



CITY OF FAYETTEVILLE

Understanding Your 2011 Benefits

Employee Perks

- Fayetteville Public School Fitness Center Membership
- Employee Assistance Program
- UARK Federal Credit Union
- Discounted Sam's Club Membership

2011 Benefits Options

The total employee paid benefits being offered for 2011 are:

- Blue Cross Blue Shield Health Insurance*
- Delta Dental Insurance*
- Always Care Vision Insurance
- Flexible Spending Accounts (medical and dependent care reimbursement)
- Health Savings Accounts (for those on the High Deductible Health Plan)
- Standard Short Term Disability
- Standard Employee Paid Voluntary Life Insurance*
- ACE USA Employee Paid Voluntary Accidental Death & Dismemberment Insurance
- Colonial Accident, Cancer and Critical Illness Supplemental Insurance

All regular, full time City of Fayetteville employees automatically receive the following:

- City Paid (free) Life Insurance: equal to one and one half times your annual salary.
- City Paid (free) Long Term Disability Insurance
- City Paid (free) Accidental Death and Dismemberment Insurance: equal to \$25,000.

Arkansas Blue Cross Blue Shield Health Insurance Plans

Eligibility

Employees scheduled to work full time are eligible to participate in our health insurance plan. Benefits for newly hired, eligible employees are effective the first day of the month following 30 days of employment. If you are a new employee or are newly eligible as a result of a change in employment status you are guaranteed health and dental insurance. Employees will be subject to a 12-month pre-existing condition waiting period which can be offset by insurance coverage with another carrier during that period. If you had previous insurance coverage and want to make sure your 12-month pre-existing condition waiting period is offset, please notify Blue Cross Blue Shield or contact Human Resources for assistance.

Dependent Eligibility

You may also choose coverage for your eligible dependents not only for health insurance but for many other benefit options. Eligible members of your family include:

- Your legal Spouse
- Your child up to 26 years of age. (Adult children can be covered provided they do not have insurance available thru their employer).
- Your stepchildren living in the household and who depend on you for principle support
- Your adopted child or child placed with you in anticipation of adoption or for which you are the legal guardian
- Your unmarried children, who became totally disabled before the age of 19, are incapable of self-sustaining employment by reason of physical or mental handicap, and who depend on you for principle support.

Available Plans

The City of Fayetteville offers a variety of options to help to meet your individual needs. Our health insurance program offers two different levels of health coverage each with a different cost and level of coverage.

Traditional Medical Plan (PPO)

For employees who prefer a more traditional style health plan, the City offers a Traditional PPO Plan.

Preferred Provider Organization (PPO)

The City's health insurance is provided through a Preferred Provider Organization (PPO) that offers access to healthcare at affordable rates. You are free to select any healthcare provider. However, your benefit payment level will be greater when you choose participating providers. If you or a covered family member has an emergency, seek medical attention at the nearest medical facility.

Traditional PPO City and Employee 2011 Rates

	Total Monthly Premium	City's Portion	Employee's Portion	Bi-weekly Payroll Deduction
Individual	\$249.48	\$231.06	\$18.42	\$9.21
Family	\$658.39	\$565.21	\$93.18	\$46.59



welcome

Arkansas Blue Cross and Blue Shield is pleased to be your health insurance company. This Benefit Summary gives you an overview of

your health coverage and provides some of the most commonly requested information regarding your health insurance policy. This summary

is not a policy. You will receive a Benefit Certificate that describes, in detail, your complete health insurance policy benefit features.

important details about your health insurance policy

Most of us are interested in saving money, and when the services of In-network Providers are utilized, you will pay less money out of pocket. Please take a moment to review this important information about your coverage.

Provider: Throughout this document, you will see the term health-care "provider." Providers are doctors, hospitals and others who offer medical services, including labs or radiology clinics.

In-network providers: These health-care providers are part of a group of participants who have agreed to bill according to our processes and have agreed to participate in our negotiated discounts for medical services. We pass these savings on to

you, resulting in lower out-of-pocket expenses. When in doubt, please check to see that your health-care provider is in your health plan's network.

