



Employee Benefits Summary

Effective October 1, 2016





Welcome to the 2016 / 2017 City of McCook Benefit Guide

The City of McCook recognizes the importance of providing a comprehensive benefits program to our regular full-time benefit eligible employees. These benefits help provide employees and their family members opportunities to maintain their health and welfare. In this "Benefits Summary" employees will be able to review:

- A description of the City's Employee Benefit Program
- Important phone numbers and websites to help employees manage benefits

For complete details of each benefit plan please refer to the full text of the official Summary Plan Descriptions available through the City's Human Resource Officer.

If you need further assistance, contact Lilia Dimas, Human Resource Officer:

Phone: 308.345.2022 ext. 220
Fax: 308.345.1461
Email: ldimas@cityofmccook.com

Written inquiries: 505 West C Street, McCook, NE 69001

Office hours: Monday through Friday: 7:30 a.m. to 4:30 p.m. CST. You can find your Summary Plan Description at www.cityofmccook.com. Contact Human Resources for your login information.

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Please review this guide to understand your benefit enrollment options and please retain this Benefits Summary for reference throughout the year.

Who is Eligible?



Eligible employees and their dependents can begin coverage the first of the month following 31 days of continuous full-time employment. Employees are eligible for benefits if they work a minimum of 30 or more hours per week. Other employees such as part-time, temporary or seasonal will not be eligible for coverage.

Eligible dependents are defined as:

- Legal spouse
- Children, including step, adopted and foster children, and children of your spouse who are dependent on you for financial support and can be claimed on your income taxes
- You may continue to cover dependent children to the age of 26, if they are not eligible for another employer sponsored group health plan.
- Children who cannot support themselves because of mental or physical handicaps, regardless of age.

Your Benefit Choices

The City provides a wide variety of benefits. Some are provided automatically at no cost to you. Other benefits are available if you choose them. Check the guide below to see which benefits you need to make a successful program designed just for you.

Enrollment Employee Contributions

Employees pay their portion of premium contributions for Medical/Rx and Dental insurance on a pre-tax basis through payroll deductions. Employees may only make changes to their elections during the annual open enrollment period or within 31 days of a qualified status change as described in the “Change in Family Status” section of this benefits guide.

New employees must enroll in benefit plans within 31 days from date of eligibility. All paperwork must be submitted to the Human Resource Officer for proper handling.

BENEFIT	YOU CAN ENROLL NOW	WHO PAYS FOR COST
Medical Coverage	X	McCook / Employee
Dental Coverage	X	McCook / Employee
Basic Life & AD&D	X	McCook
Voluntary Life & AD&D	X	Employee
Voluntary Vision	X	Employee
Flexible Benefits Plan	December 1st - 10th	Employee

Open Enrollment

Open enrollment is the only time of year to make changes to existing benefit elections. Changes you may make during open enrollment include:

- Add or delete dependents
- Switch, enroll, or waive medical plans
- Add or delete dental
- Add or delete vision
- Elect supplemental/ voluntary Life and AD&D Insurance

Change In Family Status

Employees may make changes to their benefit elections within 31 days of a qualified "Change in Family Status" as described below:

1. Marriage, divorce, annulment or legal separation of the employee;
2. Death of the employee's spouse or dependent child;
3. Birth, adoption or placement for adoption of a child of the employee;
4. Termination or commencement of employment of the employee, employee's spouse or dependent child;
5. Changing hourly status of employment by the employee, the employee's spouse or the dependent child;
6. Taking an unpaid leave of absence by the employee or the employee's spouse;
7. Where there has been a significant change in health coverage of the employee or spouse attributable to spouse's employment;
8. Involuntary gain or loss of health insurance by a dependent/spouse or child, including loss of COBRA coverage;
9. Court-order for an employee for medical coverage or medical support;
10. Change in place of residence or work of the employee, spouse or dependent child;
11. Custody changes for dependent children;
12. Dependent child satisfies or ceases to satisfy dependent eligibility requirements, e.g., attainment of age or student status; or
13. Change in dependent care provider or salary paid to provider (dependent flexible spending only).

