



# 2026

# Benefit Guide



TOWN OF  
**SMYRNA** TENNESSEE

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**If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.**

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## Benefits Overview

Town Of Smyrna is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, dental and vision), and Town Of Smyrna provides other benefits at no cost to you (life, accidental death & dismemberment, short- & long-term disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

### Benefits Offered

- Medical
- Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Accident Insurance
- Critical Illness Insurance
- Cancer Insurance
- Identity Theft



### Eligibility

You and your dependents are eligible for Town Of Smyrna benefits on the first of the month following 30 days.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Town Of Smyrna eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

## Medical Benefits

### Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Town Of Smyrna.

Town Of Smyrna offers you a choice of two (2) OAP medical plans. If you use in-network providers, your costs will be less.

	OAP Health Plan (Traditional)		HSA Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Lifetime Benefit Maximum</b>	Unlimited		Unlimited	
<b>Calendar Year Deductible</b>	\$300 single / \$600 family	\$300 single / \$600 family	\$3,400 single / \$6,800 family (no more than \$3,400 per individual - within a family)	\$6,600 single / \$13,200 family (no more than \$6,600 per individual - within a family)
<b>Calendar Year Out-of-Pocket Maximum</b>	\$1,200 single / \$2,400 family	\$2,400 single / \$4,800 family	\$3,400 single / \$6,800 family (no more than \$3,400 per individual - within a family)	\$6,600 single / \$13,200 family (no more than \$6,600 per individual - within a family)
<b>Coinsurance</b>	20%	40%	0%	20%
<b>Annual Town HSA Contribution</b>			\$2,100 Single / \$4,000 Family	
<b>Doctor's Office</b>				
<b>Primary Care Office Visit</b>	\$25 copay per visit	40% after deductible	0% after deductible per visit	20% after deductible
<b>Specialist Office Visit</b>	\$25 copay per visit	40% after deductible	0% after deductible per visit	20% after deductible
<b>Preventive Care (screening, immunization)</b>	0%	Preventive care: Not covered / 40% after deductible per visit; Screening: Not covered / 40% after deductible; Immunization: Not covered / 40% after deductible	0%	20% after deductible
<b>Diagnostic Test (x-ray, blood work)</b>	0%	40% after deductible	0% after deductible	20% after deductible
<b>Imaging (CT/PET scans, MRIs)</b>	20% after deductible	40% after deductible	0% after deductible	20% after deductible
<b>Prescription Drugs</b>				
<b>Retail—Generic Drugs (30-day supply)</b>	\$5 copay per prescription	30% per prescription	0% after deductible per prescription	Not covered
<b>Retail—Preferred Brand Drugs (30-day supply)</b>	\$20 copay per prescription	30% per prescription	0% after deductible per prescription	Not covered
<b>Retail—Non-preferred Brand Drugs (30-day supply)</b>	\$40 copay per prescription	30% per prescription	0% after deductible per prescription	Not covered
<b>Specialty—Generic Drugs (30-day supply)</b>	\$5 copay per prescription	Not covered	0% after deductible per prescription	Not covered
<b>Specialty—Preferred Brand Drugs (30-day supply)</b>	\$20 copay per prescription	Not covered	0% after deductible per prescription	Not covered
<b>Specialty—Non-preferred Brand Drugs (30-day supply)</b>	\$40 copay per prescription	Not covered	0% after deductible per prescription	Not covered
<b>Retail and Home Delivery—Generic Drugs (90-day supply)</b>	\$13 copay per prescription	Not covered	0% after deductible per prescription	Not covered
<b>Retail and Home Delivery—Preferred Brand Drugs (90-day supply)</b>	\$50 copay per prescription	Not covered	0% after deductible per prescription	Not covered
<b>Retail and Home Delivery—Non-preferred Brand Drugs (90-day supply)</b>	\$100 copay per prescription	Not covered	0% after deductible per prescription	Not covered

