HUB

A GUIDE TO YOUR

Benefits

JANUARY 1, 2027 - DECEMBER 31, 2027



THE CITY OF Austell GEORGIA

2027

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage

When Coverage Begins

New Hires

- You must complete the enrollment process within **60 days** of your date of hire. If you enroll on time, coverage is effective on the **1st of the month following 60 days from your date of hire.**
- If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Open Enrollment

- Changes made during Open Enrollment are effective **January 1 – December 31, 2027**

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections



Required Information—*You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.*

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Navigate to:
EmployeeNavigator.com

There you will find detailed information about the plans available to you and instructions for enrolling

Company Code: AustellGA

employee NAVIGATOR

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

POS

POS plans give you the freedom to seek care from any provider of your choice, and these plans use **Anthem's Blue Open Access POS network**, which is one of the broadest networks in Georgia and provides you nationwide access with BlueCard. You'll maximize your benefits and lower your out-of-pocket costs by choosing a provider who participates in the network.

Following is a high-level overview of your medical plan options effective **January 1, 2027 – December 31, 2027**. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note: The Deductibles and out-of-pocket maximums listed below are per calendar year.**

Key Medical Benefits	Base Plan (POS OAP5 2000/0%/7900)		Buy-Up Plan (POS OAP5 1000/0%/7900)	
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Deductible Type Individual / Family	Embedded		Embedded	
Medical Deductible Individual / Family	$2,000 / $6,000	$6,000 / $18,000	$1,000 / $3,000	$3,000 / $9,000
Out-of-Pocket Maximum Individual / Family	$7,900 / $15,800	$23,700 / $47,400	$7,900 / $15,800	$23,700 / $47,400
Routine Preventive Care	No Charge	Deductible Then 50%	No Charge	Deductible Then 50%
Office Visits				
Primary Care Physician	$30 Copay	Deductible Then 50%	$30 Copay	Deductible Then 50%
Specialist	$60 Copay	Deductible Then 50%	$60 Copay	Deductible Then 50%
Urgent Care Facility	$75 Copay	Deductible Then 50%	$75 Copay	Deductible Then 50%
PT/OT/Speech	$30 Copay	Deductible Then 50%	$30 Copay	Deductible Then 50%
Lab / X-Ray				
Diagnostic Test	$60 Copay	Deductible Then 50%	$60 Copay	Deductible Then 50%
Imaging (CT/PET/MRI)	Deductible Then No Charge	Deductible Then 50%	Ded Then No Charge	Deductible Then 50%
Emergency Care Emergency Room Ambulance	$350 Copay Deductible Then No Charge		$350 Copay Deductible Then No Charge	
Inpatient				
Facility Fee	Deductible Then No Charge	Deductible Then 50%	Ded Then No Charge	Deductible Then 50%
Physician/Surgeon Fees	Deductible Then No Charge	Deductible Then 50%	Ded Then No Charge	Deductible Then 50%
Outpatient				
Facility Fee	$200 Copay	Deductible Then 50%	$200 Copay	Deductible Then 50%
Physician/Surgeon Fees	Deductible Then No Charge	Deductible Then 50%	Ded Then No Charge	Deductible Then 50%
Prescription Drug Benefits	**Base Plan**		**Buy Up Plan**	
	Retail	**Home Delivery [4]**	**Retail**	**Home Delivery [4]**
Prescription Deductible Individual/Family	$200/$400 Applies to Tier 2, Tier 3, and Tier 4		$200/$400 Applies to Tier 2, Tier 3, and Tier 4	
Tier 1 Generic	$15	$15	$15	$15
Tier 2 Preferred Brand & Non-Preferred Generic	$45	$90	$45	$90
Tier 3 Non-Preferred Brand and Generic	$85	$255	$85	$255
Tier 4 Preferred Specialty	25% up to $350	25% up to $350	25% up to $350	25% up to $350

[1] If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
[2] Emergency services by an Out-of-Network provider will be considered at the Network benefit Level.
[3] Emergency Room Copay waived if admitted to hospital directly from emergency room.
[4] Home delivery is not eligible with out of network pharmacies

Save on Health Care with the Health Reimbursement Account

Admin America

City of Austell provides a Health Reimbursement Account (HRA) through Admin America to help you pay for eligible out-of-pocket health care expenses. The HRA is 100% funded by your employer and does not allow for employee contributions.

