



# Employee Benefits Guide

2026 Plan Year

Enroll online at:  
[cityofwinder.zevobenefits.com](http://cityofwinder.zevobenefits.com)  
Then follow on-screen instructions



## This guide includes information on the following:

Medical Benefits | Health Savings Account (HSA) | Health Reimbursement Arrangement (HRA)  
Dental Benefits | Vision Benefits | Life Insurance | Disability Insurance | Accident Insurance  
Critical Illness Insurance | Employee Assistance Program (EAP) | Well-being Program



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*Important contact information is located on the back cover of this guide.*

This guide is a summary only. Please refer to each plan’s certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this guide and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available in the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you’re already covered by any of the benefit plans, you may refer to this guide throughout the year as you use your benefits. This guide also provides information regarding your COBRA rights and responsibilities.



## Welcome

Dear City of Winder Employees,

Our continued success as a community is possible only through the dedication, professionalism, and skill of our exceptional team. At the City of Winder, we value each employee's contribution to our mission of delivering outstanding service and strengthening the community we all so proudly serve. We remain committed to attracting and retaining high-performing employees who share in our vision, values, and goals. Each year, we review our benefit programs to ensure they continue to provide quality, affordability, and flexibility for our team and their families.

For the 2026 plan year, we are pleased to announce that the City will continue to offer competitive medical, dental, vision, and ancillary benefits designed to meet your individual needs. Following careful review and negotiation, we will renew our medical and dental coverage with our current provider, Cigna. As in prior years, the City will continue to fund a significant portion of the total premium cost, with only a modest employee contribution increase beginning with January 1, 2026.

Our plans have been vetted thoroughly by our Human Resources Department and are designed to provide flexibility so you can choose the coverage that best aligns with your healthcare needs and financial goals.

All employees are encouraged to take the time to carefully review this guide, compare available options, and make selections that best support your overall health and wellbeing. At the City of Winder, we believe that by fostering healthier, balanced lifestyles, we can help our employees lead longer, happier, and more productive lives in all areas.

Thank you for your continued commitment to serving our community and for embodying The Winder Way every day.

Proudly yours,

**Jonathan Lynn**  
**City Administrator**

## Eligibility

Newly hired Full-Time Employees are eligible for benefits **on the first of the month following 30 days of employment.**

If you elect coverage, you can also enroll your Legally Married Spouse and Dependent Children up to age 26— Dependent Children include natural children, legally adopted children, stepchildren and children for whom you have been appointed guardian.

All Employer Group Health Plans are required by law to collect and supply to the Centers for Medicare Services the Social Security Number of employees and dependents covered under the plan, so please remember to have this available when enrolling.

## Changes

Please make your enrollment decisions carefully as you cannot make changes outside of Open Enrollment or your New Hire Eligibility Window without a Qualified Life Event due to Section 125 of the IRS Code. Examples of Qualified Life Events include but are not limited to: Marriage, Divorce, Birth or Adoption of a Child, Loss of Coverage, Gain of Coverage, etc.

**Note:** *If you have a Qualified Life Event during the year, you must notify **Human Resources** within **30 days** of the event, or you will have to wait until Open Enrollment to process your change. Please contact Human Resources at **(678) 425-6815**.*

## Enroll Online (*Open Enrollment Only*)

### How do I enroll online?

Simply follow the instructions below to confirm your new benefit elections...

**Go to:** [cityofwinder.zevobenefits.com](http://cityofwinder.zevobenefits.com)

The link will take you to the login page.

- If you are a returning user, click “Log In” in the top-right corner of the screen.
- If you are enrolling for the first time, click “Get Started Now” on the middle of the page to create an account. You will then see the screen below:

**Please confirm your account**

<p>Email address *</p> <input style="width: 95%;" type="text"/>	<p>Password *</p> <input style="width: 95%;" type="password"/>
<p>Last four digits of your SSN *</p> <input style="width: 95%;" type="text"/>	<p>Confirm password *</p> <input style="width: 95%;" type="password"/>
<p>Date of Birth *</p> <input style="width: 95%;" type="text"/>	<input style="background-color: #007bff; color: white; padding: 10px 20px;" type="button" value="Create Account"/>

[Click here if you are having trouble confirming your account](#)

This will prompt you to enter an email address, the last 4 digits of your SSN and your birthdate. You will then create a password to be used for future access.

If you have issues getting logged into the system, please call MSI Benefits Group at **770-425-1231** or 1-800-580-1629, Monday through Friday, 8:00 am – 5:00 pm.

**Note:** *Passwords are reset Monday through Friday, 8:00 am – 5:00 pm.*

### Current Benefits Offered

- Health Insurance – CIGNA (up to 90% of premium paid by City of Winder)
- HSA – \$1,750 per year for Employee Only / \$2,500 per year for Employee + Spouse or Child(ren) / \$3,500 per year for Employee + Family
- HRA – \$500 annually for Employee Only
- Dental – CIGNA, Employee Only City Paid, dependent coverage available for purchase
- Vision – CIGNA
- Basic Life – AFLAC, 2.5 Times Annual Income, City Paid
- Dependent Life – AFLAC, \$5,000 for eligible spouse and \$2,500 for each eligible child, City Paid
- Voluntary Life – AFLAC\*
- Short Term Disability – AFLAC, City Paid
- Long Term Disability – AFLAC, City Paid
- Group Accident – AFLAC\*Group Critical Illness – AFLAC\*

\*Available for purchase and payroll deduction

### Employee Assistance Program

The City of Winder provides confidential, free counseling sessions. The EAP is free, confidential, and informal. A simple telephone call begins the process. These sessions can help with stress, relationships, family, children, anxiety, depression, alcohol, drugs, finances, grief, or any other personal issue.

### Cash-In Provision

Earn PTO starting first paycheck. New Pay In Lieu Of PTO policy. Anytime during the FY year with the use of 40 hours of leave and must leave at least 30 hours in the PTO bank.

### Nationwide Retirement Plan

- **Defined Contribution Plan** – 401a: at 3% and 5% after 5 years of service
- **Defined Compensation Plan** – 457b: up to 3% when employee contributes at least 3%

### Locate a Provider:

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com) and select "Find a Doctor." When completing search criteria, select Open Access Plus under "OAP."

### Opt Out Credit:

Employees who choose to waive the City's health insurance and provide proof of other qualifying coverage will receive a **\$250 monthly opt-out credit** from the City.

### Public Safety Benefits

- City Paid Officers Annuity & Benefits Retirement Fund in Georgia for Sworn Officers
- Patrol Vehicle Take Home, Radius: 30 air miles from City Hall
- \$2.00 Night Shift Differential for Sworn Officers
- City Paid Georgia Firefighters Pension Fund
- City Paid Cancer Insurance for Firefighters
- PD relocation assistance up to \$1,500 moving expenses reimbursed for move into City limits of Winder
- \$500 per month housing stipend for Police Officers that reside within City limit of Winder

### Public Safety Education Incentive

- \$120 per paycheck for an Associate's Degree
- \$180 per paycheck for a Bachelor's Degree

### Education Assistance Program

- Course selected must be related to employee's position or career path with the City
- Classes shall be taken towards accomplishing a degree
- City will reimburse up to \$2,000 per fiscal year per employee of their TUITION FEE and up to \$200 per textbook
- Employee must provide satisfactory completion of the approved class with a grade B or higher or a received PASS grade if the course is graded pass/fail.