## Medical Benefits (Continued)

Administered by Cigna

	OAP Health Plan (Traditional)		HSA Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Hospital Services</b>				
<b>Emergency Room</b>	20% after deductible	20% after deductible	0% after deductible per visit	0% after deductible per visit
<b>Inpatient</b>	20% after deductible	\$200 deductible per admission, plus 40% after deductible	0%	20% after deductible
<b>Outpatient Surgery</b>	20% after deductible	40% after deductible	0%	20% after deductible
<b>Ambulance Service</b>	20% after deductible	20% after deductible	0% after deductible	0% after deductible
<b>Mental Health Services</b>				
<b>Inpatient Services</b>	20% after deductible	\$200 deductible per admission, plus 40% after deductible	0% after deductible	20% after deductible
<b>Outpatient Services</b>	\$25 copay per office visit; All Other Services: 20% after deductible	40% after deductible	0% after deductible	20% after deductible
<b>Substance Abuse Services</b>				
<b>Inpatient Services</b>	20% after deductible	\$200 deductible per admission, plus 40% after deductible	0% after deductible	20% after deductible
<b>Outpatient Services</b>	\$25 copay per office visit; All Other Services: 20% after deductible	40% after deductible	0% after deductible	20% after deductible
<b>Other Services</b>				
<b>Maternity Services</b>	20% after deductible	40% after deductible	0% after deductible	20% after deductible
<b>All other maternity hospital/physician services</b>	20% after deductible	\$200 deductible per admission, plus 40% after deductible	0% after deductible	20% after deductible
<b>Muscle Manipulation Services (26 days for chiropractic care services)</b>	Covered	Covered	Covered	Covered
<b>Physical, Occupational and Speech Therapy Services</b>	20% after deductible per visit	40% after deductible per visit	0% after deductible per visit	20% after deductible per visit
<b>Skilled Nursing 60-day calendar year maximum</b>	20% after deductible	40% after deductible	0% after deductible	20% after deductible

## Dental Benefits

Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Town Of Smyrna dental benefit plan.

Services	In-Network and Out-of-Network PPO
Calendar Year Deductible	\$50 per person; \$150 family limit
Calendar Year Benefit Maximum	\$1,500
Preventive Dental Services (cleanings, exams, x-rays)	0%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80% after deductible
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible
Orthodontia Services (dependents covered to age 26)	50% to \$1,500 lifetime maximum

## Voluntary Vision Benefits

Administered by Cigna

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

### Your coverage from a EyeMed doctor

Service	In-Network (any EyeMed provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$0 copay	Up to \$75
<b>Lenses — once every 12 months</b>		
Single Vision Lenses	Up to \$500 Allowance	Up to \$500 Allowance
Lined Bifocal Lenses		
Lined Trifocal Lenses		
Lenticular Lenses		
Frames — once every 12 months		
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		

### In-Network Value Added Savings

Up to 40% off additional complete pairs of glasses (frame and lenses)

20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services

*Interested in Laser Vision Correction service such as LASIK? Visit your [MyCigna.com](http://MyCigna.com) and search for Healthy Rewards® for details.*



## Employee Contributions for Benefits

Benefit Plan	Bi-weekly
<b>Medical/Open Access Plus</b>	
Employee	\$23.00
Family	\$148.00
<b>Medical/Choice Fund Open Access Plus HAS</b>	
Employee	\$18.00
Family	\$108.00

Benefit Plan	Bi-weekly
<b>Dental Rates</b>	
Employee	\$1.00
Family	\$1.00
<b>Vision Rates</b>	
Employee	\$1.00
Family	\$1.00



## Life and Accidental Death & Dismemberment Insurance

Administered by New York Life Insurance Company

### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Town Of Smyrna. The company provides basic life insurance of 1x salary with a minimum benefit of \$50,000 at no cost to you.

This benefit also includes a \$10,000 life benefit on your spouse, and \$5,000 on your dependent children up to age 26.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Town Of Smyrna provides AD&D coverage of 1x salary with a minimum benefit of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above

## Voluntary Life and AD&D Insurance

Administered by New York Life Insurance Company

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$230,000 or five times your salary, and up to \$50,000 for your spouse)

**Employee**— In increments of \$1,000, 5x annual compensation to max \$500,000

**Spouse**— Increments of \$1,000, \$500,000 not to exceed 100% of the employee benefit

**Children**— \$10,000; under 6 months old \$1,000

## Disability Insurance

Town Of Smyrna also provides disability insurance through New York Life Insurance Company. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
<b>Short-term Disability</b>	You receive 60% of your income up to \$2,000 per week. Benefits begin after 7 calendar days of absence from work and continue for up to 13 weeks.	Company
<b>Long-term Disability</b>	You receive 60% of your income up to \$8,500 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the Social Security Normal Retirement Age or To age 65	Company

## Voluntary Benefits

While you can't predict life's unexpected events, you can plan for them by choosing benefits that help protect what's important to you.