Enrollment changes must be consistent with the "Change in Family Status." Your application for election changes will not be accepted without supporting documentation.

Note: In the event an employee misses the 31-day deadline for submitting a "Change in Family Status," the City may be unable to retroactively make changes to the enrollment due to IRS tax regulations (including any monthly costs which the employee may have incurred).



Benefits Continuation/COBRA

Employees enrolled in the Medical/Rx, Dental and Vision plans who experience a "qualifying event" may be eligible to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Some examples of "qualifying events" that affect employees or covered dependents include: end of employment; death of a covered employee; or the change in eligibility of a dependent. Employees covering a dependent must notify the Human Resource Officer of certain qualifying events (**divorce, legal separation, a child ceasing to be a dependent under the plan**) within 31 days of the event.

The City's COBRA plan administrator will provide a written notice of COBRA rights and obligations within 44 days of a "qualifying event." Employees will be required to pay the full cost of any COBRA coverage elected plus an administration fee. Continuation of benefits through COBRA must be elected within 60 days of the later of either: a) the qualifying event; or b) the date the employee or his/her covered spouse/dependent children are advised by the COBRA Plan Administrator of their right to continued benefits. Please refer to the Summary Plan Descriptions for additional information on COBRA rights and obligations.



Medical Benefits Summary

Medical Plan Highlights (employee cost share amounts and % listed below)	Network: United Healthcare Options PPO	
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$500	\$1,000
Family	\$1,000	\$2,000
Out-of-Pocket Maximum		
Individual (does not include deductible)	\$1,000	\$2,000
Family (does not include deductible)	\$2,000	\$4,000
Coinsurance %	90%	60%
Maximum Lifetime Benefit	Unlimited	
Office Visit (Inpatient/Outpatient)	90% after deductible	60% after deductible
Urgent Care Facilities	90% after deductible	60% after deductible
Emergency Room (The Emergency Room Copay will be waived if the person is admitted directly as an inpatient to the Hospital)	\$100 copay, then deductible, then 90%	Paid at PPO level of benefits
Ambulance	90% after deductible	60% after deductible
Home Health Care (180 visit yr max)	90% after deductible	60% after deductible
Preventive Care/Routine Care	100% (deductible waived) Unlimited maximum	No Coverage
Routine Colonoscopy (1 test per 2 yr period)	100%; deductible waived	No Coverage
Routine Mammography	100%; deductible waived	100%; deductible waived
Mental Health and Chemical Dependency		
Inpatient	90% after deductible	60% after deductible
Outpatient	90% after deductible	60% after deductible
Chiropractic Care (10 visit max per calendar year)	90% after deductible	60% after deductible
Durable Medical Equipment	90% after deductible	60% after deductible
Prescription Drug (Rx) per 30 day supply		
Generic	\$10.00	Paid at PPO level of benefits
Retail	\$30.00	
Preferred Brand	\$75.00	
Medical/Rx and Dental - Employee Contributions (bi-weekly)		
Individual	\$20.00 (includes dental)	
Individual + Spouse	\$47.00 (includes dental)	
Individual + Children	\$40.00 (includes dental)	
Family (Employee + Spouse + Dependents)	\$80.00 (includes dental)	

This is a summary of benefits, please see Human Resources for detailed plan description. Employee pays % of service after deductible is met, unless otherwise noted.



Dental Benefits Summary



Dental Benefits Summary

Your dental insurance is self funded by the City and is administered by UMR. This is an **indemnity plan**, so you have the freedom to see any dentist and there are no network or provider restrictions. Benefits will be paid based on Usual Customary and Reasonable (UCR) for the zip code where services are rendered.

