

2019-2020 Benefits Guide



HELPING YOU REACH YOUR POTENTIAL



The City of Corpus Christi wants you and your family to be happy, healthy and secure. That's why we offer a benefits program that is designed to help you achieve your physical, financial and work-life potential. We are committed to providing you with tools and resources to help you maximize your benefits, including this Benefits Guide. Please review it carefully for highlights of our benefits and discuss your options with your family.

For more details on your benefits, important documents and to enroll in coverage, please explore our Employee Benefits website at **benefitscc.org**.

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Getting Started

ELIGIBILITY

Full-time employees in a regularly budgeted position routinely assigned to work 40 hours per week, excluding temporary employees, are eligible for benefits. Eligible dependents include your spouse/common-law spouse and dependent children up to age 26, including biological children, stepchildren, adopted children or foster children. Please note that a child may not be insured in medical, dental or vision coverage by more than one member.

IMPORTANT INFORMATION

- Our plan year is October 1 through September 30.
- Benefits are effective on your date of hire. You will be automatically
 enrolled in Citicare Fire employee-only medical coverage, basic life
 coverage and the Firefighter Retirement System. To add, change or drop
 benefits for yourself or your dependents, you must return the enrollment
 form within 30 days of your date of hire.
- Elections you make when first becoming eligible or during Open
 Enrollment will remain in effect until our next Open Enrollment period. In
 addition, if you decline coverage for yourself and/or your dependent(s)
 when first becoming eligible, you must wait until the next Open Enrollment
 period to enroll. However, if you experience a qualified life event (see below)
 during the year, you may make changes to your elections at that time.

QUALIFIED LIFE EVENTS

If you experience a qualified life event during the year, you may make changes to your elections at that time. Qualified life events may include the birth or adoption of a child, marriage, divorce, death of a dependent or a change in your or your spouse's work status that affects your benefits or a dependent's loss of eligibility.

It is your responsibility to make changes to your benefit elections by contacting the Benefits Office at Human Resources at (361) 826-3300 within 30 days of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. Requested changes to your benefit plan must be on account of and consistent with the nature of the qualifying event.

FOR MORE INFORMATION

The Employee Benefits website **benefitscc.org** is your go-to resource for coverage information and carrier contact information, including phone numbers, links to member websites and important documents. Simply visit **benefitscc.org** and make a selection from the top menu.

Open Enrollment

HOW TO ENROLL

- Visit our website **benefitscc.org** and click on "Employee Self-Service" from the top menu.
- Click on "Click here."
- Follow the on-screen instructions.

DEPENDENT ELIGIBILITY VERIFICATION

If you are adding a dependent to your health coverage, you will be required to submit dependent eligibility documentation within 30 days of your hire date. Required documentation includes:

For Spouse/Common-Law Spouse:

- A copy of your spouse's/common-law spouse's Social Security card
- A copy of your marriage license, registered civil union documentation or Affidavit of Common Law Marriage

For Dependent Child(ren) Up to Age 26:

- A copy of the child's Social Security card
- A copy of the child's birth certificate or hospital birth record
- A copy of the adoption certificate
- A copy of a court order guardianship document
- A copy of a Qualified Medical Child Support Order
- A copy of the Affidavit of Dependent Tax Qualifications

Any required documentation should be delivered to Human Resources – Benefits at 1201 Leopard Street, faxed to (361) 844-1730 or emailed to **EmployeeBenefits(Qcctexas.com** (please note: the email address is not secure). Should you have any questions, please call (361) 826-3300.



MEDICAL COVERAGE Blue Cross Blue Shield of Texas (BCBSTX)

The City offers the Citicare Fire Plan to you and your eligible dependents. The plan features various coinsurance, deductibles and copays for urgent care, office visits and virtual visits. In-network preventive screenings are covered at 100 percent under the plan. It offers you the freedom to select your health care providers from a nationwide network. Below is an overview of the plan. For complete coverage details, please refer to the Plan Document, which is posted on **benefitscc.org**.