Out-of-network providers: These health-care providers may not offer discounted services to our members and may follow their own billing rules for services. Your out-of-pocket expenses may be greater when you use an out-of-network provider. Your health insurance policy is set up with a higher coinsurance percentage for an out-of-network provider.

Remember, always check the network status of any health-care provider that your doctor may refer you to for additional care. If you are referred to an out-of-network provider by an

in-network provider, you still may have to pay higher costs.

Medical emergency: In a medical emergency, go directly to the nearest hospital. We do not subject you to additional charges for using an out-of-network hospital for yourself or a covered family member, although hospitals outside of our network may have higher total charges than an in-network hospital. This can result in higher out-of-pocket costs. Some examples of a medical emergency include a suspected heart attack, stroke or poisoning.

At Arkansas Blue Cross, your continued good health is our main concern.

how to find an in-network provider

in Arkansas

For a list of in-network providers, visit us on the Web at: arkansasbluecross.com
Your Provider Network is: **True Blue**
or call Customer Service at:
479-527-2310 or 1-800-817-7726

Important Note: For your protection, we want you to know that some doctors and hospitals may require up-front payment of your anticipated portion of the deductible and coinsurance fees.

outside of Arkansas

On the Web, visit the Blue Cross and Blue Shield Association site at: bcbs.com/healthtravel/finder.html
Or call the Blue Cross and Blue Shield Association at:
1-800-810-BLUE

Note: For some health policies, out-of-state providers may not be included at in-network rates. Check your Benefit Certificate for your policy details.

dependent benefits

Your older, dependent children can be covered by your health insurance plan until they reach 26 years of age.

Important Disclaimer from Arkansas Blue Cross and Blue Shield

This document is intended only to highlight your benefits and should not be relied on to fully determine coverage. **Some of the above services are subject to visit, day and/or dollar limits.** Please refer to your Benefit Certificate for a full explanation of your benefits, the limitations of these benefits and the services that are not covered. If this document conflicts in any way with the policy issued to your employer, the policy shall prevail.

description	your portion
Individual Deductible: The total amount of covered medical expenses that you incur before your health insurance policy begins to pay.	\$500 (combination of both in network and out of network)

Family Deductible – Accumulated: The total amount of covered medical expenses your family incurs before your health insurance policy begins to pay. You pay a new deductible each calendar year.	\$1,000 (combination of both in network and out of network)
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Coinsurance: The percentage of the allowable charge for a medical service that becomes your responsibility to pay after your deductible has been satisfied.

Copayment: The dollar amount you pay for a doctor’s office visit.

	calendar-year coinsurance maximum:		lifetime maximum:
	in network	out of network	No Lifetime Limitation
individual	\$1,000	\$4,000	
family	\$2,000	\$8,000	

service type*	your cost in-network coinsurance	your cost out-of-network coinsurance
professional services		
primary care physician visit	20%	40%
specialty physician visit	20%	40%
wellness (adult wellness and routine physical)	0%	20%
children’s preventive services (immunizations)	0%	0%
professional fees for inpatient surgical and medical services	20%	40%
professional fees for outpatient surgical and medical services	20%	40%
hospital and other medical facility services		
hospital visit (inpatient)	20%	40%
hospital (outpatient) includes surgery, diagnostics and therapeutic care	20%	40%
emergency room visit	20%	40%
maternity and obstetrics	20%	40%
other services		
durable medical equipment (\$5,000 maximum per calendar year)	20%	40%
diabetic supplies	20%	40%
mental health	20%	40%
therapeutic services — physical and occupational	20%	40%
— chiropractic	20%	40%
speech	20%	40%
ambulance services — ground: up to \$1,000	20%	20%
	20%	20%

*Additional fees may apply. Please check your Benefit Certificate.