Dental Plan Highlights	Benefit
Class " A " Exams / Cleanings (2 per calendar year) X-rays, Sealants, Fillings, Periodontics, Endodontics, Oral Surgery, Stainless Steel Crowns	80%
Class " B " Crowns Inlays Onlays Bridgework	50%
Calendar Year Maximum (per person)	\$1,000

Employee Contributions (Medical/Rx and Dental)	
Contributions Individual Individual + Spouse Individual + Children Family (Employee + Spouse + Dependents)	Employee Bi-Weekly Cost \$20.00 (includes medical) \$47.00 (includes medical) \$40.00 (includes medical) \$80.00 (includes medical)

Vision Benefits Summary



Voluntary Vision Benefits Summary

The City and Vision Service Plan (VSP) offers you an option for affordable eye care. Visit VSP.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

Benefit	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every 12 months
Frame	<ul style="list-style-type: none"> \$130 allowance 20% off overage amount 	\$25	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Options	<ul style="list-style-type: none"> Standard, Premium & Custom progressive lenses Average 20-25% off other lens options 	(Materials Charge) \$55 Standard \$95-\$105 Premium \$150-\$175 Progressive	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance; copay does not apply Contact Lens Exam (fitting & evaluation) 	Up to \$60	Every 12 months
Extra Savings & Discounts	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. 		

Employee Contributions (Vision)	
Contributions	Employee Bi-Weekly Cost
Individual	\$4.33
Individual + Spouse	\$6.93
Individual + Children	\$7.08
Family (Employee + Spouse + Dependents)	\$11.41



Life Insurance Benefits Summary



Life Insurance Benefits Summary

Life insurance and accidental death and dismemberment (AD&D) insurance help financially protect you and your family in the case of death or serious injury.

The City provides Class 1 (full-time employees) with a Basic Life and AD&D insurance policy of **1x your annual salary up to \$172,000**. Class 2 employees (Volunteer Firefighters) receive a **maximum benefit of \$10,000** of Life and AD&D Coverage. This coverage is available through Mutual of Omaha and is paid for by the City.

Employees who wish to supplement their group life insurance benefit may purchase additional coverage through Mutual of Omaha. When you enroll yourself and /or your dependents in this benefit, you pay the full cost through payroll deductions.

During your initial enrollment period, Mutual of Omaha will issue up to \$100,000 in employee coverage with NO medical information (this is called the Guarantee Issue) required and up to \$25,000 for your spouse and \$10,000 for child(ren). If you elect amounts above the guarantee issue limits or if you decide to add or increase your coverage mid-year, you will need to complete a Health Statement. Please see the Human Resource Officer for this form or additional information.

The following charts outline your supplemental/voluntary life and AD&D coverages and costs:

VOLUNTARY LIFE COVERAGE

Employee*	\$10,000 increments (up to \$250,000 maximum)
Spouse**	\$5,000 increments (up to \$50,000 maximum)
Child (Children)	\$1,000 increments to \$10,000 (up to \$10,000 maximum)

VOLUNTARY LIFE COSTS PER \$1,000

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Cost per \$1,000	\$.08	\$.09	\$.12	\$.18	\$.30	\$.50	\$.78	\$1.22	\$2.18	\$3.91

If you elect voluntary AD&D coverage, this coverage will match your voluntary life election. Please keep in mind you must elect voluntary life coverage in order to elect AD&D coverage.

Accidental Death & Dismemberment (AD&D) may be purchased for \$.04 per \$1,000 of Life Insurance benefit.

* Not to exceed 5x salary

** Not to exceed 50% of employees's benefit election

Flexible Benefits Summary



The City's Health and Dependent Care Flexible Spending Accounts (FSA) allow you to use pre-tax dollars to pay for a wide variety of health and/or dependent care expenses that aren't covered through your other benefit plans. The annual amount you can contribute to each account will be divided into equal amounts and deducted from your paychecks.

Rules and Regulations

Plan your annual FSA contribution amounts carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31) unless you have a qualifying status change. Additionally, the IRS imposes some rules and restrictions on the way you can use an FSA:

- You must incur eligible expenses during the plan year.
- If you incur fewer expenses than you expected, you forfeit any money remaining in your FSA at the end of the year; you can't roll money over from one plan year to the next.
- You can't transfer money from one account to another; money in your Healthcare FSA can't be used for dependent care expenses, and money in your Dependent Care FSA can't be used for healthcare expenses.
- You can only make changes to your contribution amounts with a qualified status change. These include: marriage, divorce or legal separation, death of a spouse or dependent, change from part-time to full-time or full-time to part-time employment, termination or commencement of spouses employment, unpaid leave of absence, significant change in health coverage due to spouse's employment.

