2026
BENEFITS GUIDE
CITY OF SNELVILLE

SNELLVILLE

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Welcome

At City of Snellville we appreciate your commitment and contributions to our organization's success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for 2026. Please read this guide carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).

ABOUT THIS GUIDE

This Benefits Guide describes the highlights of the City of Snellville Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third-party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified, amended, updated, or terminated in the future—without agreement of any employee or participant—to meet our obligations under relevant law (including Internal Revenue Service and U.S. Department of Labor rules) or otherwise as determined by City of Snellville. If you have any questions regarding this Benefits Guide, please contact Human Resources.

Eligibility & Enrollment

PLAN YEAR

City of Snellville benefit plan year begins on January 1 and ends on December 31. This benefit guide outlines the benefits that apply for the 2026 plan year.

EMPLOYEE ELIGIBILITY

All active regular, full-time employees scheduled to work 30 or more hours a week are eligible to enroll in City of Snellville benefits program

DEPENDENT ELIGIBILITY

Your eligible dependents may include:

- Your legal spouse
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability

Please Note: Enrolling someone who is not qualified as a dependent is considered insurance fraud. If enrolling dependents under any plans, please provide HR with documents showing proof of relationship.

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:

- Changes to legal marital status – marriage, divorce, death, legal separation or annulment
- Change in number of tax dependents – birth, adoption, placement of a foster child, death
- Changes in employment status for either employee or spouse
- Changes in work schedule of either employee or spouse, including reduction/increase in work hours
- Dependents becoming ineligible
- Change in residence or worksite for you, your spouse, or dependent
- Entitlement to Medicare

If you qualify for a change in your benefits, please notify City of Snellville **within 30 days** of the change in status. You will need to provide proof of the change.

Before You Enroll – Things to Know

You are REQUIRED to **provide the following information and documentation** for all dependents/beneficiaries:

- Name
- Date of birth
- Social Security number

HOW TO ENROLL

Go to https://cityofsnellville.bswift.com.

At this time, make sure to disable your pop up blocker.

At the enrollment website enter your Username and Password.

- **Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).**
- **Password is the last 4 digits of your Social Security number (ex. 4567).**

You will then be prompted to create a permanent password.

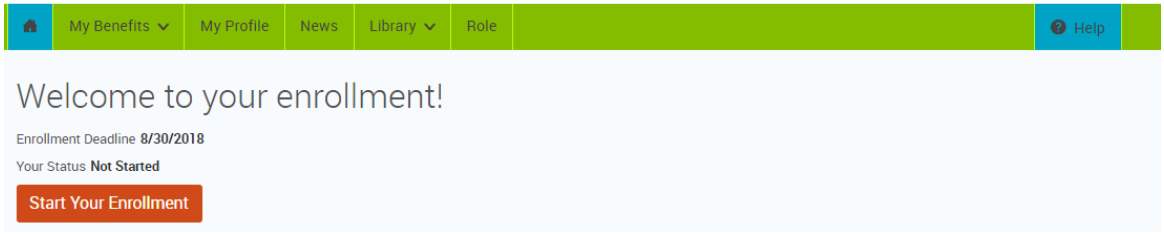
- Please go online and make your elections during the Open Enrollment by the deadline provided.
- Please contact NFP at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.

Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

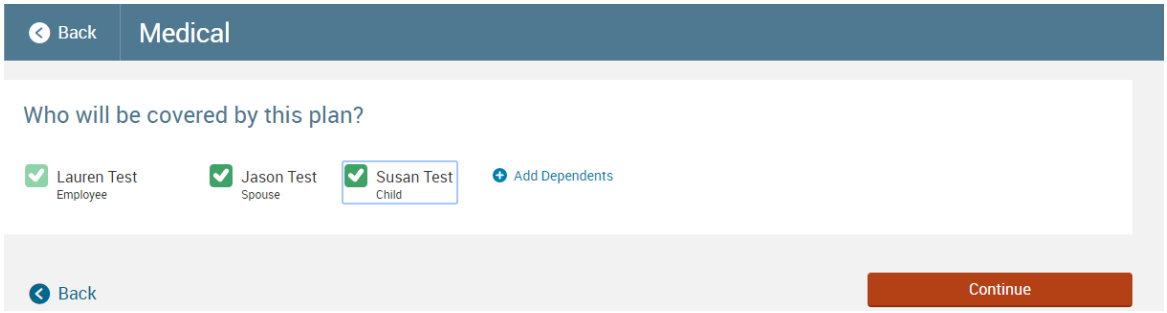
How to Enroll

To Begin:

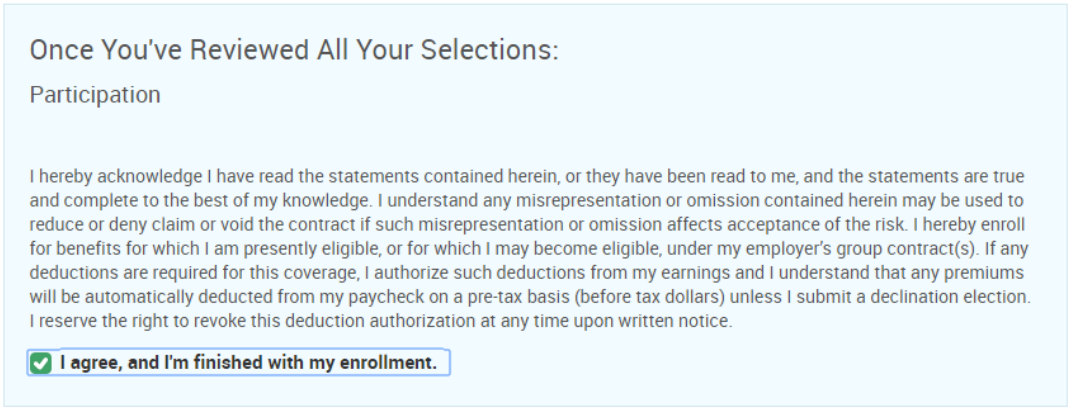
1) From the “Home Page” click on the “Start Your Enrollment” link, to begin the election process.
2) On the “Employee Information Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



3) To make a plan selection, select “View Plan Options”. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Who will be covered by this plan?” Then press “Continue” at the bottom of the screen.



4) Once you have reviewed and completed your enrollment, click on “I Agree, and I am finished with my enrollment,” then click on “Complete My Enrollment.”



5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

Medical/Rx Plan Overview

MEDICAL COVERAGE

Medical coverage is administered through Aetna. You'll have access to a broad network of doctors and hospitals, providing you with quality care and significant savings in comparison to receiving services out-of-network.

PHARMACY COVERAGE

Pharmacy benefits are provided through Aetna. You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy.

You can use the mail order pharmacy program if you use a maintenance medication, such as those for blood pressure or cholesterol. The mail order pharmacy program offers up to a 90-day supply at a reduced cost to you.

PLAN HIGHLIGHTS

- Open Access HSA 3300 plan deductible has increased to $3,400

WHAT IT MEANS TO STAY IN –NETWORK AND WHY IT SAVES YOU MONEY

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're an Aetna member.

They negotiate for you, so, you'll have less out-of-pocket costs when you get care. Providers can't send you a bill for more than what has been agreed to - this is called balance billing. You're safe from balance billing if you stay in-network.

HOW TO LOCATE A DOCTOR IN YOUR PLAN'S NETWORK

- Search your Aetna Managed Choice POS Network option to find in-network providers at www.Aetna.com and click on "Find a doctor".

CONTRIBUTION RATES	HSA 4000	HSA 3400	POS 2000
Employee Only	$10	$25	$50
Employee & Spouse	$20	$50	$140
Employee & Child(ren)	$20	$50	$140
Employee & Family	$30	$100	$190

Medical/Rx Plan Highlights

See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.