### Employee Bilingual Incentive Program

- Free onsite interpretation training to become a certified interpreter for the City
- \$120 incentive per paycheck

### Paid PTO

- The City of Winder has a new PTO policy. Please see the PTO policy for details

### Paid Holidays

- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve Holiday
- Christmas Day Holiday

The City of Winder offers Medical Insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed below, as well as a brief side by side summary of benefits. For more detailed information about the medical plans, please refer to the carrier’s Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage.

		HDHP / HSA	Buy-Up Plan / HRA
<b>In-Network</b>			
Employer Contribution to HSA	<i>Employee Only</i>	\$1,750	N/A
	<i>Employee + Spouse</i>	\$2,500	
	<i>Employee + Child(ren)</i>	\$2,500	
	<i>Employee + Family</i>	\$3,500	
City Funded HRA		N/A	\$500
Individual Annual Deductible (Employee Coverage)		\$3,000	\$3,000
Individual Annual Deductible (Family Coverage)		\$3,400	\$3,000
Family Annual Deductible		\$6,000	\$9,000
Coinsurance (Member pays / Plan pays)		0% / 100%	20% / 80%
Individual Out-of-Pocket Maximum (Employee Coverage)		\$3,000	\$7,000
Individual Out-of-Pocket Maximum (Family Coverage)		\$3,400	\$7,000
Family Out-of-Pocket Maximum		\$6,000	\$14,000
Telehealth (MDLive) Copay - PCP / Specialist		Deductible	\$30 / \$60
Physician Copay		Deductible	\$30
Specialist Physician Copay		Deductible	\$60
Preventive Care Services		\$0	\$0
Urgent Care Copay		Deductible then \$75	\$75
Emergency Room Copay		Deductible then \$150	\$350
<b>Out-of-Network</b>			
Annual Deductible (Individual / Family)		\$6,000 / \$12,000	\$6,000 / \$18,000
Coinsurance (Member pays / Plan pays)		20% / 80%	40% / 60%
Out-of-Pocket Maximum (Individual / Family)		\$6,000 / \$12,000	\$14,000 / \$28,000
<b>Prescription Drug Copayments</b>			
Deductible		Medical Deductible	No Deductible
<b>Retail Prescription Drugs (30-Day Supply)</b>			
Generic		\$5	\$10
Preferred Brand		\$20	\$35
Non-Preferred Brand		\$50	\$75
<b>Mail Order Prescription Drugs (90-Day Supply)</b>			
Generic / Preferred Brand / Non-Preferred Brand		\$13 / \$20 / \$125	\$25 / \$88 / \$188

Employee Medical Deductions								
Coverage Level	HDHP / HSA				Buy-Up Plan / HRA			
	Monthly Premium + HSA / HRA	City Monthly Contribution	City Annual Contribution	Employee Semi-Monthly Deduction	Monthly Premium + HSA / HRA	City Monthly Contribution	City Annual Contribution	Employee Semi-Monthly Deduction
<b>Non-Tobacco Deductions</b>								
Employee Only	\$1,204.90	\$1,098.99	\$13,187.85	<b>\$52.95</b>	\$1,239.88	\$1,060.15	\$12,721.84	<b>\$89.87</b>
Employee + Spouse	\$2,432.36	\$2,209.96	\$26,519.52	<b>\$111.20</b>	\$2,557.92	\$2,180.48	\$26,165.75	<b>\$188.72</b>
Employee + Child(ren)	\$2,220.56	\$2,019.33	\$24,231.98	<b>\$100.61</b>	\$2,318.28	\$1,976.79	\$23,721.42	<b>\$170.75</b>
Employee + Family	\$3,468.86	\$3,151.14	\$37,813.65	<b>\$158.86</b>	\$1,818.16	\$3,097.12	\$37,165.43	<b>\$269.60</b>
<b>Tobacco Deductions</b>								
Employee Only	\$1,204.90	\$993.08	\$11,916.98	<b>\$105.91</b>	\$1,239.88	\$940.33	\$11,283.98	<b>\$149.78</b>
Employee + Spouse	\$2,432.36	\$1,987.56	\$23,850.69	<b>\$222.40</b>	\$2,557.92	\$1,928.85	\$23,146.25	<b>\$314.53</b>
Employee + Child(ren)	\$2,220.56	\$1,818.11	\$21,817.31	<b>\$201.22</b>	\$2,318.28	\$1,749.12	\$20,989.49	<b>\$284.58</b>
Employee + Family	\$3,468.86	\$2,833.42	\$34,001.02	<b>\$317.72</b>	\$1,818.16	\$2,737.65	\$32,851.85	<b>\$449.33</b>

**Tobacco Surcharge:**

Employees who have used tobacco or nicotine products (including cigarettes, vapes, cigars, dip, chewing tobacco, or any other nicotine-containing products) within the past three months will be required to pay a higher cost for health insurance. In these cases, the City will contribute **80%** of the premium cost instead of the standard contribution.



Your Cigna Choice Fund Health Savings Account is so much more than an account to pay for healthcare expenses. It’s tax advantages and monthly earned interest. It’s investment opportunities and a way to save for the future. Best of all, its **100% yours** – even if you change jobs or retire.

Coverage	City Contribution	IRS 2026 Limit	Employee Additional Contribution Max
Employee Only	\$1,750 per Year	\$4,400 per Year	\$2,650 per Year
Employee + Spouse	\$2,500 per Year	\$8,750 per Year	\$6,250 per Year
Employee + Child(ren)	\$2,500 per Year	\$8,750 per Year	\$6,250 per Year
Employee + Family	\$3,500 per Year	\$8,750 per Year	\$5,250 per Year

**Catch-Up Contribution:** Employees age **55 or older** may contribute an **additional \$1,000** per year.

### Funding your HSA

- Once your plan becomes effective and your HSA is opened, you can start adding money tax-free to your account.
- Contributions can be made through payroll deductions or through additional deposits whenever you want.

### Using your HSA

- You can use the money in your HSA tax-free for qualified healthcare expenses that occur after you open the account.
- You can also use your HSA to pay for qualified expenses not covered through your medical plan, such as dental and vision expenses. For a list of eligible expenses, visit: [cigna.com/expenses](http://cigna.com/expenses)
- There are many convenient methods to pay for healthcare expenses with your HSA:
  - HSA debit card – pay directly at point of sale, such as at a pharmacy.
  - Electronic Fund Transfer (EFT) – pay with personal funds and reimburse yourself with your HSA funds later.
  - Online bill pay – pay your healthcare bill via the HSA online portal with payment sent directly to the doctor or facility.

### HSA Contribution

Fifty percent (50%) of the City’s contribution will be deposited on January 1. The remaining fifty percent (50%) will be deposited in monthly installments beginning July 1.

#### Employee Only Contribution:

City contribution is \$1,750. This effectively reduces the deductible from \$3,000 to \$1,250. A payroll contribution of \$52 per pay period equals \$3,000 total into an HSA. \$3,000 is the total out-of-pocket maximum expense for single medical coverage.

#### Employee + Spouse (or Child(ren)) Contribution:

City contribution is \$2,500. This effectively reduces the deductible from \$6,000 to \$3,500. A payroll contribution of \$145 per pay period equals \$6,000 total into an HSA. \$6,000 is the total out-of-pocket maximum expense for spouse / child(ren) medical coverage.

#### Employee + Family Contribution:

City contribution is \$3,500. This effectively reduces the deductible from \$6,000 to \$2,500. A payroll contribution of \$104 per pay period equals \$6,000 total into an HSA. \$6,000 is the total out-of-pocket maximum expense for family medical coverage.

### Important Note!

Employees may make additional contributions (pre-tax) directly from their paychecks by completing the *Employee Payroll H.S.A. Bank Edit/Change Contribution Request Form* on the City’s website. Send this form to: [human.resources@cityofwinder.com](mailto:human.resources@cityofwinder.com).