lan Feature	Citicare Fire Plan		
	In-Network	Out-of-Network	
Annual Deductible			
Individual	\$0	\$200	
Family	\$0	\$500	
Annual Out-of-Pocket Maximum (copays and deduc	tibles apply toward the out-of-pocket maximum)		
Individual	\$500	\$700	
Family	\$1,250	\$1,750	
Services			
Annual Well Visit (Preventive)	You pay \$0	You pay deductible, then 30%	
Primary Care Physician Office Visit	You pay \$15 copay	You pay deductible, then 30%	
MDLIVE Virtual Visit	You pay \$10 copay	N/A	
Employee Wellness Clinic (see page 10)	You pay \$0	N/A	
Specialist Office Visit	You pay \$15 copay	You pay deductible, then 30%	
Basic Lab & Radiology	You pay \$10 or \$15 copay	You pay deductible, then 30%	
Major Lab & Radiology (MRI/CT/PET)	You pay \$15 copay	You pay deductible, then 30%	
Urgent Care Visit	You pay \$15 copay	You pay deductible, then 30%	
Emergency Room Visit	You pay \$50 copay, then 20%	You pay deductible, then 30%*	
In-Patient Hospital Services	You pay \$200 copay, then 15%	You pay deductible, then 30%	

^{*}If non life-threatening.

PRESCRIPTION DRUG COVERAGE CVS Caremark

Plan Feature	Citicare Fire Plan
Prescrip	tion Drugs
Retail (up to a 30-day supply)* Generic Preferred Brand Non-Preferred Brand Specialty	\$0 \$20 \$40 N/A
Mail Order (up to a 90-day supply at 1x retail charge) ▶ Generic ▶ Preferred Brand ▶ Non-Preferred Brand	\$0 \$20 \$40

 $[*]M and a tory 90-day fills at a CVS \ retail \ pharmacy \ or through \ the \ CVS \ mail \ order \ program \ after \ original \ fill, \ plus \ two \ courtesy \ fills.$

BIWEEKLY MEDICAL RATES

Coverage	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Citicare Fire Plan	\$0	\$235.22	\$187.09	\$380.38

Medical Tools & Resources

Our medical plans not only offer comprehensive care—they connect you with tools and resources to help you meet your well-being goals. From 24/7 access to board-certified doctors by phone or online video chat to exclusive member discounts on health products and programs, your plans offer support. The following are highlights of just a few of the many programs available.

BENEFITS VALUE ADVISORS

You have choices when deciding where to go for care. BCBSTX's Benefits Value Advisor program can help you find the doctors, providers and facilities that are right for your needs. Benefits Value Advisors can help you get the information you need to choose between cost-effective, in-network providers.

Benefits Value Advisors can also help you understand your benefits, find in-network doctors and hospitals to help avoid out-of-network costs, schedule doctor visits, get preauthorization for certain services and use online educational tools. They can even help you compare costs between providers and reschedule your appointments for you!

Call the personal toll-free number to reach out to a Benefits Value Advisor at (855) 212-1619.

BCBSTX'S SECURE MEMBER WEBSITE: BAM

BCBSTX's secure member website, Blue Access for Members (BAM) at **www.bcbstx.com/member**, puts online tools and information at your fingertips 24/7 to help you make educated health care decisions and manage your benefits. When you log on, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card, or print a temporary one
- Visit the Health Care School to see articles and videos to help you make the most of your benefits
- Use the Provider Finder tool to find an in-network primary care physician, specialist or hospital. It can also estimate the cost of hundreds of procedures, treatments and tests and help estimate your out-of-pocket expenses.
- Participate in the Well on Target program, which offers free resources to help you on your journey to lifelong well-being,

- including a health assessment, online courses, health trackers and more. It even has a mobile app.
- Access exclusive discounts on a wide variety of health services and products through the Blue365[®] Member Discount Program.

Text BCBSTXAPP to 33633 to get the BCBSTX app that lets you use BAM while you're on the go!

MDLIVE VIRTUAL VISITS

With MDLIVE, you have access to U.S. board-certified doctors 24/7/365, whether you are at home, work or on the road. You can get the care you need when and where it's convenient for you via your mobile device or computer. Even better: doctors can write a prescription, if needed, that you can pick up at an innetwork pharmacy.

You can get medical advice within minutes for a variety of non-emergency medical issues (cold/flu symptoms, ear infections, allergies, asthma, pinkeye, etc.). Using Talk Therapy, you can speak confidentially with a licensed counselor, therapist or psychiatrist to address a variety of mental health issues such as anxiety, depression, trauma and loss.

These services are covered by your medical plan and costs just \$10 per visit. Visit **www.MDLIVE.com/bcbstx** or call (888) 680-8646 to get connected today.

24/7 NURSELINE

You and your family have unlimited, 24-hour toll-free access to a team of registered nurses experienced in providing information on a variety of health topics. Use this service to choose the right providers, understand treatment options, manage chronic conditions and more. Call the number on your medical ID card to get in touch.