### Accident

**Administered by Guardian Life Ins Co of America**

The Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance. The full schedule of benefits payable for accidental injuries include initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, and health screening benefits. It is important to note this benefit is for off the job accidents only. Some benefits are payable once per covered accident, while others are once per plan year. See Benefit Summary for detailed information and schedule of benefits and exclusions.

### Critical Illness

**Administered by Guardian Life Ins Co of America**

Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person, after any applicable waiting period and subject to any pre-existing condition limitation: Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure, and more. See Benefit Summary for detailed information and schedule of benefits and exclusions.

### Cancer Insurance

**Administered by Guardian Life Ins Co of America**

Cancer Insurance benefits can help you handle medical plan deductibles, co-pays and other out-of-pocket costs by providing benefits when you receive radiation or chemotherapy treatment or are hospitalized for surgery to treat cancer. These benefits can be used for non-medical expenses such as transportation to treatment facilities and even everyday living expenses like groceries, rent, and mortgage payments.



## Longevity Pay information:

Longevity Pay To reward satisfactorily performing employees for his/her years of service to the Town, each active employee is eligible to receive a percentage of his/her annual base salary to be paid on the first pay period in December. An individual must be employed by the Town in active work status through the entire first pay period of December to be eligible to receive longevity pay. All part-time and seasonal employees who have been employed by the Town for a minimum of six months continuous service during the current calendar year as of November 15 will receive \$100. Full-time employees with less than six (6) months service as of November 15 will receive \$100. For full-time employees with greater than six months service as of November 15, longevity pay will be based on a percentage of the employee's annual base salary as determined by their years of service. The longevity pay calculation excludes all accrued benefits such as paid time off, compensatory time, overtime, holidays, etc. Longevity pay for full-time employees will be calculated according to the table below:

### Years of Service Longevity Pay

0 – 6 Months \$100

6 – 12 Months 0.5%

1 – 4 Years 1.0%

5 – 9 Years 1.5%

10 – 14 Years 2.0%

15 – 19 Years 2.5%

20 – 25 Years 3.0%

More Than 25 Years 3.5%

The Longevity pay benefit is subject to being funded in the annual budget approved by Town Council each June and is subject to modification.

## Educational Reimbursement Program:

The Town of Smyrna encourages employees to pursue continuing education and professional development by offering an Educational Reimbursement Program. This program provides reimbursement for approved degree courses or job-related coursework completed on an employee's own time. Participation is available to regular full-time employees who have been employed for at least six months and remain in good standing throughout the course.

Courses must directly relate to an employee's current position or a role they could reasonably progress to in the future. Classes should be taken outside of normal work hours and at accredited institutions. Pre-approval from the Town Manager or their designee is required for all courses, and only classes approved in advance will be eligible for reimbursement. Employees must submit grades and receipts within 30 days of course completion. Reimbursement is awarded based on grades: A=100%, B=75%, C=50%, and Pass/Fail=100% upon proof of passing.

The program reimburses up to \$5,000 per employee per year for tuition, books, and fees. Expenses such as office supplies, parking, or other non-essential materials are not covered. If an employee leaves the Town within two years of receiving reimbursement, they must repay the full amount for any courses completed. Employees receiving other forms of financial aid, such as scholarships or grants, are only reimbursed for expenses not covered by that aid.

The Town reserves the right to modify or terminate the program at any time. Participation in the Educational Reimbursement Program does not guarantee promotion or advancement, but it supports the Town's commitment to employee growth and development.

## Paid Family Leave:

The availability of Paid Family Leave promotes the maintenance of a solid base of innovative and capable workers and leads to savings by lowering turnover and increasing employee morale, productivity, and loyalty.