*\*Employees who are enrolled in Medicare are not eligible to contribute to an HSA*

## Overview

Employees who enroll in the Buy-Up Medical Plan will automatically be enrolled in the City’s Health Reimbursement Arrangement (HRA) administered by Admin America. Each HRA is funded entirely by the City of Winder and helps offset out-of-pocket medical expenses such as your deductible, copays, and prescriptions. The HRA is designed to provide first-dollar coverage, meaning you can use these funds before paying out-of-pocket toward your deductible.

## Annual City Funding

Coverage Tier	City HRA Contributions
Employee/Family	\$500 Annually

These funds are provided by the City each plan year. Unused amounts **DO NOT ROLL OVER** into the next year.

## Annual City Funding

- The HRA is City funded only - employees cannot contribute their own funds.
- Unused funds expire at the end of each plan year and do not carry forward.
- The HRA is available only to employees enrolled in the Buy-Up Medical Plan.
- If you leave employment or switch to the HDHP/HSA Plan, any remaining HRA balance will be forfeited.

## Accessing Your HRA

Your HRA is administered by Admin America. You will receive a debit card that can be used for eligible medical expenses, including deductibles, coinsurance, office visits, and prescriptions. Claims and balances can be managed online at [www.adminamerica.com](http://www.adminamerica.com).

## Eligible Expenses

Your HRA can be used for most out-of-pocket medical expenses that are covered under the plan, including:

- Deductibles and coinsurance
- Office visits and urgent care
- Prescription drugs
- Diagnostic testing and lab work
- Other IRS-qualified medical expenses

## Need Help?

For questions about claims, balances, or eligible expenses, contact:

Admin America by calling 800-366-2691 or accessing their website: [www.adminamerica.com](http://www.adminamerica.com)



The City of Winder offers Dental Insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed below, as well as a brief summary of benefits. For more detailed information about the dental plan, please refer to the carrier’s Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage.

Dental Plan	
<b>Dental Network</b>	
Calendar Year Maximum per Member	\$5,000
Calendar Year Deductible (Individual / Family)	\$50 / \$150
<b>Class I Expenses: Preventive and Diagnostic Care</b>	
Routine Oral Exam (2 per calendar year)	Plan pays 100%, Deductible Waived
Routine Cleaning (2 per calendar year)	
Bitewing X-rays (2 per calendar year)	
Complete X-rays (1 per 36 months)	
<b>Class II Expenses: Basic Restorative Care</b>	
Fillings	Plan pays 80%, After Deductible
Simple Extractions	
Root Canal Therapy / Endodontics	
Periodontal Services	
Oral Surgery	
Anesthetics	
<b>Class III Expenses: Major Restorative Care*</b>	
Crowns / Inlays / Onlays	Plan pays 50%, After Deductible
Stainless Steel / Resin Crowns	
Bridges	
Dentures	
<b>Class IV Expenses: Orthodontia*</b>	
Lifetime Maximum	\$1,500
Benefit	Plan pays 50%

\* Class I and II are paid at the amounts set forth in the schedule. All other classes of service are paid at 50% of the amounts set forth in the schedule. After a person has been continuously insured for 12 months, this limit no longer applies.

Employee Dental Deductions				
Coverage Level	Monthly Premium	City Monthly Contribution	City Annual Contribution	Employee Semi-Monthly Deduction
Employee Only	\$51.84	\$51.84	\$622.08	<b>\$0.00</b>
Employee + Spouse	\$112.37	\$78.66	\$943.91	<b>\$16.89</b>
Employee + Child(ren)	\$117.84	\$82.49	\$989.86	<b>\$17.68</b>
Employee + Family	\$173.97	\$121.78	\$1,461.35	<b>\$26.10</b>

**Locate a Provider:**

To search for a participating provider, contact Cigna’s customer service or visit [www.cigna.com](http://www.cigna.com) and select “Find a Doctor.” When completing search criteria, select the Cigna Total DPPO network.

**Important Note!**

All out-of-pocket dental expenses are eligible HSA expenses. Employees may utilize HSA or HRA funds to cover dental costs.



The City of Winder offers Vision Insurance through Cigna to benefit eligible employees. The costs per pay period for coverage are listed below, as well as a brief summary of benefits. For more detailed information about the vision plan, please refer to the carrier’s Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage.

		Vision Plan	
Vision Network			
Services	In-Network	Out-of-Network	
Eye Exam	\$0 Copay	Up to \$45 Reimbursement	
<b>Frequency of Service</b> (Calendar year basis)			
Examination	Once per 12 months		
Lenses	Once per 12 months		
Frames	Once per 24 months		
Contact Lenses	Once per 12 months		
<b>Lenses</b>			
Single	\$10	Up to \$32 Reimbursement	
Bifocal		Up to \$55 Reimbursement	
Trifocal		Up to \$65 Reimbursement	
<b>Frames</b>			
Eye Glass Frames	\$250 Retail Allowance, plus 20% discount on average	Up to \$71 Retail Allowance	
<b>Contact Lenses</b>			
Elective <i>(Includes fitting, evaluation, and follow-up)</i>	Up to \$250 Allowance	Up to \$105 Allowance	
Non-Elective; Medically Necessary <i>(Prior authorization required)</i>	Covered 100%	Up to \$210 Allowance	

When you see a Cigna Vision Network Eye Care Professional, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

Employee Vision Deductions	
Semi-Monthly (24 / Year)	
Coverage Level	Employee Cost
Employee Only	\$5.62
Employee + Spouse	\$11.22
Employee + Child(ren)	\$10.66
Employee + Family	\$16.82

**Locate a Provider:**

To search for a participating provider, contact Cigna’s customer service or visit [www.cigna.com](http://www.cigna.com) and select “Find a Doctor,” then follow these steps:

- 1) When prompted “How are you Covered?”, select “Employer or School”
- 2) Select “Additional Resources”
- 3) Select “Cigna Vision Directory (Serviced by EyeMed)”
- 4) From here, you can choose how you would like to search for an eye care provider.

**Important Note!**

Vision expenses, including exams, frames, lenses, contacts, and certain accessories are eligible HSA or HRA expenses. Employees may use their HSA / HRA contributions to cover out-of-pocket vision associated costs.



## Basic Life and AD&D Insurance

### Basic Term Life:

The City of Winder provides Basic Term Life and AD&D Insurance to eligible employees through Aflac. **The cost of Basic Term Life and AD&D Insurance is paid entirely by the City of Winder.** Below is a brief description of group life insurance coverage underwritten by Aflac. The summary highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. Your Certificate and Summary Plan Description will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Group Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.

### Basic Term Life Benefit:

#### 2.5x Basic Annual Earnings

Minimum: \$10,000  
Maximum: \$300,000

### Accident Death & Dismemberment:

**Also, at no cost to the employee, the City provides Accident Death & Dismemberment (AD&D) Insurance,** which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

### Reductions in Insurance:

Life and AD&D Insurance reduces to 65% at age 65 and further to 50% at age 70.

### Basic Dependent Life Insurance:

**Basic Dependent Life Insurance is paid for entirely by the City of Winder.**

**Spouse:** \$5,000  
**Child(ren):** \$2,500

## Voluntary Life and AD&D Insurance

### Voluntary Employee Life and AD&D Insurance

Eligible employees may elect to purchase additional Life and AD&D Insurance on a voluntary basis through Aflac. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life Insurance offers coverage for employees in **\$10,000 increments up to a maximum of \$500,000 not to exceed 5x annual salary.**

Newly hired employees may purchase Voluntary Employee Life and AD&D Insurance without having to go through Medical Underwriting – also known as Evidence of Insurability (EOI) – up to the **Guaranteed Issue (GI) amount of \$150,000.**

### Voluntary Spouse and/or Dependent Child(ren) Life and AD&D Insurance

Dependents are eligible for coverage as long as the employee is enrolled in coverage. Spousal Life Insurance is offered in \$5,000 increments up to a maximum of \$150,000. A spouse of a newly hired employee has a **Guaranteed Issue amount of \$25,000** while dependent **Child(ren) are offered a flat \$5,000 or \$10,000** benefit.