	HDHP HSA 4000	HDHP HSA 3400	POS 2000
MEDICAL BENEFITS	**In-Network**	**In-Network**	**In-Network**
Calendar Year Deductible Individual / Family	$4,000 / $8,000	$3,400 / $6,800	$2,000 / $6,000
Out-of-Pocket Maximum (includes Deductible) Per Individual / Family	$7,000 / $14,000	$4,500 / $9,000	$5,500 / $11,000
Coinsurance (% the plan pays)	20%	10%	20%
Preventive Services	$0	$0	$0
Office Visits Primary Care / Specialist	20% after deductible	10% after deductible	$40 / $50
Urgent Care	20% after deductible	0% after deductible	$60
Mental Health Inpatient / Outpatient	20% after deductible	0% after deductible	20% / $30
Emergency Room	20% after deductible	10% after deductible	20% after $200
Inpatient Hospital	20% after deductible	10% after deductible	20% after deductible
Outpatient Procedures Hospital / Ambulatory Surgery Center	20% after deductible	10% / $0 after deductible	20% after deductible
Diagnostic Lab / X-Ray	20% after deductible	0% after deductible	20% after deductible
Advanced Imaging MRI, CT, PET, etc.	20% after deductible	0% after deductible	20% after deductible
PRESCRIPTION BENEFITS			
Retail Pharmacy Generic / Preferred Brand / Non-Preferred Brand / Preferred Specialty / Non-Preferred Specialty	$10/ $35/ $60/ $250/ $500 after deductible	$10/ $35/ $60/ $250/ $500 after deductible	$10/ $35/ $60/ $250/ $500
Mail Order (90-day supply) Generic / Preferred Brand / Non-Preferred Brand	$25/ $87.50/ $150	$25/ $87.50/ $150	$25/ $87.50/ $150

Health & Wellbeing Resources – EAP & Teladoc

PREVENTIVE CARE

One of the best ways to stay healthy and mitigate health risks is to follow established guidelines around preventive care, including check-ups, screenings, and immunizations. Your medical, dental, and vision plans cover in-network eligible well care visits, screenings and immunizations at no cost for you and your covered family members.

TELEMEDICINE

If you have a cold, sore throat, sinus problem or other benign condition, you may be able to skip the doctor's office and receive expert care from the comfort of home. This virtual visit benefit allows you to video conference with a doctor using your mobile device or computer. If a prescription is needed, your doctor will send the script to the pharmacy of your choice. To learn more about virtual visits, visit teladoc.com.

ONLINE & MOBILE RESOURCES – Aetna Resources for Living EAP

- Stay on top of your benefits anywhere you go with carrier mobile apps and websites via Aetna Health App
- Find a provider and care
- Download an ID card
- Check your benefits and review your claims
- Compare costs and access discounts
- Contact customer support

DISCOUNTS

View hundreds of discounts available to you, including hearing devices, fitness equipment, homeopathic health services, and much more. Log in to www.Aetna.com to access these great deals:

AETNA RESOURCES FOR LIVING EAP

Details about this resource would go here. To learn more about virtual visits, visit resourcesforliving.com. Include highlights of the resource in bullet points if you'd like:

- Work, life and everything in-between, confidential conversations
- Telephonic consultation, face-to-face counseling, worklife support, legal resources, financial resources, ID theft and member website & mobile app
    - Six sessions per issue with unlimited number of issues

Confidential services available 24 hours a day, 7 days a week, 365 days per year.

800-955-6422

www.resourcesforliving.com

Username: Snellville

Password: EAP

Health Savings Account - Inspira

If you enroll in HDHP HSA 4,000 or HSA 3,400, consider contributing to the Health Savings Account administered by Inspira.

With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged.

WHY HAVE AN HSA?

- If you elect a HDHP, you may be eligible to enroll in our HSA plan
- Contributions are tax deductible
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end 'rolls over' for use the next year
- The balance in your HSA account can be invested

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a qualified High-Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return
- Spouse not contributing to/participating in a Health Care FSA through his/her employer

Health Savings Account - Inspira

BENEFITS OF AN HSA – COMPANY CONTRIBUTIONS

- Each pay period the City of Snellville provides contribution for 2026 to your HSA plan the amounts listed below:
  - Employee Tier – $30.00
  - All other Tiers – $60.00

TOTAL HSA CONTRIBUTIONS* for 2026 cannot exceed the below amounts:

- Individual - $4,400
- Family - $8,750

DEBIT CARD

All HSA participants will receive an HSA debit card from Inspira. Your HSA card can be used to pay for qualified medical expenses billed from an insurance company, a physician's office and pharmacies. Transactions with your HSA debit card are secure and will only work to purchase eligible and authorized items.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

Dental Plan Overview - Aetna

Dental coverage is offered through Aetna. Search the Aetna Health Dental PPO/PDN with PPO II and Extend Network option to find in-network providers at www.Aetna.com and click on “Find a Doctor”.

KEY FEATURES & DETAILS

- If an In-Network Dentist performs a covered service, benefit will be based on the percentage of the maximum allowed charge.
- **Pretreatment:** While we don’t require a pretreatment authorization form for any procedure, we recommend them for any work you consider expensive. As a smart consumer, it’s best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate. Your dentist will be informed of the exact amount your insurance will cover and the amount you will be responsible for.