How the HRA Works

When you enroll in the HRA, the company contributes to your account based on the coverage level you elect. The HRA covers the **last** portion of your **In-Network Deductible**, and your reimbursement amount is based on the coverage level and medical plan you elect.

Key Benefits	Base Plan with HRA	Buy-Up Plan with HRA
2027 Deductible	$2,000 Ind / $6,000 Fam	$1,000 Ind / $3,000 Fam
HRA Reimbursement Amount	$1,000 Ind / $ 2,000 Fam	$500 Ind / $1,000 Fam
Contribution Limits & Design	HRA reimburses the last $1,000 of each individual's In-Network Deductible, capped at $2,000 per family (up to two individuals)	HRA reimburses the last $500 of each individual's In-Network Deductible, capped at $1,000 per family (up to two individuals)

What is Eligible for Reimbursement?

Each time a provider (doctor, hospital, etc.) submits a claim to your health insurance carrier, you'll receive an **Explanation of Benefits (EOB)** showing what the plan pays, what you owe, and how much has been applied toward your In-Network-Deductible.

Since the IRS requires all expenses to be substantiated, Admin America requires a copy of your **EOB** to process your claim.

Until the HRA kicks in, you're responsible for paying the deductible yourself. Copays (office visit, prescription drug, ER) don't count toward the deductible. It is recommended you keep copies of all paid receipts.

The First Time you Login

- Your Username will be in the following format: **First letter of your first name**, **full last name**, and **last 4 digits of your social security numbe**r *(if your name was Jane Smith with social 987654321, your username would be jsmith4321)*
- Your Password will be in the following format: The word **benefit** followed by your **2-digit birth DAY**, **2-digit birth MONTH**, and **2-digit birth YEAR** *(if you were born 10/05/1963, your password would be benefit051063)*
- For help with your username or password, call (800) 366-2961.

Two Quick Stops to File Your Claim

Anthem

Step 1 — Get Your EOB

Log in to the Sydney Health app or anthem.com/register to check your deductible balance and download your Explanation of Benefits (EOB).

Scan to register

(800) 676-2583 | anthem.com

Admin America
FSA HRA HSA COBRA ERISA Compliance & Administration

Step 2 — File Your Claim

Submit your EOB and an HRA claim form through the Benefits by Admin America app or adminamerica.com to receive your reimbursement.

Scan for portal

(800) 366-2961 | adminamerica.com

Please note: This communication is intended to provide you with highlights of our benefits program. It is not intended to address all details. Actual benefit coverage is specified in the Plan Documents. In the event of any differences between this communication and the Plan Documents, the Plan Documents will govern.

Dental

You have been provided a dental Preferred Provider Organization (PPO) plan, through **Mutual of Omaha**. This offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in **Mutual of Omaha's Mutually Preferred Network**.

Following is a high-level overview of your dental plan effective **January 1, 2027 – December 31, 2027**. For complete coverage details, please refer to the Summary Plan Description (SPD). Note: The deductibles and annual benefit maximums are per calendar year.

Key Benefits	Low Plan	High Plan
	In-Network & Out-of-Network[1] Benefits	*In-Network & Out-of-Network[1] Benefits*
Annual Deductible *Individual/Family*	$100 / $300 [2]	$50 / $150 [2]
Annual Benefit Maximum *Per Individual*	$750	$1,500
Preventive Services *Oral Exam & Cleaning, Children's Fluoride, Sealants (child), Bitewing X-Rays*	100%	100%
Basic Services *Periodontal Maintenance, Fillings, Simple Extractions*	80%*	80%*
Major Services *See plan type*	25%* *Oral Surgery and General Anesthesia/IV Sedation (Only)*	50%* *Periodontal Surgery, Root Canal, Crowns, Dentures, Bridges, Inlay/Onlays*
Out-of-Network Reimbursement [1]	Same as In-Network [1]	Same as In-Network [1]
Late Entrants Waiting Period *Major Services*	12 months	12 months

Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.
Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
[1] If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
[2] Applies to Basic and Major Services only

Vision

Your eyesight is essential to your overall health and safety. This plan, provided through **Mutual of Omaha**, lets you choose any provider, but you'll maximize benefits and minimize out-of-pocket costs by using **EyeMed's Insight Network** providers. If you go out-of-network, you'll pay in full at your appointment and submit a claim form for reimbursement up to the plan's allowed amount.