**Note:** Spouse and Child Life amounts cannot exceed 50% of the employee's elected amount.

### Accident Death & Dismemberment

The AD&D benefit amount equals the Voluntary Life amount.

### Reductions in Insurance

Life and AD&D Insurance reduces to 65% when the employee is age 65 and further to 50% when the employee reaches age 70.



### **Important Note!**

Always remember to keep beneficiary information updated. Beneficiary information may be updated anytime through the Human Resources department.

## Voluntary Life and AD&D Insurance Options and Rates

Employee Voluntary Life and AD&D Rates										
Semi-Monthly (24 / Year)										
Age	< 29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$10,000	\$0.60	\$0.65	\$0.75	\$0.90	\$1.45	\$2.10	\$4.05	\$5.50	\$9.15	\$17.15
\$20,000	\$1.20	\$1.30	\$1.50	\$1.80	\$2.90	\$4.20	\$8.10	\$11.00	\$18.30	\$34.30
\$30,000	\$1.80	\$1.95	\$2.25	\$2.70	\$4.35	\$6.30	\$12.15	\$16.50	\$27.45	\$51.45
\$40,000	\$2.40	\$2.60	\$3.00	\$3.60	\$5.80	\$8.40	\$16.20	\$22.00	\$36.60	\$68.60
\$50,000	\$3.00	\$3.25	\$3.75	\$4.50	\$7.25	\$10.50	\$20.25	\$27.50	\$45.75	\$85.75
\$60,000	\$3.60	\$3.90	\$4.50	\$5.40	\$8.70	\$12.60	\$24.30	\$33.00	\$54.90	\$102.90
\$70,000	\$4.20	\$4.55	\$5.25	\$6.30	\$10.15	\$14.70	\$28.35	\$38.50	\$64.05	\$120.05
\$80,000	\$4.80	\$5.20	\$6.00	\$7.20	\$11.60	\$16.80	\$32.40	\$44.00	\$73.20	\$137.20
\$90,000	\$5.40	\$5.85	\$6.75	\$8.10	\$13.05	\$18.90	\$36.45	\$49.50	\$82.35	\$154.35
\$100,000	\$6.00	\$6.50	\$7.50	\$9.00	\$14.50	\$21.00	\$40.50	\$55.00	\$91.50	\$171.50
\$110,000	\$6.60	\$7.15	\$8.25	\$9.90	\$15.95	\$23.10	\$44.55	\$60.50	\$100.65	\$188.65
\$120,000	\$7.20	\$7.80	\$9.00	\$10.80	\$17.40	\$25.20	\$48.60	\$66.00	\$109.80	\$205.80
\$130,000	\$7.80	\$8.45	\$9.75	\$11.70	\$18.85	\$27.30	\$52.65	\$71.50	\$118.95	\$222.95
\$140,000	\$8.40	\$9.10	\$10.50	\$12.60	\$20.30	\$29.40	\$56.70	\$77.00	\$128.10	\$240.10
\$150,000	\$9.00	\$9.75	\$11.25	\$13.50	\$21.75	\$31.50	\$60.75	\$82.50	\$137.25	\$257.25
\$200,000	\$12.00	\$13.00	\$15.00	\$18.00	\$29.00	\$42.00	\$81.00	\$110.00	\$183.00	\$343.00
\$250,000	\$15.00	\$16.25	\$18.75	\$22.50	\$36.25	\$52.50	\$101.25	\$137.50	\$228.75	\$428.75
\$500,000	\$30.00	\$32.50	\$37.50	\$45.00	\$72.50	\$105.00	\$202.50	\$275.00	\$457.50	\$857.50

Spouse Voluntary Life and AD&D Rates										
Semi-Monthly (24 / Year)										
Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$5,000	\$0.30	\$0.33	\$0.38	\$0.45	\$0.73	\$1.05	\$2.03	\$2.75	\$4.58	\$8.58
\$10,000	\$0.60	\$0.65	\$0.75	\$0.90	\$1.45	\$2.10	\$4.05	\$5.50	\$9.15	\$17.15
\$15,000	\$0.90	\$0.98	\$1.13	\$1.35	\$2.18	\$3.15	\$6.08	\$8.25	\$13.73	\$25.73
\$20,000	\$1.20	\$1.30	\$1.50	\$1.80	\$2.90	\$4.20	\$8.10	\$11.00	\$18.30	\$34.30
\$25,000	\$1.50	\$1.63	\$1.88	\$2.25	\$3.63	\$5.25	\$10.13	\$13.75	\$22.88	\$42.88
\$30,000	\$1.80	\$1.95	\$2.25	\$2.70	\$4.35	\$6.30	\$12.15	\$16.50	\$27.45	\$51.45
\$35,000	\$2.10	\$2.28	\$2.63	\$3.15	\$5.08	\$7.35	\$14.18	\$19.25	\$32.03	\$60.03
\$40,000	\$2.40	\$2.60	\$3.00	\$3.60	\$5.80	\$8.40	\$16.20	\$22.00	\$36.60	\$68.60
\$45,000	\$2.70	\$2.93	\$3.38	\$4.05	\$6.53	\$9.45	\$18.23	\$24.75	\$41.18	\$77.18
\$50,000	\$3.00	\$3.25	\$3.75	\$4.50	\$7.25	\$10.50	\$20.25	\$27.50	\$45.75	\$85.75
\$60,000	\$3.60	\$3.90	\$4.50	\$5.40	\$8.70	\$12.60	\$24.30	\$33.00	\$54.90	\$102.90
\$70,000	\$4.20	\$4.55	\$5.25	\$6.30	\$10.15	\$14.70	\$28.35	\$38.50	\$64.05	\$120.05
\$75,000	\$4.50	\$4.88	\$5.63	\$6.75	\$10.88	\$15.75	\$30.38	\$41.25	\$68.63	\$128.63
\$80,000	\$4.80	\$5.20	\$6.00	\$7.20	\$11.60	\$16.80	\$32.40	\$44.00	\$73.20	\$137.20
\$90,000	\$5.40	\$5.85	\$6.75	\$8.10	\$13.05	\$18.90	\$36.45	\$49.50	\$82.35	\$154.35
\$100,000	\$6.00	\$6.50	\$7.50	\$9.00	\$14.50	\$21.00	\$40.50	\$55.00	\$91.50	\$171.50
\$125,000	\$7.50	\$8.13	\$9.38	\$11.25	\$18.13	\$26.25	\$50.63	\$68.75	\$114.38	\$214.38
\$150,000	\$9.00	\$9.75	\$11.25	\$13.50	\$21.75	\$31.50	\$60.75	\$82.50	\$137.25	\$257.25

Dependent Child(ren) Voluntary Life and AD&D Rates	
Semi-Monthly (24 / Year)	
\$5,000	\$0.50
\$10,000	\$1.00

### Evidence of Insurability (EOI)

Aflac requires EOI in order for new employees to purchase insurance above the guaranteed issued amount, for any employee who has previously declined coverage or if you are requesting to increase your current coverage amount. EOI involves completing a medical questionnaire and receiving carrier approval before your insurance takes effect.