Health

SPECIAL BEGINNINGS MATERNITY PROGRAM

Having a baby? Help protect your health and your baby's health by signing up for the BCBSTX Special Beginnings Program. You can receive the personal attention and information you may need to care for yourself and your baby during pregnancy and up to six weeks after you give birth. The program offers:

- A healthy pregnancy calendar to help you keep track of your pregnancy
- Videos that cover topics such as eating habits, exercise, stress and more
- Details about each trimester and the changes in you and your baby
- A list of screenings and vaccines to help you prepare for your checkups
- Program support available Monday Friday, 8 a.m. to 6:30 p.m. CT

Call (888) 421-7781 to enroll!

Prescription Drug Tools & Resources

CVS CAREMARK PHARMACY NETWORK

- For medications taken for a short time (like an antibiotic): Fill at any in-network pharmacy. Simply present your combined medical/pharmacy card to the pharmacist and pay the applicable copay.
- For medication taken regularly (such as high blood pressure or diabetes medicine): You will be able to fill maintenance medications up to three times at any retail pharmacy. After the three courtesy fills, you will fill your maintenance medications at any retail CVS Pharmacy or through the mail with CVS Caremark mail service pharmacy. You will be able to obtain a 90-day supply for one copay!
- For medications taken for complex conditions (such as rheumatoid arthritis, hepatitis or cancer): Our specialty pharmacy can help. Visit www.CVSspecialty.com.

PRESCRIPTION DRUG FORMULARIES

A formulary is a list of cost-effective, outcome-based preferred brand-name drugs covered under your prescription drug plan. You will generally pay less when you use a drug listed on the formulary. To access the CVS Caremark list of formularies, go to **benefitscc.org/medicalinsurance**.

CVS CAREMARK DIGITAL FEATURES

Whether you are on your smartphone, laptop or iPad, CVS Caremark can help you manage your prescription benefits with its digital tools. You can:

- Check drug costs and coverage
- Set up delivery by mail
- Easily refill prescriptions
- Manage your profile
- · View your ID card
- Locate nearby pharmacies

Register today at **www.caremark.com/start** or download the CVS Caremark mobile app to explore all of the features.

TRANSFORM DIABETES CARE PROGRAM

Managing diabetes can be difficult—not to mention expensive. CVS Caremark's Transform Diabetes Care™ program makes it easy for you to manage your diabetes, so you can focus on what matters most to you. Here's what you need to know:

- Save money. The CVS All Access program allows you to receive a three-month supply of non-specialty maintenance medications for only one copay. All Access requires that all non-specialty maintenance medications (i.e., drugs taken to manage chronic conditions, including diabetes) be filled with 90-day prescriptions at either a CVS retail outlet or through CVS Caremark's mail order program.
- **Get free testing supplies.** You are eligible to receive a new connected meter and unlimited test strips—at no cost to you!
- Get two free diabetes monitoring visits per year at any MinuteClinic® location. There's no out-of-pocket cost to you and no appointment needed. You'll receive a voucher from CVS Caremark.
- Receive ongoing support. Your connected Livongo glucometer provides certified diabetes educators (CDEs) with info in real time, so they can provide more personalized support should you need it. You can also get in-person counseling at CVS pharmacies to help prevent complications related to your diabetes.
- To learn more or join, visit join.livongo.com/CORPUS/ now or call Livongo Member Support at (800) 945-4355 and mention the registration code CORPUS.

BEWARE OF FREESTANDING EMERGENCY ROOMS

Urgent care centers and freestanding ERs can be hard to tell apart. They often look a lot alike; however, a visit to a freestanding ER often results in surprise medical bills that can be 10 times the rate charged by urgent care centers for the same services. Always use BCBSTX's Provider Finder via www.bcbstx.com/member to find in-network urgent care centers.

Voluntary Benefits

Aflac

These optional plans, available through Aflac, provide per diem amounts for covered events. Depending on the coverage you select, you can also get immediate cash to help pay bills, replace lost paychecks and offset leftover medical expenses. Coverage requires underwriter approval through Aflac. Plan booklets are posted online at **benefitscc.org/aflac**.

If you have questions, please contact Julie Kellogg at (361) 443-7560 or **julie_kelloggQus.aflac.com**.

AFLAC CHOICE

Aflac Choice can help fill the gap left by high deductibles on your medical insurance plan by paying cash benefits directly to you for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better. You choose the level that best fits your needs. Your coverage is your choice!