Following is a high-level overview of your vision plan options effective **January 1, 2027 – December 31, 2027**. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Vision Plan		
	Benefit Frequency	*In-Network*	*Out-of-Network Reimbursement [1]*
Exam	Once every 12 Months	$10 copay	Up to $37
Lenses			
Single Vision	Once every 12 Months	$25 copay	Up to $20
Bifocal		$25 copay	Up to $36
Trifocal		$25 copay	Up to $64
Lenticular		$25 Copay	Up to $64
Frames	Once every 24 Months	Up to $130 Allowance	Up to $58
Contact Lenses [2]			
Conventional	Once every 12 months	Up to $130 allowance	Up to $89
Disposable		Up to $130 allowance	Up to $104
Medically Necessary		$0 copay	Up to $210

Amounts shown in the above chart represent the plan allowance or the amount the member may be responsible for paying.
[1] If you use an out-of-network provider, you will be responsible for any charges above the maximum reimbursement amount shown.
[2] Contact lenses are in lieu of prescription glasses.
[3] The Costco and Walmart in-network frame allowance will be the wholesale equivalent.

Telehealth

Telehealth works alongside your health insurance, giving you a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions.

Telehealth

You are provided a Telehealth plan at an affordable group rate through **HealthiestYou by Teledoc Health.**

Talk to a licensed provider 24/7 - $0/Visit. For conditions like the flu, bronchitis, allergies, sore throats and more.

Confidential counseling 7 days a week - Therapy $99/Visit | Psychiatry: Initial $245 then $109/Visit. If you're feeling stressed, overwhelmed, down or not like yourself.

Relief from skin issues - $89/Visit. For acne, eczema, rashes, psoriasis and much more by uploading images on the app.

Nutrition by phone or video- $61 / Visit. Talk to a registered dietitian for diet planning or managing a health condition like diabetes.

Visit The Member Portal To Register Online

member.healthiestyou.com

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye).

For complete coverage details, please refer to the Summary Plan Description (SPD).

Basic Life/AD&D (Company Paid)

This benefit is provided at **NO COST** to you through **Mutual of Omaha**.

Coverage Type	Benefit
Benefit Amount	
Employee	***<10 yrs Service*** *$10,000* | **10+ Yrs Service** $15,000
Spouse	$5,000
Child(ren)[1]	$2,000
Age Reduction	65% at Age 65 | 50% at age 70

Coverage is portable and convertible with restrictions

Voluntary Life (Employee Paid)

If you'd like additional coverage, you may elect voluntary life insurance at group rates through **Mutual of Omaha** for yourself and your eligible family members.

Coverage Type	Employee Voluntary Life [2]
Benefit Amount	$10,000 increments, up to $250,000
Guarantee Issue [1]	$100,000
Age Reduction [3]	67% at Age 70 | ~44.5% at age 75
Coverage Type	**Spouse Voluntary Life**
Benefit Amount	$5,000 increments, up to $250,000 (not to exceed 100% of employee coverage)
Guaranteed Issue [1]	$25,000
Age Reduction [3]	Terminates at age 70
Coverage Type	**Child Voluntary Life**
Benefit Amount	1,000 increments up to $10,000
Guaranteed Issue [1]	$10,000
Eligibility Age [3]	Up to age 26

[1] ***Evidence of Insurability (EOI):*** *Coverage up to the Guaranteed Issue amount is available during your initial eligibility period with no health questions. Amounts above GI, late enrollment, or future increases require EOI and Mutual of Omaha approval.*

[2] ***Portability/Conversion:*** *If employment ends, coverage may continue on a portable or converted basis, subject to age and plan restrictions. Contact HR or Mutual of Omaha for details.*

[3] ***Age Reductions:*** *Benefits reduce or terminate at the ages shown, effective on the plan anniversary following the applicable birthday.*

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

For complete coverage details, please refer to the Summary Plan Description (SPD).