### Waiver of Premium

If you become totally disabled under age 60 and meet other eligibility requirements, Life insurance coverage may continue under the Waiver provision without premium payments until Age 65.

### Conversion Privilege

An employee may convert Group Term Life benefits to an individual whole life policy during the 31-day period following the date insurance terminates solely as a result of termination of employment or service; or policy change affecting the employee's class the conversion will be offered without evidence of insurability.

The City of Winder provides both Short Term and Long Term Disability Insurance to all eligible full-time employees through Aflac. The cost of Short Term Disability (STD) and Long Term Disability (LTD) insurance is paid entirely by the City of Winder. These benefits are designed to pay you an income if you cannot work as a result of an illness or an accident.

Group Short Term Disability		Group Long Term Disability	
<b>% of Salary</b>	Up to 67% of Weekly Salary*	<b>% of Salary</b>	Up to 60% of Weekly Salary
<b>Cost</b>	100% Employer Paid	<b>Cost</b>	100% Employer Paid
<b>Maximum Weekly Benefit</b>	Up to \$1,500	<b>Maximum Monthly Benefit</b>	Up to \$6,000
<b>Elimination Period</b>	Injury – 7 Days Sickness – 7 Days	<b>Elimination Period</b>	90 Days
<b>Duration Period</b>	12 Weeks	<b>Duration Period</b>	Social Security Normal Retirement Age
<b>Pre-Existing Conditions</b>	The plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage	<b>Pre-Existing Conditions</b>	The plan does not cover a disability due to pre-existing condition during the 12 months after your effective date of coverage, for treatment received within 3 months prior to your effective date of coverage

**\*Please Note:** You may supplement your **STD** benefit with any available paid leave through the City while out on disability, not to exceed 100% of your pre-disability earnings.

**Exclusions and Limitations**

The plan does not cover any disabilities caused by, contributed to by, or resulting from your:

- Commission or attempt to commit a felony;
- Intentionally self-inflicted harm;
- Attempted suicide, regardless of mental capacity;
- Subject to the applicable law in the state where the policy is delivered or issued for delivery, operating a motor vehicle while under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit as defined by the state law where the disability occurs;
- Subject to the applicable law in the state where the policy is delivered or issued for delivery, being under the influence of any narcotic, unless the narcotic is being taken on the advice of a Doctor;
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident;
- Participation in a war, declared or undeclared, or any act of war; an act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction;
- Active duty in the military or the National Guard or similar government organizations;
- Cosmetic surgery except when required for Your Appropriate Care as a result of Your Injury or Sickness; cosmetic surgery shall not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect;
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
- Traveling in any aircraft or device operated by or under authority of military or any aircraft being used for experimental purposes or to travel beyond the earth's atmosphere;
- Occupational Sickness or Injury.

We will not pay a benefit for any period of disability during which you are legally incarcerated in a penal or correctional institution. This plan does not replace the statutory disability plan in any state. Employees in states with statutory short term disability plans are covered by those statutory plans, and any short term disability benefit payable will be offset by those statutory benefits. Employees must be actively at work on the effective date of the plan for coverage to be effective. For employees not actively at work on the effective date, coverage will be effective when the employee returns to active employment.



Employees may elect to purchase accident insurance during open enrollment.

**Just because an accident can change your health, doesn't mean it should change your lifestyle too.**

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

**Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.** After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as ambulance rides, major diagnostic testing, emergency room visits, burns, surgery and anesthesia.

**Plan Features:**

Benefits are paid directly to you, unless otherwise assigned. Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions). Benefits are paid regardless of any other medical insurance.

**What you need, when you need it.** Group accident insurance pays cash benefits that you can use any way you see fit.

Benefit Amounts for Covered Accidents			
<b>Hospital Emergency Room</b>	\$150	<b>Inpatient Surgery and Anesthesia</b>	\$750
<b>Urgent Care</b>	\$150	<b>Fractures</b>	Up to \$3,750
<b>Ambulance</b>	\$400 Ground \$1,500 Air	<b>Dislocations</b>	Up to \$3,000
<b>Doctor's Office or Facility</b>	\$50	<b>Hospital Admission</b> (per confinement)	\$750
<b>Coma</b> (once per accident)	\$10,000	<b>Hospital Confinement</b>	\$200 per day
<b>Dismemberment</b> (single loss)		<b>Hospital Intensive Care</b>	\$200 per day
Employee	\$7,500	<b>Gunshot Wound</b> (on the job)	\$5,000
Spouse	\$5,000	<b>Line of Duty Injury</b>	Payable benefit plus 20%
Child(ren)	\$5,000	<b>Accidental Death</b>	
<b>Lacerations</b>		Employee	\$50,000
Over 15 centimeters	\$600	Spouse	\$20,000
5-15 centimeters	\$300	Child(ren)	\$10,000
Under 5 centimeters	\$75	<b>Accidental Common Carrier Death</b>	
Lacerations not requiring stitches	\$25	Employee	\$150,000
<b>Burns</b>		Spouse	\$60,000
Second Degree	Up to \$500	Child(ren)	\$30,000
Third Degree	Up to \$10,000	<b>Paralysis</b>	
<b>Appliances</b> (ankle brace, crutches, etc.)	\$100	Paraplegia	\$15,000
<b>Rehabilitation Unit</b> (max of 31 days)	\$100 per day	Quadriplegia	\$30,000
<b>Therapy</b> (max of 6 per accident)	\$25		

Employee Accident Deductions	
Semi-Monthly (24 / Year)	
Coverage Level	Employee Cost
Employee Only	\$6.45
Employee + Spouse	\$10.53
Employee + Child(ren)	\$12.86
Employee + Family	\$16.84



**Employees may elect to purchase critical illness insurance during open enrollment.**

**Aflac can help ease the financial stress of surviving a critical illness.** Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life – both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances. That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

**That's the benefit of an Aflac Group Critical Illness plan.** It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke. More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned) – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

**The Aflac Group Critical Illness plan benefits include:**

- Critical Illness benefit pays for:
  - Cancer
  - Non-Invasive Cancer
  - Kidney Failure
  - Coma
  - Sudden Cardiac Arrest
- Coronary Artery Bypass Surgery
- Stroke
- Severe Burn
- Bone Marrow Transplant
- Loss of Sight / Hearing / Speech
- Heart Attack (Myocardial Infraction)
- Skin Cancer
- Major Organ Transplant
- Paralysis
- Health Screening Benefit
- 50% child coverage at no additional cost – each dependent child is covered at 50 percent of the primary insured amount at no additional charge.

**Plan Features:**

- Benefits are paid directly to you, unless otherwise assigned
- Coverage is available for you, your spouse and dependent children
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.