It is the policy of the Town of Smyrna that full-time employees who qualify for FMLA (have been employed with the Town for one year and worked a minimum of 1,250 hours) are eligible for up to six weeks (240 hours) of Paid Family Leave for the birth or adoption of a child and/or to provide care for a spouse, parent, or child as defined by the Federal Family and Medical Leave Act ("FMLA").

The Paid Family Leave program will be administered within the guidelines of the FMLA policy maintained by the Human Resources department and publicly available to all employees, with the following specific direction:

1. Full-time employees who are eligible (based upon 12 months of continuous service and 1250 hours worked) may be granted up to 6 weeks (240 hours) of leave, designated as Paid Family Leave, for the following purposes:
  - o the birth of a child to the employee and in order to care for the child;
  - o the adoption of a child by the employee ; or
  - o to care for the employee's spouse, son, daughter, or parent who has a serious health condition.
2. The Paid Family leave benefit may not be used for an employee's own serious health condition. Employees may use their accrued PTO, donated PTO (if applicable), or take advantage of their Short Term Disability / Long Term Disability benefits.
3. For the purposes of this policy, "spouse" means a husband or wife as defined or recognized in the state or place where the individual was married and includes individuals in a lawfully recognized same-sex marriage.
4. In the case of birth or adoption, Paid Family Leave will be available starting with the date of birth, date of adoption, or date that legal custody is granted, provided that the event occurred on or after January 1, 2023.
5. The Paid Family Leave shall run concurrently with, and be counted as, regular FMLA leave. An employee who has exhausted all FMLA leave during the current 12-month FMLA cycle will not be eligible for Paid Family Leave until the next FMLA cycle.
6. Employee eligibility is dependent upon 12 months of continuous, full-time employment (32 hours per week or more). Part-time and seasonal employees are not eligible for Paid Family Leave.
7. If an employee is using Short Term Disability insurance offered through the Town, Paid Family Leave will be treated as paid sick leave so that employees may not receive paid Short Term Disability benefits and Paid Family Leave for the same time period.
8. A total of 6 weeks (240 hours) Paid Family Leave days may be taken. Paid Family Leave commences on the first date leave is taken and must be concluded no later than 12 months from that date. Any Paid Family Leave not taken during the 12-month period just described shall not carry over to any subsequent FMLA year or need for leave.
9. For spouses who are both employed by the Town, as defined in the FMLA policy in the Handbook, each spouse shall be entitled to 6 weeks (240 hours) of Paid Family Leave.
10. The Tennessee Maternity Leave Act, Tenn. Code. Ann. section 4-21-408, shall apply to Paid Family Leave. An employee may begin childbirth or bonding leave by using Paid Family Leave for 6 weeks (240 hours) and may follow such leave by using regular FMLA leave (paid or unpaid depending on their individual accrued PTO balances). The combined leave just described may not exceed 12 workweeks of leave pursuant to the FMLA. The employee may then use an additional four weeks of paid or unpaid leave, provided the employee is determined eligible to take leave under the Tennessee Maternity Leave Act.
11. The Town typically prohibits intermittent leave for the birth or adoption of a child. Paid family leave for the birth or adoption of a child will be paid as a block of continuous leave not to exceed 6 weeks (240 hours).

# Premise Health

Meet your health and wellness ally

## Dedicated care makes all the difference.

Premise Health is the nation's leading provider of direct, high-quality healthcare. Our services are not offered to the public, which means we are fully dedicated to you and your needs.

Because this health and wellness center is only available to members like you, you'll enjoy shorter wait times, fewer hassles, personalized care and ultimately, a better healthcare experience.



## We want to help you get, stay and be well.

Our providers are here for everything from illness to prevention. With both in-person and virtual services, you can always get the care you need, when you need it. We focus on your whole health, with the goal of helping you achieve long-term, sustainable wellness.

Spend some time with us and you'll **feel the difference**. Our care is personal, compassionate and inclusive. As a Premise Health member, we don't just care for you, we care about you.



### These are some of the services waiting for you:

- Annual HRA Biometrics
- Annual & Preventative exams
- Chronic condition management
- Acute care-cold & flu
- Acute pediatric care 2 yrs & up
- School & sports physicals
- Lab draws & injections
- Women's & Men's health
- Over 150 generic medications
- More!

Town of  
Smyrna,  
your care is  
in good hands.