	Biweekly Rate			
	Employee	Employee + Spouse	Employee + Children	Two- Parent Family
Age		Premium	s begin at:	
18-49	\$17.70	\$25.74	\$21.96	\$26.04
50-59	\$17.88	\$27.24	\$22.20	\$27.48
60-75	\$18.72	\$29.64	\$22.44	\$29.88

AFLAC CANCER PROTECTION ASSURANCE

Cancer treatment is changing—and Aflac is proud to be changing with it. Thanks to advances in science and treatment, more and more Americans today are living with cancer. Aflac cancer protection assurance helps cover these innovative treatments with benefits that really care for you as a whole person. From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.

	Biweekly Rate	
Employee	\$18.63	
Employee + Spouse	\$33.51	
Children	Covered at no additional cost until age 26	

AFLAC ACCIDENT ADVANTAGE

Accidents can happen at any time. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay. In the event of an unexpected injury, Aflac can help protect your personal finances. Aflac pays cash benefits directly to you and you can use it for anything you want. Since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.

	Biweekly Rate
Employee	\$14.28
Employee + Spouse	\$19.02
Employee + Children	\$22.14
Two-Parent Family	\$27.90

AFLAC CRITICAL CARE PROTECTION

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump-sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, intensive care unit confinement, ambulance, transportation, lodging and therapy. Benefits are also paid for specific heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation and pacemaker placement. All benefits are paid directly to you. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.

	Biweekly Rate				
	Employee	Employee +Spouse	Employee + Children	Two- Parent Family	
Age	Premiums begin at:				
18-35	\$9.84	\$19.02	\$15.72	\$21.24	
36-45	\$14.94	\$27.06	\$19.92	\$29.22	
46-55	\$21.66	\$40.56	\$25.80	\$42.84	
56-70	\$29.40	\$56.70	\$35.76	\$60.36	



Life Insurance

Dearborn National Life Insurance Company

Life insurance offers peace of mind when it comes to making sure your loved ones are financially secure for the future. The City provides every full-time employee with basic life at no cost to you. You also have the option of purchasing additional life insurance for yourself, your spouse and your children. Coverage certificates and other information are posted on our website at **benefitscc.org/lifeinsurance**.

BASIC LIFE AND AD&D COVERAGE

The City provides every full-time employee with a basic life and accidental death and dismemberment (AD&D) benefit.

OPTIONAL LIFE COVERAGE

You also have the opportunity to purchase optional life insurance for yourself. This life insurance coverage ranges from a minimum of \$25,000 to a maximum of \$300,000, increasing in increments of \$25,000. Rates are determined annually and are based on age, and reduced coverage is available for active employees over the age of 65.

Please note:

- You must be enrolled in optional life to enroll in dependent life.
- If you are a current employee enrolling in new coverage or increasing existing coverage, you will need to complete an Evidence of Insurability (EOI) questionnaire. Approval is based upon underwriter approval, and will not be effective until approval is received.
- New employees may elect coverage without EOI.

DEPENDENT LIFE COVERAGE

You also have the opportunity to purchase dependent life insurance for your spouse and your children:

- **Dependent life for a spouse** may be purchased at either the \$25,000 or \$50,000 level. Rates are determined annually and are based upon your age.
- **Dependent life for children** up to age 26 may be purchased at the \$5,000 or \$10,000 level.

Please note:

- Dependent coverage may not exceed 100 percent of optional life coverage.
- A member may not be insured as both a member and a dependent.
- A child may not be insured by more than one member.
- For spouse coverage, if you are a current employee enrolling in new coverage or increasing existing coverage, you will need to complete an Evidence of Insurability (EOI) questionnaire.
 Approval is based upon underwriter approval, and will not be effective until approval is received.
- Life insurance claims for dependents will require a death certificate along with verification of the relationship.



ASI Flex

Flexible spending accounts (FSAs) allow you to pay for eligible health and/or dependent care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced and you get to keep a greater portion of your paycheck. You have the option of participating in a health care FSA or a dependent care FSA.

Health Care FSA		
Eligible Expenses	Qualified medical, dental and vision expenses not covered by insurance, including deductibles, copays and coinsurance	
Maximum Annual Contribution	\$2,700	
Dependent Care FSA		
Eligible Expenses	Qualified dependent care, such as child care, preschool, before- or after-school programs, summer day camp or care for an elderly parent	
Maximum Annual Contribution*	\$5,000 (or \$2,500 if married and filing separately)	

^{*}Minimum election for either FSA is \$260 annually.