Group Short-Term Disability (Company Paid)

This benefit is provided at **NO COST** to you through **Mutual of Omaha**.

Coverage Type	Employee Benefit
Benefit Percentage	66 ⅔% of pre-disability weekly earnings
Maximum Benefit	Up to $500 per week
When Benefits Begin	Day 1 for Accident Day 8 for Sickness
Maximum Benefit Duration	26 Weeks
Pre-Existing Condition	no pre-existing condition limitation

Voluntary Long-Term Disability (Employee Paid)

This benefit is provided at an affordable group rate through **Mutual of Omaha**.

Coverage Type	Employee Benefit
Benefit Percentage	60% of pre-disability monthly earnings
Benefit Maximum	Up to $5,000 per month
When Benefits Begin	Day 181
Maximum Benefit Duration	To age 65, SSNRA or 3.5 years, whichever is longest
Pre-Existing Condition	12/12

Voluntary Benefits

Worksite

Voluntary worksite benefits are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. Benefits from these plans are paid directly to you and are provided at an affordable group rate through **Mutual of Omaha**.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying you a benefit to help cover the out-of-pocket costs related to treating your injuries. Some accidents—like fracturing a bone—may require straightforward treatment but can still wind up costing you thousands of dollars. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

A serious diagnosis can bring unexpected costs that health insurance alone may not cover. Critical Illness insurance pays you a lump-sum cash benefit if you are diagnosed with a covered condition, such as a heart attack, stroke, or major organ failure. You can use the money however you need, whether for out-of-pocket medical costs, travel to treatment, or everyday living expenses. Coverage is available for you and your spouse, and child coverage is included automatically at no additional cost. The plan also includes a recurrence benefit and a wellness screening benefit.

Legal Assistance & Identity Protection

LegalShield + ID Shield

This voluntary benefit through **LegalShield + ID Shield** gives you the ability to talk to your attorney regarding any matter without worrying about high hourly costs. You will have access to a large network of lawyers available to assist with matters such as: real estate, consumer finance, family law, estate planning, and traffic issues; will preparation service; letters/calls made on your behalf; trial defense; IDShield; Credit monitoring; activity alerts; and Identity restoration services.

Valuable Extras

Employee Assistance Program

Mutual of Omaha's **Employee Assistance Program** gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include **three counseling sessions per year**, consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help

Consultative services are available to provide direct support and assistance	Access legal and financial assistance and resources, including WillPrep Services

How to access

Visit	24/7/365 Phone
mutualofomaha.com/eap	1-800-316-2796

24-hour crisis help available.

BenefitHub Discounts

Sign up for the BenefitHub Discount Marketplace!

Enjoy discounts, rewards, and perks on 1,000s of brands you love in a variety of categories:

Travel	Apparel	Entertainment	Beauty & Spa
Auto	Local Deals	Restaurants	Tickets
Electronics	Education	Health & Wellness	Auto & Home Insurance

It's easy to access and start saving!

- Go to mypathperks.benefithub.com
- **Referral Code: K7WEWL**
- Not Registered? Click on link for "Don't have an account? Signup"

Benefit Enrollment

Enrolling in benefits is easy. Employee Navigator is available 24 hours a day, seven days a week, so you can visit the site anytime and anywhere you have computer access.

Enroll Through Employee Navigator

- **Step 1:** Visit employeenavigator.com and click Login.
- **Step 2:** Click **[Start/Let's Begin]** to complete your enrollment task.
- **Step 3:** If needed, complete any onboarding tasks before enrolling in your benefits. Then, click Begin Enrollment.
- **Step 4:** Verify and enter required personal information for you and your dependents by clicking Get Started. Once everything is accurate, click Save & Continue.
- **Step 5:** To enroll, select your name, an existing dependent, or add a new dependent—then click Select Plan.
- **Step 6**: Make your elections. Click Save & Continue at the bottom of each page to save your progress.
- **Step 7:** If you elect benefits that require a beneficiary designation, primary care physician or the completion of Evidence of Insurability, you will be prompted to add in those details.
- **Step 8:** Review your benefit selections on the Enrollment Summary page to ensure they are correct and then click Sign & Agree to complete your enrollment.