### We're different on purpose.

This isn't healthcare as you know it, it's healthcare as you need it. We take a different approach to care that puts you, the member, at the center of everything we do.

We strive to provide care that is always:



#### Personal

We care about you and your wellbeing. We take the time to understand what makes you unique. Our providers spend more time with you at every appointment, delivering a truly personalized experience that leads to better health.



#### Convenient

You always have access to care when you need it. We offer same-day and next-day appointments and short wait times so you can be seen quickly. You can also meet with a provider virtually from anywhere during our regular business hours, or with an on-demand provider who is available 24/7 through My Premise Health.



#### High-quality

We hold ourselves to a high standard and aim to deliver the best, most comprehensive care possible. Our goal is to help you achieve long-term, sustainable wellness, not simply treat the symptoms you bring with you to a single visit.



#### Inclusive

We provide care that is inclusive to all races, religions, countries of origin, sexual orientations, gender identities and abilities. From the moment you walk in the door, you will feel a sense of belonging here.



#### Affordable

We offer many of our services at a lower price than what you'll find with other healthcare providers. We can also tell you up front what a visit is going to cost, meaning there are no surprises.

### Stay on top of your health, from anywhere.

Our member portal, My Premise Health, makes it easy to schedule appointments and communicate with your care team between visits.

It also allows for a seamless and integrated care experience with us and your other providers and specialists.

#### Use My Premise Health to:

- Schedule appointments
- Get virtual care
- Message your providers
- View lab results
- And more!



Sign up today.  
My Premise Health app  
[mypremisehealth.com](http://mypremisehealth.com)

Quality Care is available near you.

Come see us.

ECHO Health Center  
120 Pinto Drive  
Smyrna, TN 37167  
(615) 229-7302

## ECHO: Employees Choosing Healthy Options

Our mission is to foster a culture of health and wellness by supporting, encouraging, and empowering Smyrna employees and their families to prioritize and normalize healthy living.



### WELLNESS RESOURCES:

**E.A.P (Employee Assistance program)**- Free counseling services for Employees and Dependents. Call 1-800-822-4847 or go to [lifeservicesEap.com](http://lifeservicesEap.com).

**Wellness Challenges**- Participate in wellness challenges throughout the year to earn gift cards.

**Health Coaching**- Schedule a 1-on-1 meeting to work on behavior and lifestyle changes.

**24/7 Gym Access**- Swipe in with your Employee ID anytime to workout at City Hall.

**Personal Training**- Free on-site personal training and do-it-yourself fitness planning.

**Group Fitness Classes**- Try one of our exercise classes offered Monday through Friday.

**Annual Health Assessment (AHA)**- Employees and spouses can complete an annual health assessment at the on-site clinic to receive a \$100 gift card.

**Lisa Winters**

Health Coach

EXT: 2212

[Lisa.Winters@townofsmyrna.org](mailto:Lisa.Winters@townofsmyrna.org)

**J.J Joralemon**

Wellness Coordinator

EXT: 2509

[James.Joralemon@townofsmyrna.org](mailto:James.Joralemon@townofsmyrna.org)



# All Access Pass to BrightPlan®



## Did You Hear the News?

Your company is bringing you BrightPlan as your financial wellness benefit.