For a complete list of qualified health care expenses, visit https://www.irs.gov/pub/irs-pdf/p502.pdf. For a complete list of dependent care expenses, visit https://www.irs.gov/pub/irs-pdf/p503.pdf.

Please note:

- As an employee, you are eligible to participate in an FSA even if you do not enroll in the City's insurance plans.
- Money can only be used to pay for qualified expenses incurred during the plan year (October 1, 2019, through September 30, 2020).

- The IRS requires that any unused funds in your FSA at the end
 of the plan year be forfeited, so be sure to carefully estimate
 your needs. You will receive an account statement during the
 last two months of the plan year showing how much money
 you have left in your account to spend. You can always check
 your balance online at www.asiflex.com.
- You must enroll in an FSA each year to participate, even if you were enrolled the prior year.

457 Deferred Compensation Plan

ICMA-RC

The City offers a voluntary 457 deferred compensation plan that can provide additional savings for retirement.

- With the traditional 457 option, funds are deducted pre-tax and interest accumulates tax deferred. Withdrawals are subject to income tax.
- With the Roth 457 option, funds are contributed after tax and interest accumulates tax free. The advantage to the Roth option is that all withdrawals made after age 59 ½ are not subject to income tax.
- With both the 457 Plan and Roth options, your contributions will be invested in the funds that you select and the value of your account will fluctuate based on fund performance.

You may set up, stop or make changes to your contribution amount at any time, not only during Open Enrollment. You can make withdrawals from your account when you leave employment, as well as during employment, subject to the City's rules and IRS rules. Loan options may also be available.

For more information, log on to **www.icmarc.org** or contact Sandra Aguilar at (202) 246-4757 or **saguilar@icmarc.org**.



City Employee Health & Wellness Clinic

The City of Corpus Christi

With the expense of health care coverage continually rising, the City offers its employees a break by having a conveniently located Employee Health & Wellness Clinic. Employees, retirees and dependents over age two who are enrolled in the City's medical plan may visit the clinic at no charge. This means you can utilize the clinic as your primary health care provider without having the hassle of paying copays every time you visit.

Nurse practitioners on staff can diagnose and treat common non-emergency conditions such as allergies, ear infections, strep throat, colds and the flu. They can also provide services such as flu vaccines, lab draws and support for managing chronic conditions and diseases.

Employees and their dependents who are not enrolled in the City's medical plan may access the clinic for a \$35 fee, plus \$15 for labs. The clinic is on the sixth floor of City Hall and is open Monday through Friday, from 7 a.m. to 6 p.m. CT. Call (361) 826-3333 to schedule an appointment.

City Employee Fitness Center

The City of Corpus Christi

All employees have access to the City Employee Fitness Center at no charge. In addition to state-of-the-art fitness equipment, it offers great views. Locker rooms are also available for those who utilize the gym.

The gym is located on the sixth floor of City Hall and is open Monday through Friday, 6 a.m. to 8 p.m. CT. To add access to your employee badge, please complete and submit the access request form to HR-Benefits.

Tobacco Cessation Program

Blue Cross Blue Shield of Texas (BCBSTX)

Break the habit for good with help from the BCBSTX Tobacco Cessation Program. It is offered at no cost to City medical plan members. When you enroll in the program, you will receive 10 weeks of online personal coaching. Your coach can help you come up with a personalized action plan with specific goals and milestones, and check up on you periodically to track your progress. You can also use a variety of self-guided tools and resources to help you on your journey. To enroll in the program, log into **www.bcbstx.com**, select "WellOnTarget" under Quick Links, click on "Self-management Programs" and select "Quitting Tobacco."

Employee Assistance Program (EAP)

Family Counseling Service

Our EAP, provided by Family Counseling Service, is available to all employees, their spouses and their dependent children. The City pays for up to three confidential counseling visits per family per fiscal year, for issues related to work, relationships, abuse, depression/anxiety, grief/loss and alcohol/drug dependency.

To schedule an appointment, call (361) 852-7415 or email **appointments@fcscb.org**.

Employee Extras

Beneplace

The City of Corpus Christi Employee Extras offers you exclusive discounts on products and services ranging from computers and electronics to tickets for live events and theme parks—all in an easy-to-use website!

Simply visit **www.beneplace.com/cocc**, log in with your company email and start saving!