Employee Critical Illness Deductions										
Semi-Monthly (24 / Year)										
Employee Rates Non-Tobacco										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.73	\$2.70	\$3.66	\$4.63	\$5.59	\$6.56	\$7.53	\$8.49	\$9.46	\$10.43
30-39	\$2.37	\$3.97	\$5.58	\$7.19	\$8.79	\$10.40	\$12.00	\$13.61	\$15.21	\$16.82
40-49	\$3.94	\$7.13	\$10.31	\$13.49	\$16.67	\$19.85	\$23.04	\$26.22	\$29.40	\$32.58
50-59	\$6.66	\$12.56	\$18.46	\$24.36	\$30.26	\$36.16	\$42.05	\$47.95	\$53.85	\$59.75
60-69	\$10.55	\$20.33	\$30.11	\$39.90	\$49.68	\$59.46	\$69.25	\$79.03	\$88.82	\$98.60
Spouse Rates Non-Tobacco (based on age of spouse)										
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$1.73	\$2.21	\$2.70	\$3.18	\$3.66	\$4.14	\$4.63	\$5.11	\$5.59	
30-39	\$2.37	\$3.17	\$3.97	\$4.78	\$5.58	\$6.38	\$7.19	\$7.99	\$8.79	
40-49	\$3.94	\$5.54	\$7.13	\$8.72	\$10.31	\$11.90	\$13.49	\$15.08	\$16.67	
50-59	\$6.66	\$9.61	\$12.56	\$15.51	\$18.46	\$21.41	\$24.36	\$27.31	\$30.26	
60-69	\$10.55	\$15.44	\$20.33	\$25.22	\$30.11	\$35.01	\$39.90	\$44.79	\$49.68	
Employee Rates Tobacco										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.14	\$3.52	\$4.89	\$6.27	\$7.65	\$9.03	\$10.40	\$11.78	\$13.16	\$14.53
30-39	\$3.29	\$5.82	\$8.35	\$10.88	\$13.41	\$15.94	\$18.47	\$21.00	\$23.53	\$26.06
40-49	\$5.79	\$10.81	\$15.83	\$20.86	\$25.88	\$30.90	\$35.93	\$40.95	\$45.97	\$50.99
50-59	\$10.30	\$19.84	\$29.38	\$38.92	\$48.46	\$58.00	\$67.54	\$77.08	\$86.62	\$96.16
60-69	\$16.04	\$31.33	\$46.61	\$61.89	\$77.17	\$92.45	\$107.74	\$123.02	\$138.30	\$153.58
Spouse Rates Tobacco (based on age of spouse)										
Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000	
18-29	\$2.14	\$2.83	\$3.52	\$4.21	\$4.89	\$5.58	\$6.27	\$6.96	\$7.65	
30-39	\$3.29	\$4.56	\$5.82	\$7.09	\$8.35	\$9.62	\$10.88	\$12.14	\$13.41	
40-49	\$5.79	\$8.30	\$10.81	\$13.32	\$15.83	\$18.34	\$20.86	\$23.37	\$25.88	
50-59	\$10.30	\$15.07	\$19.84	\$24.61	\$29.38	\$34.15	\$38.92	\$43.69	\$48.46	
60-69	\$16.04	\$23.69	\$31.33	\$38.97	\$46.61	\$54.25	\$61.89	\$69.53	\$77.17	

## Employee Assistance Program

Life Advisor EAP & Well-Being Services  
Provided by Ulliance

The City of Winder offers all employees (and their household members) access to the Life Advisor Employee Assistance Program (EAP) and Well-Being resources. These programs are now offered through Ulliance and provide emotional, physical, financial, and career support to help you achieve balance at home and at work.

### Support & Counseling

- Free, confidential counseling sessions (in-person, virtual, or phone)
- Crisis support available 24/7/365
- Access to licensed professionals for stress, relationship issues, grief, or addiction
- Referrals to community, legal, and financial resources

### Well-Being & Coaching

- Well-being portal and mobile app featuring self-help tools, videos, webinars, and articles
- Personalized Life Advisor Coaching to help with career goals, financial wellness, and self-improvement
- Well-being challenges, trackers, and goal-setting tools
- “5 to Thrive” rewards-based wellness program focusing on: Emotional, Physical, Financial, Career, and Community

### Legal, Financial & Identity Protection

- Free legal and financial consultations
- Identity theft protection covering up to four family members
- Continuous dark web monitoring, wallet retrieval, and fraud restoration assistance

### Resource Library

Explore hundreds of on-demand articles, videos, and guides covering mental health, parenting, caregiving, mindfulness, nutrition, relationships, veterans' issues, workplace performance, financial literacy, and much more.

### How to Access

Visit: [LifeAdvisor.com](https://LifeAdvisor.com)

Call Anytime: **800.448.8326** or **877.912.2733**

App: Download the Life Advisor Well-Being® App for instant access to your wellness dashboard, trackers, and resources.

## Confidential. Free. Here when you need it most.

Available to all City of Winder employees, spouses/domestic partners, and dependents up to age 26.

### Online Access

1. Go to: [LifeAdvisor.com](https://LifeAdvisor.com)
2. Click “**Member Login**” or “**Employee Login.**”
3. Select your employer (**City of Winder**) if prompted.





## Live Advisor Well-being® Portal & Health Tracker

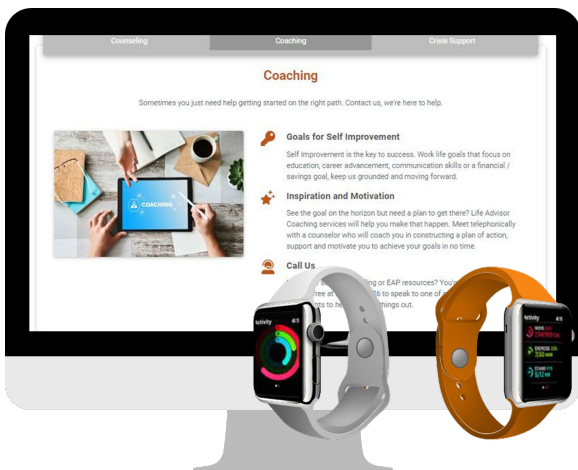
Focusing on total well-being integration

### Well-being Programs For Today's Workforce

#### 5 to Thrive Program



Getting healthier is a lot more fun with 5 to Thrive! You will earn badges as you complete healthy actions in all 5 areas of well-being: emotional, physical, financial, career and community.



#### Life Advisor Well-being® Program at a Glance

- Life Advisor Well-being® Resource Library
- Self Help Tools & Resources
- Newsletters
- Fully Responsive Well-being App
- Wellness Coaching
- Well-being Journal
- Videos
- Smart Manager Webinars
- Employee Webinars
- Health Trackers
- Individual Well-being Challenges
- Customized Portal

**Introduction**

You are receiving this notice because you have recently become eligible for the City of Winder health 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. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

**What is 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 happens:

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-employee becomes entitled to Medicare benefits (Part A, Part B, or both);  
The parents become divorced or legally separated; or  
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 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **City of Winder, Human Resources, 25 East Midland Avenue (P.O. Box 566), Winder, GA 30680**

**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.

***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.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**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](http://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**

Information about the plan and COBRA continuation coverage can be obtained on request from:

**City of Winder**

**Human Resources**

**25 East Midland Avenue (P.O. Box 566)**

**Winder, GA 30680**

**Phone: (678) 425-6815**

## **REQUIRED HEALTH PLAN ANNUAL NOTICES**

### **Women’s Health and Cancer Rights Act Enrollment Notice**

The Woman’s Health and Cancer Rights Act of 1998 (WHCRA) is a Federal law that provides rights regarding mastectomy and other breast cancer related services. For individuals receiving mastectomy-related benefits, coverage will be provided for certain services and supplies that relate to:

- 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;
- Treatment of physical complications of the mastectomy, including lymphedema.

The benefits provided are subject to the health plan deductibles and coinsurance. Please review you contract and Summary of Benefits and Coverage for further details regarding these benefits, cost and coverage.

### **Statement of Rights Under the Newborn and Mothers’ Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours as applicable.

Under Federal law, plans and issuers may not require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). However, for access to certain providers or facilities or to reduce costs, you may be required to obtain pre-authorization by contacting your plan administrator.