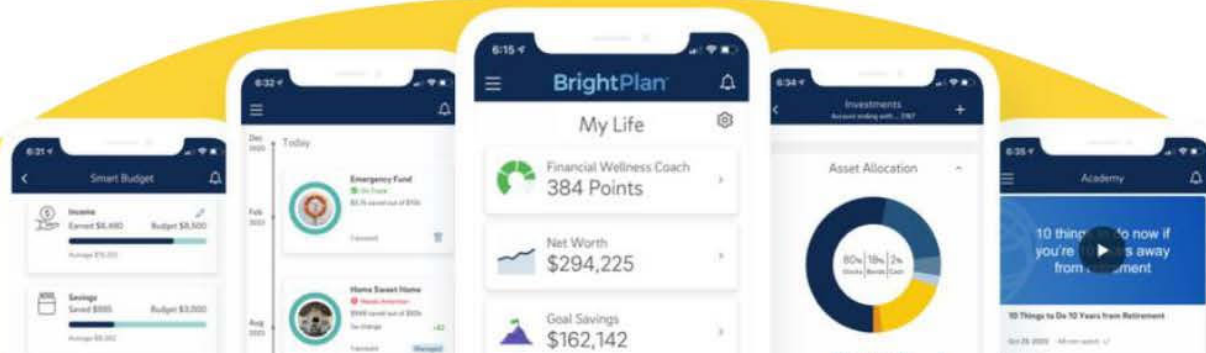
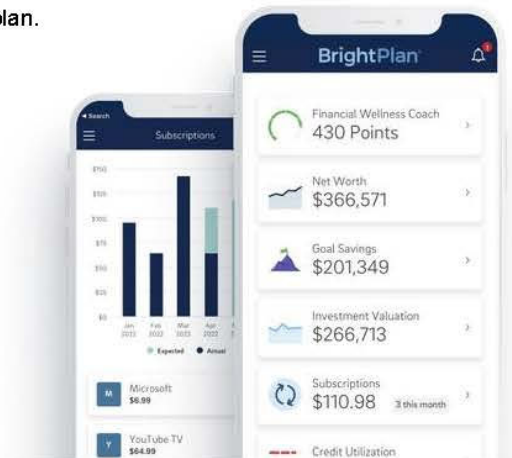
## What does this entail?

- 📱 BrightPlan App to get educated, make a personal plan, and track your progress securely, on demand.
- 📱 Unlimited one-on-one sessions with Certified Financial Planner to receive guidance and uplevel your confidence in your financial plan.
- 📱 Webinars and workshops to work with the BrightPlan community and dive deeper into key topics around money management, mindset, and growth strategies.

## Tell me more about the BrightPlan App

### The BrightPlan app includes:

- 📱 Financial Wellness Coach (in-app) to provide you suggestions on your best next steps to take!
- 📱 BrightPlan Academy - get smart quickly on your key financial topics of interest.
- 📱 Budgeting & Spending Tools – Easily keep on top of what is happening with your money!
- 📱 Account Tracking - Ability to link your financial institutions and track real-time changes to your net worth, assets, and liabilities.

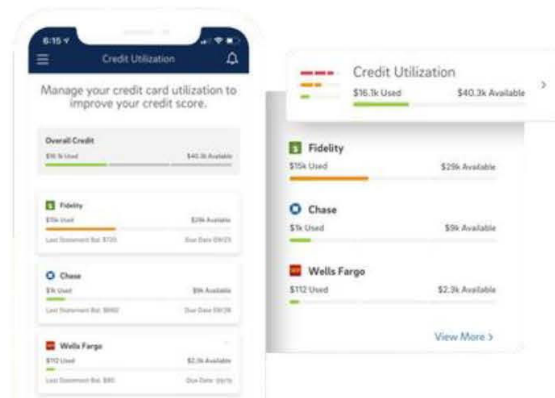


## Tell me more about working with Advisors...

Wherever you are in your financial journey, BrightPlan's Certified Financial Planning™ Professionals are ready to meet with you, understand your challenges or opportunities, and provide a judgment-free, supportive experience that is shaped specifically for you.




Through financial planning sessions, you'll receive:

-  Budgeting and Spending Review
-  Debt Reduction Strategies and Planning
-  Investment Guidance
-  Retirement Strategy Planning
-  Estate Planning Guidance
-  Much More



## Anything else?

### Yes! You'll also receive:

-  Monthly themed newsletters to surface awareness and serve you bite-sized education on a key topic monthly.
-  Monthly financial webinars to attend or watch later.
-  Curated tips and recommendations emailed based on your selected areas of interest.



# Need Healthcare Financial Planning Advice?

Finding the right health insurance and Medicare strategy can be daunting. We recognize that many clients invest significant amounts annually in healthcare expenses, from insurance premiums to deductibles and copays. That's why we're proud to offer our expertise in healthcare financial planning to individuals and families like yours.

Here are ways Gallagher Healthcare Financial planning experts can help:

## Medicare

- I'm turning 65 soon. Should I sign up for Medicare? Or should I stay on the company's insurance plan?
- How do I know which Medicare supplement plans are best for me? And how do I sign up?
- Is my Part D plan the best one for me this year?
- I thought getting a Medicare supplement was the right thing for me, but I see all of these advertisements for Medicare Advantage. Should I be doing that?