REIMBURSEMENT SCHEDULE FOR OUT-OF-NETWORK BENEFITS

- If an Out-of-Network Dentist performs a covered service, benefit will be based on the percentage of the Usual and Customary Charges, and you may be charged more for the service from the out-of-network dentist.

CONTRIBUTION RATES	Aetna Dental Plan
Employee Only	$0
Employee & Spouse	$5.00
Employee & Child(ren)	$5.00
Employee & Family	$5.00

Dental Plan Highlights - Aetna

	Health Dental PPO/PDN With PPO II and Extend Network
	In-Network Only
Calendar Year Deductible For Individual Family Aggregate	$50 $100
Diagnostic & Preventive (Type A) Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 100%
Basic Services (Type B) Fillings (anterior, amalgam), repairs, extractions, oral surgery, and general anesthesia	20% after deductible
Major Services (Class III) Inlays, onlays, crowns, bridges and implants	50% after deductible
Orthodontic Services (Class IV) Adults and Child(ren)	50%
Lifetime Orthodontia Max	$1,500
Annual Benefit Maximum	$5,000
	Out-of-Network You may be balance-billed if you use an out-of-network provider
Diagnostic and Preventive (Class I)	Covered 100%
Basic Services (Class II)	20% after deductible
Major Services (Class III)	50% after deductible
Orthodontic Services (Class IV)	50%

Vision Plan Overview - NVA

- Vision coverage is offered through NVA. Keep in mind that you will pay less if you use an in-network provider. For full details on your benefits refer to the Summary Plan Description. To locate a participating provider, visit **www.e-nva.com**. If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **8755000001** or the group number on the identification card and enter in your search parameters.

Plan participants also have access to discounted lens upgrade options and Lasik eye surgery.

KEY FEATURES & DETAILS

- The discounts available on the balance for lenses and frames may not apply at certain locations, please see summary for further details.
- *Note: The plan covers either contact lenses or lenses for your glasses once every 12 months.

WHAT IS A BENEFITS ALLOWANCE?

A benefit allowance gives you a certain dollar amount to use towards contacts and glasses (lenses and frames). When you choose materials that are within that dollar amount or allowance, they are covered at 100%.

If you choose a frame exceeding your plan allowance, you'll be responsible for paying the overage, in addition to any applicable copays at the time of your visit.

CAN I GET CONTACTS AND GLASSES IN THE SAME CALENDAR YEAR?

No. You can only get contacts OR glasses in the same calendar year, not both.

CONTRIBUTION RATES	VISION PLAN
Employee Only	$2.00
Employee & Spouse	$4.00
Employee & Child(ren)	$5.00
Employee & Family	$7.00

Vision Plan Highlights - NVA

	VISION PLAN
	In-Network Only
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up *Benefits may be redeemed every 12 months*	$10 copay Standard Daily Wear Covered 100%; Standard Extended Wear Covered 100%; Specialty Wear $20 Copay Premium: 15% discount
Frames *Benefits may be redeemed every 12 months*	$130 allowance 20% off remainder
Lens Standard Plastic Single Vision Bifocal Trifocal Lenticular Standard Progressive	 $20 Copay $20 Copay $20 Copay $20 Copay $50 Copay
Contacts Elective / Medically Necessary *Benefits may be redeemed every 12 months*	$130 allowance / Covered 100%
	Out-of-Network
Eye Exams Routine Eye Exam Contact Lens Fitting/Follow-up *Benefits may be redeemed every 12 months*	 Up to $35 Up to $20
Frames *Benefits may be redeemed every 24 months*	Up to $65
Lens Standard Plastic Single Vision Bifocal Trifocal Lenticular	 $25 $20 $25 $45 $75
Contacts Elective / Medically Necessary *Benefits may be redeemed every 12 months*	Up to $105 / Up to $210

Life and AD&D Overview - Lincoln

City of Snellville provides Basic Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Employees receive a generous benefit amount depending your class below through Lincoln.

Employees have the option to purchase additional life insurance coverage through Lincoln.