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your retail drug coverage

A pharmacy benefit is an important component of your overall health insurance coverage. Your drug card allows you to obtain medications at discounted prices. The different copayment levels shown on your ID

card are called "tiers." When referring to these tiers, you'll notice that **tier one** (generic drugs) and **tier two** (brand-name drugs) require lower copayments than **tier three** brand-name drugs. You may want to ask your doctor if there

is an alternative for a prescription that falls into the more expensive tier three category. Selecting lower-cost drugs (such as generics) is an important way to save money on your overall health-care expenses.

copayments by tier

	tier one	tier two	tier three
retail	\$10.00	\$30.00	\$50.00
mail order*	\$20.00	\$60.00	\$100.00

**One copayment per 90-day supply*

additional benefits / riders

Supplemental Accident
 Maternity
 Mental Health
 Wellness
 Air Ambulance - \$5,000 (maximum benefit)
 Check your Benefit Certificate for details on any additional benefits or riders.

messages

Your policy features a deductible carry over feature. Check Benefit Certificate for details and restrictions.

Benefit changes effective 1/1/2011:
 Durable Medical -no annual max. Ground Ambulance - up to \$1,000 per trip with no annual max. Air Ambulance - up to \$5,000 per trip/limited to 1 trip per calendar year.



questions?

We hope you will call us with any questions or concerns you have. Our office hours are Monday through Friday from 8 a.m. to 4:30 p.m. (Central Time).

Customer Service Number: 479-527-2310 or 1-800-817-7726

More information can be found at our Web site at: arkansasbluecross.com

Regional Address: Arkansas Blue Cross and Blue Shield
 516 E. Millsap Road
 Suite 103
 Fayetteville, AR 72703

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High Deductible Health Plan (HDHP) and Health Savings Account (HSA) available with this plan.

This option allows employees to purchase an insurance plan with much lower premiums and make contributions to a health savings account on a tax free basis. You can combine a tax-favored (pre-tax) savings account with a high deductible health plan to pay for qualified healthcare expenses with tax-free money until you've met the deductible. Once your deductible is met, the health insurance coverage takes over.

High Deductible Health Plan (HDHP)

By design, the high deductible health plan cannot have first dollar coverage for things like physician visits, hospital stays, and prescriptions. However they can cover wellness benefits. The City's High Deductible Health Plan offers the same wellness coverage as the City's Traditional PPO Health Plan.

Health Savings Account (HSA)

In addition to a lower premium, you will also receive City contributions to your Health Savings Account. This account belongs to you and you will be provided with a debit card in order to utilize the funds for approved medical expenses. This account is portable and when you leave the City, the money goes with you. The account also earns interest tax-free. Even though you received a tax deduction by putting your money into this account, the money is still yours to spend tax free as long as you spend it on qualified medical expenses. Since you have a high deductible health plan, this would include any expenses you incur from going to the doctor, purchasing prescription drugs or paying other expenses towards your deductible. Once your deductible is met, the health insurance covers you at 100% of allowance based upon the policy information. Please note that if you utilize these funds to pay non-qualifying expenses you will incur a **tax penalty** in addition to paying normal income tax on those funds.

You and the City can make contributions to your HSA up to the following maximums annually:

Individual Coverage	\$3,050
Family Coverage	\$6,150
Age 55 +	\$1,000 more

City's Annual Contribution to your Health Savings Account

Individual Coverage	\$849.60
Family Coverage	\$1,879.92

Eligibility

To be eligible to enroll the employee must be covered under a high-deductible health plan and must not be enrolled in any other health plan that is not a high deductible. In other words, you cannot be covered by your spouse, parent or other person's insurance plan. You cannot be claimed as a dependent on another person's tax return. You cannot be enrolled in Medicare.

High Deductible Health Plan 2011 Rates

	Total Monthly Premium	City's Cost (monthly)	Employee's Cost (per pay period)	City's HSA Contribution (monthly)	City's HSA Contribution (per pay period)
Individual	\$147.20	\$137.12	\$5.04	\$70.80	\$35.40
Family	\$388.45	\$361.87	\$13.29	\$156.66	\$78.33