Health Care FSA

Eligible health care expenses including deductibles and coinsurance co-pays. The maximum contribution is \$2,550.

Dependent Care FSA

Eligible expenses for dependent care services are for children 12 and under, a disabled spouse, or an incapacitated parent as long as you incur the expense while you and your spouse work or attend school full time. The maximum annual contribution is \$5,000 (\$2,500 if you are married and filing a separate income tax return).

Filing a Claim for Reimbursement

Most expenses can be paid for by a provided debit card; however, if you need to file a claim for reimbursement, complete the Request for Reimbursement Form and submit it with itemized receipts to UMR. UMR gives you access to your account 24 hours a day, seven days a week, through their interactive web site at www.umar.com or contact their customer service at 800. 826.9781.

Estimate Your Covered Expenses For Your Flexible Spending Account

Benefit	Your Expenses	Expenses for You & Dependents
Deductibles and Coinsurance	\$	\$
Office Visit Co-pays	\$	\$
Prescription Drug Co-pays	\$	\$
Chiropractic Treatment/Acupuncture	\$	\$
Infertility Treatments	\$	\$
Birth Control Pills, Devices and Surgical Procedures	\$	\$
Medical Equipment and Supplies (Wheelchairs, Braces, Crutches, Oxygen, Etc.)	\$	\$
Transportation (mileage, lodging and meals if necessary to obtain health care)	\$	\$
Christian Science Practitioner	\$	\$
Over the Counter Medication	\$	\$
Other (See IRS Publication 502 for Listing of Deductible Medical Expenses)	\$	\$
Vision and Hearing Care (not covered by insurance)		
Eye Exams	\$	\$
Frames and Lenses	\$	\$
Contact Lenses, Cleaning Solutions and Supplies	\$	\$
Hearing Aids and Batteries	\$	\$
Radial Keratotomy Surgery to Correct Vision	\$	\$
Dental Expenses (not covered by insurance)		
Deductibles and Coinsurance	\$	\$
Exams, Cleanings and X-rays	\$	\$
Fillings	\$	\$
Fluoride Treatments	\$	\$
Crowns, Bridges and Dentures	\$	\$
Orthodontia (Please see "Orthodontic Treatment" worksheet)	\$	\$
Other Eligible Dental Expenses (See IRS publication 502)	\$	\$
Total Estimated Uninsured Medical Expenses (Sum of your expenses and expenses for your spouse and dependents)	\$	\$

Flexible Benefits Summary

Your Health Care Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness, and be adequately substantiated by a medical practitioner. The products and services listed below are examples of medical expenses eligible for payment under your FSA, to the extent that such services are not covered by your medical and dental insurance plan.

Under a rule that went into effect January 1, 2011, claims for over-the-counter medicine or drug expenses (other than insulin) cannot be reimbursed without a prescription. This new rule does not apply to items for medical care that are not medicines or drugs.

Here is a sampling of what is eligible. This list is not all inclusive. Please refer to IRS Publication 502 for a complete list.

- Acupuncture
- Ambulance
- Antibiotics
- Asthma Treatments
- Birth control pills
- Chiropractor
- Co-payments
- Counseling (except marriage)
- Dental Treatment (except teeth whitening)
- Diabetic Supplies
- Eye exams
- Eyeglasses, prescription
- Flu shots Hearing aids
- Hospital Services
- Laser eye surgery/LASIK
- Orthodontia
- Physical exams
- Physical therapy
- Prescription drugs
- Preventive care screenings
- Screening tests
- Shipping/handling fees for medical items
- X-ray fees
- Sinus medications
- Sleep deprivation Treatment
- Special education
- Speech Therapy
- Sterilization procedures
- Sunglasses, prescription
- Surgery/Operations
- Therapy
- Thermometers
- Ultrasound(prenatal - only to determine health or development;not for snapshots)
- Vaccines/Immunizations
- Vasectomy /Vasectomy reversal
- Walkers
- Wheelchair
- Wig



Retirement Plan Summary

The City has adopted a retirement plan to help you save for your future. As a Non-Union employee of the City you may be entitled to participate in this plan allowing you to contribute pre-tax dollars into a retirement account. Non-Union employees may contribute from 1% to 80% of compensation up to the maximum annual deferral limit permitted by the IRS. Your retirement plan is administered by CPI Qualified Plan Consultants, Inc. You may visit their website at www.myretirementfuture.com.