Company Code: AustellGA

Save or print a copy of your Enrollment Summary after making your coverage selections. Review it thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact the HR Department immediately so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected. Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 30 days of experiencing a Qualifying Life Event.



THE CITY OF Austell GEORGIA

January 1, 2027 – December 31, 2027

2027 EMPLOYEE CONTRIBUTIONS

Medical Coverage

Anthem

City of Austell generously contributes toward the employee and dependent cost of all **Anthem** medical plans. The payroll contributions listed below are deducted pre-tax from your paycheck.

Enrollment Tier	Bi-Weekly Premium	
	Base Plan (POS OAP5 2000/0%/7900)	Buy-Up Plan (PPO Plan D 2000/10%/5500)
Employee Only	$31.37	$64.46
Employee + Spouse	$184.48	$365.51
Employee + Child(ren)	$183.53	$351.97
Family	$191.38	$432.55

Dental Insurance

Mutual of Omaha

City of Austell provides employees with the ability to enroll in dental insurance through **Mutual of Omaha** at a discounted group rate. Premiums are deducted pre-tax from your paycheck.

Enrollment Tier	Bi-Weekly Premium	
	Low Plan	High Plan
Employee Only	$9.06	$17.49
Employee + 1 Dependent	$18.74	$32.68
Employee + 2 or More Dependents	$32.69	$52.54

Accident Insurance

Mutual of Omaha

City of Austell provides employees with the ability to enroll in accident insurance through **Mutual of Omaha** at a discounted group rate.

Enrollment Tier	Bi-Weekly Premium	
	Low Plan	High Plan
Employee Only	$3.37	$5.99
Employee + Spouse	$5.72	$10.55
Employee + Child(ren)	$7.17	$13.08
Family	$9.52	$17.65



Vision Insurance

Mutual of Omaha

City of Austell provides employees with the ability to enroll in vision insurance through **Mutual of Omaha** at a discounted group rate. Premiums are deducted pre-tax from your paycheck.

Enrollment Tier	Bi-Weekly Premium
Employee Only	$2.28
Employee + 1 Dependent	$5.35
Employee + 2 or More Dependents	$8.51

Telehealth

hy healthiestyou By Teladoc

City of Austell provides employees with the ability to enroll in telehealth through **HealthiestYou** at a discounted group rate.

Enrollment Tier	Bi-Weekly Premium
Employee Only	$5.08
Employee + 1 Dependent	$5.08
Employee + 2 or More Dependents	$5.08

Company-Paid Benefits

City of Austell provides employees with the benefits below at **NO COST** to employees.