Benefit (No Age Reduction)	Class	Coverage Amount
Basic Life	Sworn Police Officers	$50,000
	All other Full Time Employees	$50,000
Basic AD&D	Sworn Police Officers	$150,000
	All other Full Time Employees	$100,000

OPTIONAL EMPLOYEE COVERAGE

You may elect to purchase $10,000 coverage increments, up to the lesser of $500,000 or **7** times your annual salary. Employee must elect coverage for spouse or dependents to be eligible.

The guarantee issue amount is $150,000. You can elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

OPTIONAL SPOUSE COVERAGE

You can purchase coverage in increments of $5,000 to a maximum of $250,000. This coverage is limited to 50% of the Employee's elected amount.

New Hires: Newly eligible employees are able to elect coverage on their spouse up to $30,000 with no health questions asked. Elections above these amounts or after new hire eligibility require evidence of insurability.

OPTIONAL CHILD COVERAGE

You can purchase coverage of $10,000 for eligible child(ren).

No Evidence of Insurability required on children.

Child(ren) are covered from the age of 6 months to age 19 or age 25 if FT student.

EVIDENCE OF INSURABILITY

Current employees can increase their current coverage up to $20,000 to a maximum $150,000 with no evidence of insurability. Spouses can increase their current coverage up to $10,000 to a maximum $30,000 with no evidence of insurability. Evidence of Insurability will be required for any amounts above these limits.

Life and AD&D Overview - Lincoln

LATE ENTRANTS

Late Entrants: If you did not elect coverage as a new hire you are considered a late entrant. These employees can elect up to $20,000 on themselves and $2,000 on their spouses at Open Enrollment with no medical questions. Any additional amounts must be approved by Lincoln before coverage can be effective. If you elect additional coverage during open enrollment, at the end of the process you will be directed to the Lincoln website to complete an Evidence of Insurability (EOI). If you are not directed to the site please contact the NFP Service Center at 1-800-994-7429.

CONVERSION OR PORTABILITY

Conversion or Portability: If you leave your employer prior to Social Security Normal Retirement Age you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance. Evidence of Insurability is not required.

Reduction of Coverage: The Voluntary Life benefits will reduce when you have attained age 70 by 67%.

ADDITIONAL BENEFITS

Accelerated Death Benefit, Conversion, Seatbelt, and Air Bag Benefit.

LIFEKEYS

Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.

TRAVEL CONNECT

Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information contact Lincoln Financial Group at www.lincolnfinancial.com or call (800) 423-2765 and reference ID: CTYSNELLV.

Disability Overview - Lincoln

Disability coverage is offered through Lincoln.

WHY DISABILITY COVERAGE IS IMPORTANT

We understand that for most of us, our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work.

SHORT-TERM DISABILITY

The Short Term Disability will continue to be offered at a low cost through Lincoln Financial.

Short Term Disability is an insurance program that provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Weekly Benefit	$1,500
Elimination Period	14 days – Accident/Sickness
Maximum Benefit Duration	11 weeks
Pre-Existing Conditions	3/6
Rate (per $10)	$0.495

Pre-Existing Conditions: (1) which is caused or contributed to by, or results from a Pre-Existing Condition; and (2) which begins in the first 6 months after the Insured Person's Effective Date. "Pre-Existing Condition" means a Sickness or Injury for which the Insured Person received Treatment within 3 months prior to his or her Effective Date. "Treatment" means consultation, care and services by a Physician. It includes diagnostic measures and the prescription, refill and taking of prescribed drugs or medicines.

Late Entrant: If you did not elect coverage as a new hire or Open Enrollment, you will have a second opportunity to enroll the next year without providing evidence of insurability that is satisfactory to the Lincoln before coverage can become effective.

Elimination Period: The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Exclusions: Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Integration of Benefits: Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.

- **You must be under the regular care of a physician in order to be considered disabled.**

Disability Overview - Lincoln

Disability coverage is offered through Lincoln.

WHY DISABILITY COVERAGE IS IMPORTANT

We understand that for most of us, our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work.

LONG-TERM DISABILITY

The Long Term Disability will continue to be offered, at no cost to the employee, through Lincoln Financial Enrollment into this plan is automatic.

Long Term Disability is an insurance program that provides you with monthly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Monthly Benefit	$6,000
Elimination Period	90 days – Accident/Sickness
Maximum Benefit Duration	Later of 65 or SSNRA
Own Occupation Period	24 months
Pre-Existing Conditions	3/12

Elimination Period: The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

Limitations

- Mental/Nervous Illness Limitation – 24 months
- Substance Abuse Limitation – 24 month
- Limited Conditions – 24 months

Pre-Existing Condition: : Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you had received medical treatment, consultation, care or services including diagnostic measures or took prescribed drugs or medicines in the 3 months just prior to his/her effective date of coverage, you will not be covered during the first 12 months after the employee's effective date of coverage.