Years of Service	Percentage	Vesting Schedule
0 - 1	0%	Vesting describes the percentage of your total account balance available to you, subject to legal and plan requirements. Your personal contributions and earnings will always be 100% vested and then the City's contributions will be subject to the vesting schedule on the left.
2	20%	
3	40%	
4	60%	
5	80%	
6	100%	
6 or more	100%	

Union Employees

Please Note: Union employees should contact your investment representative or the Human Resource Officer for vesting information or other specifics regarding your plan.

Investing Options

You may direct your savings into various investment options. See the list of your available investment options in your enrollment booklet or by contacting the Human Resource Officer.

Distributions

Distributions from the plan may only occur in the event of:

- Hardship
- Retirement
- Death
- Disability
- Termination of Employment



City of McCook's investment representative is Sharleen Riemenschneider with Edward Jones.

Address: 109 West D Street, PO Box 257, McCook, NE 69001

Phone: (308) 345-6730; Fax: (308) 345-6731

Additional Employee Benefits

Vacation

All regular employees are allowed a certain number of days each year for vacation. Vacation leave must be approved by the department head in advance and scheduled to insure a minimum disruption of department work.

Vacation leave shall be earned and accrued from the most recent date of employment. Vacation leave shall accrue to regular employees at the following rate per each bi-weekly pay period:

Regular, full-time	40-hour	42-hour	56-hour
Commencement date thru			
4th year	3.08	3.23	4.31
From start of 5th year	3.69	3.88	5.17
From start of 8th year	4.62	4.85	6.46
From start of 13th year	5.23	5.49	7.32
From start of 18th year	6.15	6.46	8.61
Regular, part-time			
(working 20 or more hours per week)	1.54		

Vacation leave will accrue from date of hire. However, employees are not entitled to use vacation leave accrued until they have completed six months of continuous employment with the City.

Regular, part-time employees who take accrued vacation leave will be considered on vacation only during those hours they would normally work. Regular, part-time employees working less than 20 hours per week and temporary employees are not allowed vacation leave. For employees terminating employment with the City, accrual will discontinue in the last pay cycle of the employee's termination date and shall be prorated accordingly.

In addition to the level of vacation accrual provided for above, all department heads shall accrue an additional 1.54 hours of vacation time per pay period, in lieu of eligibility for compensatory time.

The maximum number of vacation days which may be accrued by an employee is one and one-half (1 1/2) times the number of vacation days earned in a year. Once the maximum vacation accrual above is reached, bi-weekly vacation accrual will cease until vacation hours are used, at which time accrual will resume.

Terminating employees may be compensated for accumulated vacation leave pursuant to Section 4.14, TERMINATION PAY IN YOUR EMPLOYEE HANDBOOK.

Sick Leave

Sick leave shall be granted to employees for the following reasons:

- a. personal illness or physical incapacity resulting from causes beyond the control of the employee;
- b. enforce quarantine of the employee in accordance with community health regulations;
- c. doctor's or dentist's appointment; and
- d. illness or condition of an immediate family member which require the employee's presence; immediate family for sick leave purposes is defined as:
 - 1) spouse and employee's parents
 - 2) children
 - 3) some person actually living in the employee's household and dependent on the employee for care

Additional Employee Benefits Continued...

Sick Leave Continued...

Sick leave shall accrue to regular employees at the following rate:	
40 hour employee	Bi-weekly accrual - 3.69 hours Maximum accrual - 800 hours
42 hour employee	Bi-weekly accrual - 3.88 hours Maximum accrual - 960 hours
56 hour employee	Bi-weekly accrual - 11.08 hours Maximum accrual - 2,400 hours
Part-Time Employee	Bi-weekly accrual - 1.85 hours Maximum accrual - 600 hours

Sick leave shall be earned and accrued from the most recent date of employment. For employees terminating employment with the City, accrual will discontinue in the last pay cycle of the employee's termination date and shall be prorated accordingly.