## Under 65 Health Insurance

- What do I do about health insurance if I sell my business?
- Do I qualify for tax credits to help me pay my insurance premiums?
- I'm thinking about retiring, but I'm not sure what health insurance would look like. Can anyone help give me an idea?
- Do I have the right health insurance strategy in place for my family?

### What sets us apart? Our commitment to you.

As part of your relationship with your Employer, you have access to expert guidance in healthcare financial planning at no additional cost. You will have unlimited access to a team of licensed, experts at Gallagher for help.

Gallagher has helped thousands of individuals and families save time, save money, and get peace of mind in this complicated area.

 The Gallagher Way. Since 1927.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services". Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.

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To schedule your first call: <https://calendly.com/round-robin-xm4/healthcare-financial-planning>

## Allstate Digital Footprint<sup>SM</sup>

Meet the **next generation of identity management**, brought to you by Allstate Identity Protection.

We all enjoy online conveniences, but new ways our personal information can be tracked and sold have everyone a little uneasy these days — for good reason. With stories about data breaches in the news seemingly every day, consumers are eager for a solution that gives them more control over their personal information.

Allstate Digital Footprint is just one way Allstate Identity Protection has expanded its commitment to helping people monitor and protect their personal information, so employees can keep loving what technology adds to their lives.

Finally there's privacy protection that keeps up with their digital life and looks after their identity

### See your digital relationships

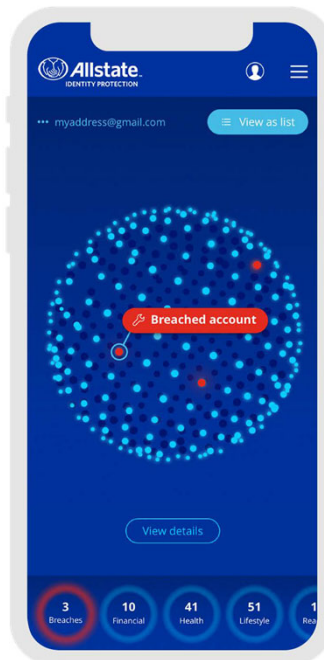
Allstate Digital Footprint scans your email inbox to show which companies you may have shared your personal data with. View as a categorized list, or rotate the interactive globe to see your accounts, with potentially compromised accounts showing as red dots.

### Receive account alerts

In addition to alerting you to new accounts, Allstate Digital Footprint notifies you if your information has been exposed in a newly detected data breach, along with tips on how to handle.

### Combined with full protection

Allstate Identity Protection is the most advanced product of its kind. In addition to these great privacy features, you'll get dark web and financial monitoring with alerts. If fraud occurs, our customer care team will fully manage and restore your identity



**67%**

of consumers say it's unfair that they have to sacrifice their privacy to use services and apps<sup>1</sup>

**76%**

of consumers don't think companies are doing enough to protect data<sup>2</sup>

### Mission for 2022 and beyond

Give employees more control over their personal data and help companies establish a productive workforce, free from disruption.

### Future enhancements to Allstate Digital Footprint

- Request to unsubscribe from unwanted accounts and request to delete data directly in the app
- Access "privacy insights" about companies based on their available data collection and sharing practices
- Add up to five email accounts
- Scan your entire inbox
- Increased functionality for family members

1: Allstate Data Privacy and Consumer Expectations Survey, MARA 2:Allstate Digital Safety Offering Study, MARA