Important Notices

Complete health plan notices required under DOL, PPACA, COBRA and HIPAA are posted online at **benefitscs**. **org/legalnotices**. You can request printed copies through the City of Corpus Christi Health Benefits Department, located at 1201 Leopard St., 2nd Floor, 361-826-3300 (option 2).

- Plan Documents Summary Plan Documents (SPD) and Summary of Benefits Coverage (SBC): The SPD documents explain the health plan's benefits and claim review procedures, and the SBC documents provide a summary that describes the benefits and coverage provided by the plan.
- Children's Health Insurance Program (CHIP) Model Notice and Premium assistance under Medicaid: There are state insurance programs available that can help pay for coverage. This notice explains how to apply for these programs.
- **Health Savings Account Notice to Employees:** Explains your federal tax responsibilities surrounding health savings accounts (HSAs) and how to enroll in an HSA if you are enrolled in an eligible health plan.
- **Notice of Special Enrollment Rights (HIPAA):** If you experience a qualifying life event, you might be eligible to make a mid-year change within 30 days of the event.
- **Wellness Program Disclosure:** The City sponsors wellness programs, and some groups can earn premium discounts. This notice explains your rights.
- **General Notice of COBRA Continuation Coverage Rights:** This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.
- Women's Health and Cancer Rights Act (WHCRA): Health plan participants have the right to breast reconstruction post-mastectomy.
- **Newborns' and Mothers' Health Protection Act:** Explains participants' legal rights surrounding the length of hospitalization following childbirth.
- Genetic Information Nondiscrimination Act (GINA): Describes your rights surrounding your genetic information.
- Important Notice About Your Prescription Drug Coverage and Medicare: Our group health plans' drug coverage is Medicare creditable (actuarially equivalent to coverage available under the standard Medicare Part D).
- The Health Insurance Marketplace: This notice provides contact information for the Affordable Care Act Health Insurance Exchanges.
- HIPPA Notice of Privacy Practices: Describes your privacy rights
- Grievance Procedure: Explains how to file a grievance under section 1557 of the Affordable Care Act.
- **Notice Concerning Non-Discrimination-Section 1557:** If you need translation services or information to be provided in other formats, this notice tells you whom to contact.

Benefits Contact Directory

Topic	Contact	Phone & Email	Website
General Benefits and/ or Enrollment	City of Corpus Christi Benefits	(361) 826-3300 EmployeeBenefits@cctexas.com	benefitscc.org
Medical Coverage	Blue Cross Blue Shield of Texas (BCBSTX)	Customer Service: (855) 212-1619 Special Beginnings Maternity Program: (888) 421-7781	www.bcbstx.com (network name: PPO Choice)
Prescription Drug Coverage	CVS Caremark	(800) 776-1355	www.caremark.com
Virtual Visits	MDLIVE	(888) 680-8646	www.MDLIVE.com/bcbstx
Voluntary Benefits (Cancer Care, Accident, Critical Care)	Julie Kellogg (Aflac)	(361) 443-7560 julie_kellogg@qus.aflac.com	www.aflac.com
Life and Accidental Death & Dismemberment (AD&D) Insurance	City of Corpus Christi Benefits	(361) 826-3300	benefitscc.org
Flexible Spending Accounts (FSAs)	ASI Flex	(800) 659-3035	www.asiflex.com/
457 Deferred Compensation Plan	ICMA-RC	Sandra Aguilar (202) 246-4757 saguilar@icmarc.org	www.icmarc.org
City Employee Health & Wellness Clinic	N/A	(361) 826-3333	N/A
Employee Assistance Program (EAP)	Family Counseling Services	(361) 852-7415 appointments@fcscb.org	www.fcscb.org/
Employee Discounts	City of Corpus Christi Extras via Beneplace	N/A	www.beneplace.com/cocc

Need more information? Visit **benefitscc.org** or contact Employee Benefits at (361) 826-3300 or **EmployeeBenefits@cctexas.com**.

This brochure is only intended to provide a brief overview of our benefits program. Items and coverage may change. All trademarks, sales marks, company names and logos are the property of their respective owners. If you need more detailed information or would like a summary plan description, visit **benefitscc.org** and click on "Medical Insurance" or contact Human Resources - Benefits at the City of Corpus Christi. In all cases, any discrepancy between this document and the Plan Document, the Plan Document will govern. This is not a promise or guarantee of insurance coverage. Dollar amounts presented are for illustrative purposes only. No part of this document is intended to be financial, tax or legal device.

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