### **Statement of HIPAA Portability Rights**

#### **Preexisting condition exclusions.**

For plan years beginning on or after January 1, 2014, insurers will be prohibited from imposing pre-existing condition exclusions under the Affordable Care Act (the prohibition on preexisting condition exclusions is already in effect for children under 19 years of age). This prohibition will make certificates of creditable coverage unnecessary. Accordingly, the Departments of Health and Human Services, Labor, and the Treasury have issued final rules **eliminating the requirement to provide certificates of creditable coverage beginning December 31, 2014.**

#### **Right to get special enrollment in another plan**

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.

Additionally, if an employee, spouse, or dependent loses or gains eligibility for assistance under CHIP, Medicare or Medicaid coverage, the cafeteria plan may permit the employee to make a prospective election to commence or increase coverage of that employee, spouse, or dependent under the accident or health plan. This is called a “special enrollment” opportunity and the request for coverage must be made within 60 days of the change in eligibility status.

**Prohibition against discrimination based on a health factor**

Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

**Additional Information**

Please contact the Human Resources Department if you have further questions. If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for "Protecting Your Health Insurance Coverage"). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>.

**Your Rights and Protections Against Surprise Medical Bills**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

**What is "balance billing" (sometimes called "surprise billing")?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

**You are protected from balance billing for:****Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

**Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're **never** required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

**When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact the Department of Health and Human Services at 1-800-985-3059.

Visit <https://www.cms.gov/nosurprises/consumers> for more information about your rights under federal law.

**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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –**

GEORGIA Medicaid
<p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>                      Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>                      Phone: (678) 564-1162, Press 2</p>

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

### **HIPAA Notice of Privacy Practices**

This notice of privacy practices describes how medical information about you may be used and disclosed by the health plan administrator. Please review this notice carefully and share with all members of your family who are covered by the health plan.

The Health Plan administrator (Plan) is required to maintain the privacy of Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”). PHI is any information that may identify you and that relates to your past, present, or future physical or mental health condition and any related health care services and payment for those health care services. This information may be in written, electronic, or oral form. This notice describes how the Plan may use and disclose PHI to carry out treatment, payment, or health care operations, or for other specified purposes permitted or required by law. The notice also provides you with information about your rights to access, to amend, and control the disclosure of your PHI.

### **Examples of how PHI may be used or disclosed by the health plan:**

The following categories describe different ways that the Plan may use or disclose your PHI in compliance with HIPAA. The examples of permitted uses and disclosures listed below are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

### **Treatment, Payment, and Health Care Operations**

HIPAA allows the Plan to use and disclose PHI for purposes of treatment, payment, and health care operations, without your consent or authorization. Examples of uses and disclosures for treatment, payment and health care operations are listed below:

- **Treatment.** Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, and includes the referral of a patient for health care from one health care provider to another. The Plan does not provide treatment directly. However, the Plan may use or disclose PHI in arranging or approving treatment by a particular health care provider.
- **Payment.** Payment means activities undertaken by the Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits under the Plan or to obtain or provide reimbursement for the provision of health care. Examples of payment activities which may involve use and disclosure of PHI include reviewing PHI to determine your eligibility for a benefit payment under the Plan (including sharing PHI for purposes of coordination of benefits); reviewing your PHI for purposes of determining medical necessity; and reviewing PHI in connection with utilization review, including precertification or preauthorization of services.
- **Health Care Operations.** Health Care Operations refers to Plan management, planning and development, and other administrative functions necessary to operate the Plan. Examples of health care operations that may involve use or disclosure of PHI include reviewing PHI for purposes of underwriting, premium rating, drug formulary administration, case management, and care coordination activities.

### **Other Uses and Disclosures**

HIPAA also requires or permits the Plan to use or disclose your PHI for the purposes described below without authorization from you. Please note, the Plan will likely never have reason to make some of these disclosures. However, federal law requires that we inform you of the ways that the Plan is required or permitted to use PHI without your authorization, as provided by HIPAA:

- **Required by Law** - The Plan may use or disclose your PHI to the extent that the law requires the use or disclosure. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health** – The Plan may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. The Plan may also disclose your PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.
- **Health Oversight** – The Plan may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information may include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **Disclosures to You** - The Plan may use and disclose your PHI to you. For example, the Plan may disclose PHI for purposes of telling you about or recommending possible treatment options or alternatives that may be of interest to you.
- **Disclosures to a Personal Representative** – The Plan may disclose PHI to a personal representative designated by you or a personal representative designated by law such as the parent or legal guardian of a child or the surviving family members or personal representative of the estate of a deceased or incompetent individual.
- **HIPAA Compliance Review** – The Plan may disclose PHI to the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine the Plan’s compliance with the HIPAA Privacy Rules.
- **Business Associates** – The Plan may disclose PHI to a Plan “Business Associate” (as defined by HIPAA) in connection with the Business Associate’s performance of services for the Plan. Business Associates are required to appropriately safeguard your PHI.
- **Workers’ Compensation** – Your PHI may be disclosed by the Plan as authorized to comply with workers’ compensation laws and other similar programs established by law.
- **Abuse or Neglect** – The Plan may disclose your PHI to a public health authority or other appropriate government authority that is authorized by law to receive reports of child abuse or neglect. In addition, the Plan may disclose your PHI if it believes you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. Such disclosures will be made consistent with the requirements of applicable federal and state laws.
- **Food and Drug Administration (FDA)** – The Plan may disclose your PHI to a person or company as directed or required by the FDA: (1) to collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations; (2) to track FDA-regulated products; (3) to enable product recalls, repairs, replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback), or (4) to conduct post-marketing surveillance.
- **Legal Proceedings** – The Plan may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal to the extent such disclosure is expressly authorized by such order. The Plan may also disclose PHI, in response to a subpoena, discovery request, or other lawful process under certain conditions.

- **Law Enforcement** – The Plan may disclose PHI for law enforcement purposes to a law enforcement official, subject to certain conditions specified under HIPAA. This includes: (1) disclosures to a law enforcement official that are required by law; (2) disclosures required by a court ordered warrant, subpoena, or summons issued by a judicial officer or by a grand jury subpoena; (3) disclosures in response to a law enforcement official's request for information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person; (4) disclosures in response to a law enforcement official's request for information about an individual who is or is suspected to be the victim of a crime; (5) disclosures to a law enforcement official concerning the PHI of a deceased person if the person's death may have resulted from criminal conduct; (6) disclosures to a law enforcement official of PHI which may constitute evidence of criminal conduct that occurred on the Plan's premises.
- **Communicable Diseases** – The Plan may disclose your PHI to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition, if the Plan or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.
- **Coroners, Funeral Directors, and Organ Donation** – The Plan may disclose PHI to a coroner or medical examiner for purposes of identifying a deceased person, determining cause of death, as necessary to permit the coroner or medical examiner to perform their duties as authorized by law. The Plan may also disclose PHI to a funeral director, consistent with applicable law, as necessary in order to permit the funeral director to carry out applicable duties. For the purpose of facilitating requested organ, eye, or tissue donation and transplantation, the Plan may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissues.
- **Research** – The Plan may disclose PHI to researchers, subject to conditions specified under HIPAA and provided the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of PHI.
- **Correctional Institutions** – The Plan may disclose to a correctional institution or to a law enforcement official having lawful custody of an inmate PHI about the inmate if the institution or official represents that the PHI is necessary for purposes of providing health care to the inmate or for certain other purposes specified under HIPAA.
- **Military Activity and National Security** – Subject to conditions specified under HIPAA, the Plan may: (1) use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of a military mission; or (2) disclose PHI to authorized federal officials for purposes of conducting national security and intelligence activities, including the provision of protective services to the President or others as legally authorized.