An employee laid off from his or her position may, if reappointed within twelve months, have available for use any non-paid accrued sick leave existing at the time of the layoff. An employee shall report to the department head or supervisor at the beginning of the work shift when he or she will be absent. The employee shall keep the department head or supervisor informed of his or her condition. The City may require a written release any time a person has been under a physician's care before returning to work.

Sick leave shall be granted upon the approval of the employee's department head and City Manager. In order to be granted sick leave, an employee must report to his or her department head or immediate supervisor the reason for the absence at the beginning of the work shift for which sick leave is taken.

The City Manager/Administration reserves the right to allow/deny sick leave to avoid abuse of this policy. With City Manager approval, any employee who has at least 500 hours accrued in sick leave may donate up to 40 hours, per calendar year, of their sick leave to a general sick leave bank to be maintained by the Human Resource Officer. The purpose of this general sick leave bank is to assist fellow employees who have entered into hardship due to illness and/or injury and have depleted all their own leave in good faith.

To request compensation from the general sick leave bank, the employee will make application to the Human Resource Officer in an amount not to exceed 160 hours (per occurrence). The application will be reviewed by the City Manager with the applicant's Department Head and Supervisor and Human Resource Officer to determine eligibility and allotment based upon the applicant's leave history.



Credit Union Benefit

All employees of the City, their spouse and children are eligible to participate in the KRD Federal Credit Union. The organization is owned and operated by the employees themselves and is federally insured. Savings and loan programs are offered. Employees may elect a payroll deduction savings plan. Details are available from Credit Union Officers or the Human Resource Officer.

Important Notices

Federal regulations require the City of McCook to provide benefits-eligible employees with the following notices:

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plans HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan’s Notice of Privacy Practices that describes the Plan’s policies, practices and your rights with respect to your PHI under HIPM is available from your medical plan provider. For more information regarding this Notice, please contact Human Resources or the medical plan directly.

Women’s Health and Cancer Rights Act

The City of McCook medical plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- 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 resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself and your dependents in the City of McCook’s health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents’ other coverage.) However, you must request enrollment within 30 days after you or your dependent’s other coverage ends (or after the employer stops contributing toward the other coverage.)

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that your request enrollment within 30 days after the marriage, birth, adoptions, or placement for adoption.

For more information, contact Human Resources.

Notice of Prescription Drug Creditable Coverage

The City of McCook provides a “Notice of Prescription Drug Creditable Coverage” to all Medicare-eligible participants on an annual basis. This notice states that under the City’s medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare prescription drug coverage.

If you or an enrolled dependent becomes eligible for Medicare, you will receive this notice for your records. A copy is available upon request from Human Resources.



Important Notices

Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in the City's health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area.

Grandfathered Plan Status

The City of McCook health plan believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that is already in effect when that law was enacted. Being a grandfathered health plan means that the City health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. You can contact the Employee Benefits Security Administration, U.S. Department of Labor at www.dol.gov/ebsa/healthform. This website has a table summarizing which protections do and do not apply to a grandfathered health plans.

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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office at www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

Nebraska-Medicaid

Website: www.ACCESSNebraska.ne.gov

Phone: 1-800-383-4278

For All States:

(877) 267-2323, Ext. 61565

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, Ext. 61565



Contacts

Who to call?

The City partners with the following Insurance carriers and vendors to strive to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier/vendor listed below or your Human Resource Officer.

Coverage	Carrier	Phone Number	Website
Medical / Dental	UMR	800.826.9781	www.umar.com
Vision	VSP	800.877.7195	www.vsp.com
Life and AD&D	Mutual of Omaha	800.655.5142	www.mutualofomaha.com
FSA	UMR	800.826.9781	www.umar.com
Retirement Plan	Edward Jones	308.345.6730	www.jhpensions.com www.myretirementfuture.com



Notice

This brochure provides only a highlight of the benefit plans offered to you by the City and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.





505 West C Street, McCook, NE 69001
308.345.2022
www.cityofmccook.com

