobile app.

Health Savings Account- Use this card to pay for any medical, dental, vision, or pharmacy expenses. Save supporting documentation for your records, do not submit to CYC.

To view account details, including balance information, visit www.connectyourcare.com or download the mobile app, myCYC.

IMPORTANT NOTICES

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the City of Charleston Health and Welfare Plan (the “Plan”) that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the City of Charleston Welfare Plan Privacy Notice upon your written request to Human Resources.

If you have any questions, please contact The City of Charleston Human Resources Office.

WOMEN’S HEALTH AND CANCER RIGHTS ACT

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT DISCLOSURE

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

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact the City of Charleston Human Resources for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

GENETIC INFORMATION

Title II of the Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers’ acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members. For further information on GINA, please see the poster “Equal Employment Opportunity is The Law,” which should be posted in a common area at your employment location.

IMPORTANT NOTICE FROM THE CITY OF CHARLESTON ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Charleston and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Charleston has determined that the prescription drug coverage offered by the [Insert Name of Plan] is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

FREQUENTLY ASKED QUESTIONS

When Can You Join a Medicare Drug Plan?

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

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, and drop your current City of Charleston coverage, your medical coverage will also be affected. You cannot drop your City of Charleston prescription drug coverage unless you also drop your medical coverage.

If you do decide to join a Medicare drug plan and drop your current City of Charleston coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Charleston and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the Human Resources department for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Charleston changes. You also may request a copy of this notice at any time.

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums 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 doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

- If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
 - Your spouse dies;
 - Your spouse's hours of employment are reduced;
 - Your spouse's employment ends for any reason other than his or her gross misconduct;
 - Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
 - You become divorced or legally separated from your spouse
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:
 - The parent-employee dies;
 - The parent-employee's hours of employment are reduced;
 - The parent-employee's employment ends for any reason other than his or her gross misconduct;
 - The parent become divorced or legally separated
 - The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: The City of Charleston Human Resources.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

CONTINUATION COVERAGE RIGHTS UNDER COBRA**Disability extension of 18-month period of continuation coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact: City of Charleston Human Resources at 843-724-7388.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private.

You have the right to inspect and copy protected health information which is maintained by and for the plan for enrollment, payment claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources.

DISCLAIMER: The HIPAA Privacy Rule is effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI) created and held by health care providers, health plans, health information clearing houses and their business associates. The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standards for reward for any of our Wellness programs, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, contact Human Resources and we will work with you to develop another way to qualify for the reward.

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

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

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

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

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

For South Carolina residents, contact South Carolina Medicaid for more information on eligibility.

SOUTH CAROLINA – MEDICAID
Website: http://www.scdhhs.gov Phone: 1-888-549-0820

To see information for other states' premium assistance programs since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

CONTACT INFORMATION

BENEFIT	VENDOR	WEBSITE	PHONE NUMBER
Medical	Blue Cross Blue Shield South Carolina	www.SouthCarolinaBlues.com or download the mobile app	800-760-9290
Pharmacy	Blue Cross Blue Shield South Carolina	www.SouthCarolinaBlues.com or download the mobile app	855-811-2218
Specialty Pharmacy	BriovaRx Specialty Pharmacy through BCBSSC	www.SouthCarolinaBlues.com or download the mobile app	877-259-9428
Health Reimbursement Account	Accrue Health through BCBSSC	www.SouthCarolinaBlues.com or download the mobile app	844-643-3099
Health Savings Account	ConnectYourCare	www.ConnectYourCare.com or download the mobile app	877-292-4040
Flexible Spending Account	ConnectYourCare	www.ConnectYourCare.com or download the mobile app	877-292-4040
Benefit Enrollment Platform	Benefitfocus/ Benefitplace	www.charlestonsc.hrntouch.com or download the mobile app Company ID: charlestonsc	866-299-4941
Wellness	Jan Park, Wellness Coordinator	parkj@charleston-sc.gov	843-965-6412
Dental	United Concordia	www.UnitedConcordia.com or download the mobile app	866-851-7568
Vision	EyeMed	www.EyeMedVisionCare.com or download the mobile app	866-939-3633
Life & Disability	Cigna	www.mycigna.com	888-842-4462
Family Medical Leave Administration	Cigna	www.mycigna.com	888-842-4462
Employee Assistance Program	Cigna	www.mycigna.com Employer ID: cityofcharleston	888-371-1125
SC Deferred Compensation	401(k) & 457 Retirement Savings	www.southcarolinadcp.com	877-457-6263
Public Employee Benefit Authority	South Carolina Retirement System Police Officers Retirement System	www.Peba.SC.gov	888-260-9430

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.