Exclusions: Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Benefit Offset: Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: social security disability insurance; any governmental retirement system earned as a result of working for the current employer; any disability or retirement benefit received under a retirement plan; earnings the insured earns or receives from any form of employment; and any disability income benefits received under state disability benefit laws.

Voluntary Overview - Ansel

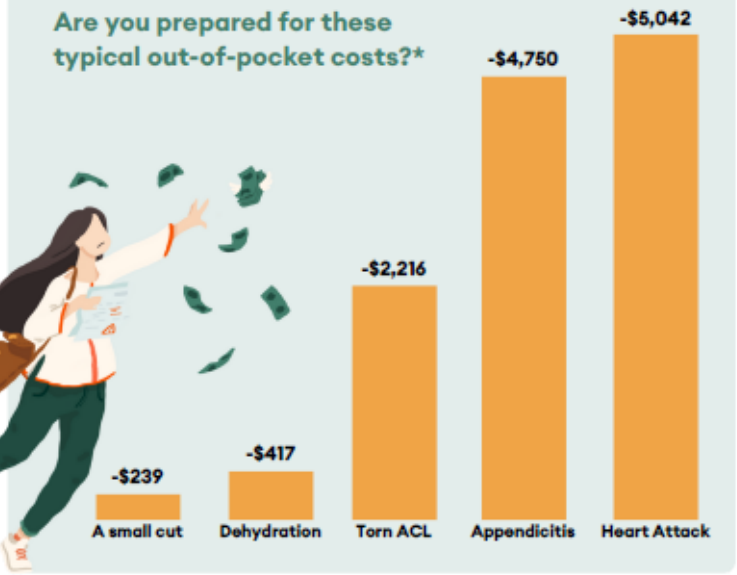
Don't let a health issue strain your finances.

Most people have out-of-pocket medical costs if they get sick or injured—which means a health issue could quickly run up unexpected bills.

Ansel works on top of other health insurance and pays cash benefits you can use towards medical bills or anything else you need.

For employees of—

SNELLVILLE



*Source: 2020 Kaiser Family Foundation Health Benefits Survey and Healthcare Bluebook. The out-of-pocket costs are estimates only and are calculated at 30% of the total average medical cost, assuming that average health insurance plan covers approximately 70% of the expense. Your health insurance coverage may be more or less.

Ansel supplemental health insurance pays cash benefits if you're diagnosed with any of 13,000 covered conditions.

How it works—

File a claim if you're diagnosed with a covered condition. If approved, you'll get a benefit payout within 72 hours. Use the funds for anything you need. Choose your benefit amounts when you enroll.

What's Covered

- **6,000 Moderate conditions** like pneumonia, dehydration, concussions, and simple fractures.
- **5,600 Severe conditions** like appendicitis, torn ACL, gallstones, and acute respiratory failure.
- **1,500 Catastrophic conditions** like heart attack, stroke, cancer, multiple sclerosis, and sepsis.

Choose your Ansel Select plan

Value Plan

Moderate: $200
Severe: $500
Catastrophic: $1,000

	18-49	50-59	60+
EE ONLY	$7.14	$19.34	$29.99
EE • SP	$14.28	$38.69	$59.98
EE • CH	$12.85	$34.82	$53.98
EE • FAMILY	$21.42	$58.03	$89.97

Enhanced Plan

Moderate: $300
Severe: $1,000
Catastrophic: $2,000

	18-49	50-59	60+
EE ONLY	$13.00	$36.14	$56.38
EE • SP	$26.01	$72.28	$112.75
EE • CH	$23.40	$65.05	$101.48
EE • FAMILY	$39.01	$108.42	$169.13

Premier Plan

Moderate $500
Severe $1,500
Catastrophic $3,000

	18-49	50-59	60+
EE ONLY	$20.14	$55.48	$86.37
EE • SP	$40.29	$110.97	$172.73
EE • CH	$36.26	$99.87	$155.46
EE • FAMILY	$60.43	$166.45	$259.10

Questions? Our Member Services team is available to help. Call us at (888) 300-5382.

ansel.