### **Authorization for Use or Disclosure of PHI**

The Plan will obtain your written authorization for use or disclosure of PHI if such authorization is required by HIPAA. As noted above, written authorization is *not* required for use or disclosure of PHI for purposes of payment, treatment, or healthcare operations. Written authorization is also not required for certain other uses or disclosures of PHI, as described above. Some specific instances where your authorization is required before the Plan may use or disclose your PHI include, without limitation:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of PHI.

If written authorization for use or disclosure of PHI is required under HIPAA, the Plan will obtain your written authorization before using or disclosing your PHI. You may revoke such authorization at any time by providing written notice that you wish to revoke your authorization to the Privacy Contact for the Plan. Upon receipt of a valid written revocation, the Plan will stop using or disclosing your PHI, except to the extent that action has already been taken in reliance on the prior authorization.

### **Your rights with respect to your protected health information**

#### ***Right to Request Restrictions on Certain Uses and Disclosures***

You have the right to request that the Plan limit its uses and disclosures of your PHI or restrict the use or disclosure of your PHI to family members or personal representatives. Any request must be made in writing to the Privacy Contact listed at the end of this notice and must state the specific restriction requested and to whom that restriction would apply. The Plan cannot agree to restrictions on uses or disclosures that are legally required, or which are necessary to administer the Plan.

#### ***Right to Receive Confidential Communications***

You have the right to request that Plan communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Contact listed at the end of this notice.

#### ***Right to Access to Your Protected Health Information***

In most cases, you have the right to inspect and copy your PHI that is maintained in a designated record set. Federal law does prohibit you from having access to the following: psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. To inspect or copy your PHI, you must send a written request to the Privacy Contact listed at the end of this notice. The Plan may charge you a fee for the cost of copying, mailing, and supplies that are necessary to fulfill your request.

#### ***Right to Amend Your Protected Health Information***

If you feel that your PHI is incomplete or incorrect, you have the right to request that the Plan amend it as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be made in writing to the Privacy Contact listed at the end of this Notice.

#### ***Right to Receive List of Disclosures***

You have the right to receive a listing of all the disclosures of your PHI that the Plan has made, if any, for reasons *other than* disclosures for treatment, payment, health care operations, as described above, and disclosures made to or authorized by you or your personal representative. Your right to an accounting of disclosures applies only to PHI created or maintained by the Plan after HIPAA's effective date (April 14, 2003) and cannot exceed a period of six (6) years prior to the date of your request. A request for a list of disclosures of your PHI should be made in writing to the Privacy Contact listed at the end of this notice and must specify the time period of the PHI requested.

***Right to Receive Copy of Notice of Privacy Practices***

You have the right to receive a paper copy of this notice upon request. This right applies even if you have previously received a copy of the notice or if you have previously agreed to accept this notice electronically. Requests for a paper copy of this notice should be made to Human Recourse Department.

***Breach Notification Requirements***

The Plan is required to notify you if unsecured PHI is acquired, accessed, used and/or disclosed by an unauthorized party. This notification must occur without unreasonable delay and in no case later than 60 days of the event.

***For More Information Or To Report a Problem***

If you have questions or would like additional information about the Plan's privacy practices, you may contact the Human Resource Department. If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Contact, or you may file a complaint with the Secretary of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. There will be no retaliation for filing a complaint.

## **Important Notice from City of Winder 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 City of Winder and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not 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. City of Winder has determined that the prescription drug coverage offered by the 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.

**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, your current City of Winder coverage will be affected. You can keep this coverage if you elect part D and this plan will coordinate with part D coverage.

If you do decide to join a Medicare drug plan and drop your current Plan of coverage, be advised 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 City of Winder 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 individual listed below for further information. **NOTE:** You will get this notice each year or if this coverage through City of Winder changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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](http://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).

**Date:** 01/01/2026 or upon eligibility for City of Winder Group Health Plan.  
**Name of Sender:** City of Winder Group Health Plan  
**Contact:** City of Winder Human Resources Department  
**Address:** 25 East Midland Avenue, Winder, GA 30680  
**Phone:** 678-425-6815

## **Continuation Coverage Rights Under COBRA**

### **CITY OF WINDER HEALTH PLAN**

#### **Introduction**

You are receiving this notice because you have recently become eligible for the City of Winder health 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.

#### **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 happens:

- 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-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- 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 60 days after the qualifying event occurs. You must provide this notice **in writing** to: **City of Winder, 25 East Midland Avenue, Winder, GA 30680.**

**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.

***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](http://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**

Information about the plan and COBRA continuation coverage can be obtained on request from:

**City of Winder  
25 East Midland Avenue  
Winder, GA 30680  
Tel: 678-425-6815**

## Health Insurance Marketplace Coverage Options and Your Health Coverage

### **PART A: General Information**

Even if you are offered health coverage through your employer, you may have other coverage options through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

#### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain minimum value standards. The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet certain minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if your health coverage offered through your employer does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### **When Can I Enroll in Health Insurance Coverage through the Marketplace?**

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage.

Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

### **What about Alternatives to Marketplace Health Insurance Coverage?**

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/gettingmedicaid-chip/> for more details.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

**PART B: Information About Health Coverage Offered by Your Employer**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: City of Winder		4. Employer Identification Number (EIN): 58-6000700	
5. Employer Address: 25 East Midland Avenue		6. Employer Phone Number: 678-425-6815	
7. City: Winder	8. State: GA	9. ZIP Code: 30680	
10. Who can we contact about employee health coverage at this job? Niki Graham			
11. Phone Number (if different from above):		12. Email Address: Niki.graham@cityofwinder.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:  
Some employees. Eligible employees are: Full time (30+ hours). Part time (<30 hours) and seasonal (less than 6 month) are not eligible.
- With respect to dependents:  
We do offer coverage. Eligible dependents are: Spouses and Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you will enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premium.

# Contact Information

## City of Winder

Dr. Niki Graham – HR Director  
niki.graham@cityofwinder.com  
Mary Grace Vogel – HR Manager  
marygrace.vogel@cityofwinder.com

## Medical

*Cigna*  
Tel: (866) 499-2111  
[www.mycigna.com](http://www.mycigna.com)

## Home Delivery Pharmacy

*Cigna*  
Tel: (800) 285-4812  
[www.mycigna.com](http://www.mycigna.com)

## Telehealth Connection

*Cigna*  
Tel: (888) 726-3171  
[www.MDLIVEforCigna.com](http://www.MDLIVEforCigna.com)

## Health Savings Account (HSA)

*Cigna*  
Tel: (866) 494-2111

## Health Reimbursement Arrangement (HRA)

*AdminAmerica*  
Tel: (800) 366-2691  
[www.adminamerica.com](http://www.adminamerica.com)

## Dental

*Cigna*  
Tel: (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)

## Vision

*Cigna*  
Tel: (800) 244-6224  
[www.mycigna.com](http://www.mycigna.com)

## Life Insurance

*Aflac*  
Tel: (888) 862-5732  
[aflaccustomersvc@disabilityrms.com](mailto:aflaccustomersvc@disabilityrms.com)

## Short / Long Term Disability

*Aflac*  
Tel: (888) 862-5732  
[aflaccustomersvc@disabilityrms.com](mailto:aflaccustomersvc@disabilityrms.com)

## Accident / Critical Illness Insurance

*Aflac*  
Tel: (800) 433-3036  
[www.aflac.com](http://www.aflac.com)

## Life Advisor EAP & Well-Being Services

*Ulliance*  
Tel: (800) 448-8326  
[LifeAdvisor.com](http://LifeAdvisor.com)

To view copies of all certificates of coverage and Plan documents go to: [www.msibg.com](http://www.msibg.com)  
then click on 'Client Portal' at the top right of the page and enter the login below:

**Username: winderEE**  
**Password: Benefits123**



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