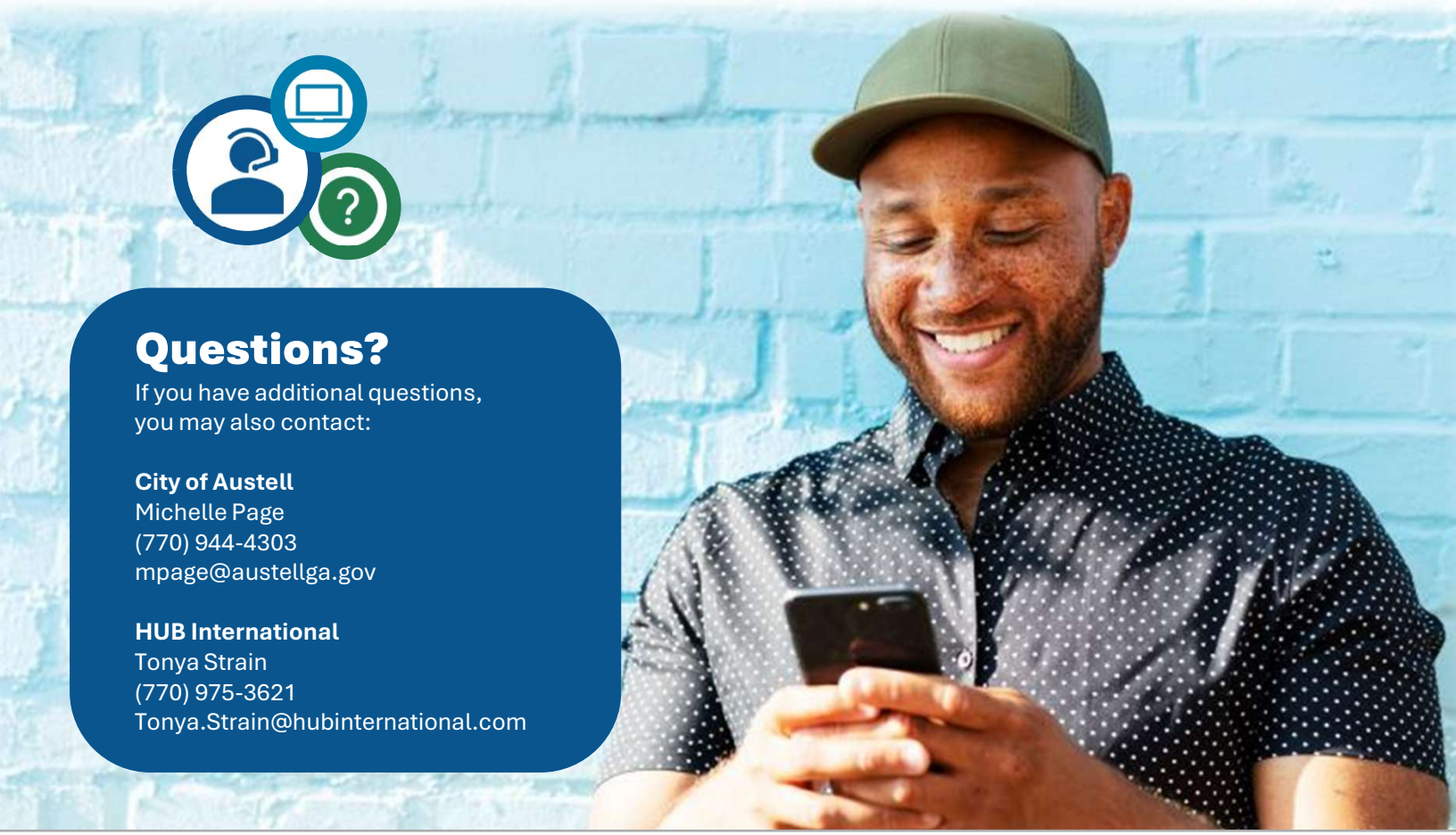
Benefit	Carrier
Basic Life AD&D	Mutual of Omaha
Group Short-Term Disability	Mutual of Omaha
EAP	Mutual of Omaha
BenefitHub	HUB

Age-Banded Voluntary Benefits

Enrollment Tier	Bi-Weekly Premium
Mutual of Omaha Voluntary Life	To view age banded rates and additional premiums for benefits, please visit: www.employeenavigator.com
Mutual of Omaha Voluntary LTD	
Mutual of Omaha Critical Illness	

Contact Information

Coverage	Carrier	Phone	Website/Email
Medical	Anthem	(877) 476-6327	anthem.com
Health Reimbursement Account (HRA)	Admin America	(800) 366-2961	adminamerica.com
Telehealth by Teledoc Health	HealthiestYou	(866) 703-1259	HealthiestYou.com/get-care
Dental	Mutual of Omaha	(800) 927-9197	mutualofomahamwp.skygenusasystems.com
Vision	Mutual of Omaha	(833) 279-4358	member.eyemedvisioncare.com/mutual
Life/AD&D	Mutual of Omaha	(800) 877-5176	mybenefits.mutualofomaha.com/my-benefits/
Disability	Mutual of Omaha	(800) 877-5176	mybenefits.mutualofomaha.com/my-benefits/
Accident & Critical Illness	Mutual of Omaha	(800) 877-5176	mybenefits.mutualofomaha.com/my-benefits/
Legal Assistance & Identity Protection	LegalShield | ID Shield	(800) 654-7757	shieldbenefits.com/austellga/
Employee Assistance Program	Mutual of Omaha	(800) 316-2796	mutualofomaha.com/eap
Discount Program	BenefitHub	(866) 664-4621	mypathperks.benefithub.com Referral Code: **K7WEWL**



Questions?

If you have additional questions, you may also contact:

City of Austell
Michelle Page
(770) 944-4303
mpage@austellga.gov

HUB International
Tonya Strain
(770) 975-3621
Tonya.Strain@hubinternational.com

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.