Voluntary Overview Allstate Whole Life with LTC

Group Whole Life insurance with Long Term Care is offered through Allstate. Group whole life insurance with accelerated death benefit for long term care with restoration of benefits and extension of benefits. See the summary of your medical and prescription benefits below. For complete details, exclusions and limitations, and out-of-network benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.

WHOLE LIFE INSURANCE BENEFIT – only offered at Open Enrollment

Amount selected by the employee or member – Up to $250,000

Eligible Dependents: Spouse and Child(ren) of eligible employees or members.

GUARANTEED ISSUE / SIMPLIFIED ISSUE – minimum of $5,000

EMPLOYEE OR MEMBER	WORKING SPOUSE	NON-WORKING SPOUSE	CHILD(REN)
Subject to an overall maximum life insurance amount for all coverage issued by us of: $200,000/$250,000 for ages 18-70	Subject to an overall maximum life insurance amount for all coverage issued by us of: $25,000/$150,000 for ages 18-70	Subject to an overall maximum life insurance amount for all coverage issued by us of: $10,000/$150,000 for ages 18-70	Subject to an overall maximum life insurance amount for all coverage issued by us of: $20,000/$50,000 for ages 24 hours-18

MyBenefits
secure online benefits access

Anytime Access

Online access to coverage information, claims and more. Optimized for mobile devices, submitting claims is as easy as taking a picture of your documents and submitting them through MyBenefits.

Manage Your Account and File Claims

E-Signature	Direct Deposit	View	Download
Upload, review and sign your claim electronically	Available for faster processing	Full policies, certificates and claim history	Explanation of Benefits (EOB)

Mobile Optimization

- Our MyBenefits app streamlines your claims submissions (see next page)
- Take a picture of your supporting documents and submit them via the app or through your mobile device

How to Register to Access MyBenefits

- **Go to:** mybenefits.allstate.com (click "Register your account today")
- **Enter account info:** SSN, Zip code and Birthdate are required
- **Create your account:** Choose your User ID and Password
- **Answer two security questions:** User ID retrieval and Password reset

To find out more about what the MyBenefits site can offer, see the *information on reverse*.

Contact Information

Plan	Adminstrator	Website/Email	Phone Number
Benefit / Enrollment Questions	NFP	NFPsecustomerservice @nfp.com	(800) 994-7429
Human Resources	Main Number	www.snellville.org	(770) 985-3507
Medical	Aetna	www.aetna.com	(888) 802-3862
HSA	Inspira	www.inspirafinancial.com	(844) 729-3539
Dental	Aetna	www.Aetna.com	(888) 802-3862
Vision	NVA	www.e-nva.com	(800) 672-7723
Basic Life	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Voluntary Life	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Short Term Disability	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Long Term Disability	Lincoln	www.lincolnfinancial.com	(800) 423-2765
Voluntary Benefit	Ansel	www.joinansel.com	(888) 300-5382
Voluntary Benefit	Allstate	www.mybenefits.allstate.com	(800) 521-3535

Notices

- **Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 800-994-7429.**

- **NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:**

- If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

- **SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:**

- Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

- A change in marital status, or

- A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

- A change in employment status for myself or my spouse, or

- Open enrollment elections for my spouse, or

- A change in dependents eligibility, or

- A change in residence or worksite.

- Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

- **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:**

- The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

- **NEWBORNS' ACT DISCLOSURE:**

- 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

- **NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION:** This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: **cityofsnellville.bswift.com**. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

- **GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at:. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note **cityofsnellville.bswift.com** the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

- **SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at **cityofsnellville.bswift.com**. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

- **HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice):** When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at **cityofsnellville.bswift.com**. A paper copy is also available, free of charge, by calling your Employer.

Glossary

NETWORK

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre- determined rates when servicing members.

PRIMARY CARE PHYSICIAN (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

COPAY OR COPAYMENT

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

DEDUCTIBLE

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services.

COINSURANCE

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

OUT-OF-POCKET MAXIMUM

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out- of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

PRESCRIPTION & FORMULARY DETAILS

- **Generic Drugs:** These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand- name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non- formulary brand name drugs.
- **Brand Formulary Drugs:** The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.
- **Non-Formulary Drugs:** These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.
- **Specialty Drugs:** Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

2026 BENEFITS GUIDE

2026

Prepared by

NFP®

An Aon Company