Certain features require additional activation and will not be available until a later date. Product may be updated or modified prior to availability. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Cigna	800.244.6224	<a href="http://www.cigna.com">www.cigna.com</a>
Dental	Cigna	800.244.6224	<a href="http://myCigna.com">myCigna.com</a>
Vision	Cigna	800.244.6224	<a href="http://myCigna.com">myCigna.com</a>
Life and AD&D	New York Life Insurance Company	888.842.4462	<a href="http://myNYLGBS.com">myNYLGBS.com</a>
Voluntary Life and AD&D	New York Life Insurance Company	888.842.4462	<a href="http://myNYLGBS.com">myNYLGBS.com</a>
Short Term Disability	New York Life Insurance Company	888.842.4462	<a href="http://myNYLGBS.com">myNYLGBS.com</a>
Long Term Disability	New York Life Insurance Company	888.842.4462	<a href="http://myNYLGBS.com">myNYLGBS.com</a>
Accident	Guardian	888.600.1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Cancer	Guardian	888.600.1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Critical Illness	Guardian	888.600.1600	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Employee Assistance Program (EAP) available 24/7	AllOne Health	800.822.4847	<a href="http://LifeservicesEAP.com">LifeservicesEAP.com</a>
Healthcare Financial Planning & Medicare	Gallagher Healthcare		<a href="https://calendly.com/round-robin-xm4/healthcare-financial-planning">https://calendly.com/round-robin-xm4/healthcare-financial-planning</a>
Allstate Identity Protection	Jo Thornton		<a href="mailto:jthornton@allstate.com">jthornton@allstate.com</a>
Echo Health Center	Premise Health	615-229-7302	
J.J Joralemon	Wellness Coordinator	615.459.2553 Ext 2509	<a href="mailto:James.Joralemon@townofsmyrna.org">James.Joralemon@townofsmyrna.org</a>
Jeff Craig	Human Resources Director	615.459.2553	<a href="mailto:jeff.craig@townofsmyrna.org">jeff.craig@townofsmyrna.org</a>



## Legal Notices

### Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Open Access Plus (Individual: 20% coinsurance and \$300 deductible; Family: 20% coinsurance and \$600 deductible)

Plan 2: Medical plan name (Individual: 0% coinsurance and \$3,300 deductible; Family: 0% coinsurance and \$6,600 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 615.459.2553 or [jeff.craig@townofsmyrna.org](mailto:jeff.craig@townofsmyrna.org).

### Newborns' 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 mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## 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 –**

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html">https://www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – 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            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>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/df/">http://www.in.gov/fssa/df/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

GEORGIA – Medicaid	INDIANA – 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            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>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/df/">http://www.in.gov/fssa/df/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or            1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofl/applications-forms">https://www.maine.gov/dhhs/ofl/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>            Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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.

OMB Control Number 1210-0137 (expires 1/31/2026)

## HIPAA Notice Of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Town Of Smyrna is committed to the privacy of your health information. The administrators of the Town Of Smyrna Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Jeff Craig - Human Resources Director at 615.459.2553 or [jeff.craig@townofsmyrna.org](mailto:jeff.craig@townofsmyrna.org).

### HIPAA Special Enrollment Rights

#### Town Of Smyrna Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Town Of Smyrna Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program** – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Jeff Craig - Human Resources Director at 615.459.2553 or [jeff.craig@townofsmyrna.org](mailto:jeff.craig@townofsmyrna.org).

### **Important Warning**

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## Notice of Creditable Coverage

### Important Notice from Town Of Smyrna 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 Town Of Smyrna 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. Town Of Smyrna has determined that the prescription drug coverage offered by the medical 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 Town Of Smyrna coverage <<will or will not>> be affected. If you do decide to join a Medicare drug plan and drop your current Town Of Smyrna coverage, be aware that you and your dependents will 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 Town Of Smyrna 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 person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Town Of Smyrna 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'll 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).**

<b>Date:</b>	<b>January 01, 2026</b>
<b>Name of Entity/Sender:</b>	<b>Town Of Smyrna</b>
<b>Contact—Position/Office:</b>	<b>Jeff Craig - Human Resources Director</b>
<b>Office Address:</b>	<b>315 S Lowry St Smyrna, Tennessee 37167-3416 United States</b>
<b>Phone Number:</b>	<b>615.459.2553</b>

## COBRA General Notice

### Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans) **\*\* Continuation Coverage Rights Under COBRA\*\***

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **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.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more 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 it would otherwise end because of a life event. This is also called 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're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- 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 of the following qualifying events:

- 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 continuation 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. The employer must notify the Plan Administrator of the following qualifying events:

- 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).

**For all 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 to: Jeff Craig**

### **How is COBRA continuation 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 that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

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

#### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a 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 COBRA continuation coverage.

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

If your family experiences another qualifying event during the 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 the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying 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, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), 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/).

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period<sup>1</sup> to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **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 the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 [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.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about 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.

<sup>1</sup><https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Notes:







*This benefit summary prepared by*



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