**COMPREHENSIVE MAJOR MEDICAL
PREFERRED PROVIDER ORGANIZATION
GROUP INSURANCE POLICY**

**City of Fayetteville
Benefit Summary - HSA Plan 613 - Blue~by~design
January 1, 2011**

LIFETIME MAXIMUM		
Lifetime Maximum (per Covered Person)	<i>No Lifetime Maximum Benefit</i>	
YOUR CALENDAR YEAR OUT OF POCKET LIMITS		
	In-Network	Out-of-Network
Individual Contracts		
Deductible	\$3,000	\$6,000
Out of Pocket Coinsurance Maximum	\$0	<i>Unlimited</i>
Total Out of Pocket Limit	\$3,000	<i>Unlimited</i>
Family Contracts*		
Deductible	\$6,000	\$12,000
Out of Pocket Coinsurance Maximum	\$0	<i>Unlimited</i>
Total Out of Pocket Limit	\$6,000	<i>Unlimited</i>
<small>#Family Deductible adds together expenses from family members <i>in any combination</i> to satisfy the deductible. (Example: With a \$2,000 deductible for family contracts, four people can have \$500 in expenses and satisfy the deductible. Or one individual can have \$2,000 in expenses, and all persons in the family will be considered to have satisfied the deductible).</small>		

COINSURANCE THE PLAN PAYS AFTER DEDUCTIBLE		
	In-Network	Out-of-Network
<u>Inpatient Services</u>	100%	80%
<u>Outpatient Services</u>	100%	80%
<u>Emergency Care</u>	100%	80%
<u>Outpatient Diagnostic Services</u>	100%	80%
<u>Physician Office Services</u>	100%	80%
<u>Retail Pharmacy - Standard Formulary</u>	100%	<i>Not Covered</i>
<u>Maternity and Obstetrical Care</u>	100%	80%
<u>Therapy Services</u>		
Physical and Occupational Therapy (45 visits/calendar year)	100%	80%
Speech Therapy (\$500/calendar year)	100%	80%
Cardiac and Pulmonary Therapy	100%	80%
<u>Psychiatric Conditions & Substance Abuse</u>		
Inpatient Services/Outpatient Services	100%	80%
Substance Abuse	100%	80%
<u>Durable Medical Equipment (DME) and Prosthetic Devices</u>	100%	80%
<u>Ambulance Services -Ground (\$1,000 per trip with no annual max)</u>	100%	80%
<u>Ambulance Services -Air (\$5000 per trip, maximum of 1 trip per calendar year)</u>	100%	80%
<u>Skilled Nursing Facility Services (30 day/calendar year)</u>	100%	80%
<u>Home Health Services</u>	100%	80%
<u>Hospice Care</u>	100%	80%
<u>Children's Preventive Services - Not Subject to Deductible</u>	<i>No Deductible - 100%</i>	<i>No Deductible - 100%</i>
<u>Wellness Services - Not Subject to Deductible</u>	<i>No Deductible - 100%</i>	<i>No Deductible - 80%</i>

All Covered Benefits and Services are subject to the Allowable Charge as determined by Arkansas Blue Cross and Blue Shield.

THE ABOVE LITERATURE IS FOR INFORMATIONAL PURPOSES ONLY AND REFERS TO THE EMPLOYEE'S BENEFIT CERTIFICATE. ALL STATEMENTS ARE SUBJECT TO THE TERMS, CONDITIONS, EXCLUSIONS AND LIMITATIONS OF THE PLAN AS SET FORTH IN THE BENEFIT CERTIFICATE.



WELLNESS BENEFIT FOR GROUP HEALTH COVERAGE

The following services are covered, not subject to your deductible or any applicable co-payments with no limit per calendar year for each covered person. Services obtained in-network will be paid at 100% of allowed charges with no limit. Out-of-network allowable charges are paid at 80%.

Adult Routine Physical Exam, Including:

- Initial evaluation
- Examination
- Appropriate lab tests
- PSA tests

Routine Gynecological Examinations, Including:

- Annual routine pelvic exams
- Annual routine PAP smears
- Routine mammography

Preventive Child Care

The following child wellness services will be paid at 100% with no annual maximum:

The Wellness Benefit for preventive child care is for children from birth through age 18, according to the schedule of visits and covered benefits shown below. Covered preventive child care includes:

- Medical history
- Physical exams
- Routine tests
- Appropriate immunizations
- Lab tests

The Wellness Benefit for preventive child care covers not more than 20 visits from birth through age 18. A covered visit is one occurring during one of the following intervals: at birth; within two (2) weeks after birth; within two (2) weeks preceding or following the date the eligible Dependent reaches the following ages: two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, and eighteen (18) months; or within one (1) month preceding or following the date the eligible Dependent reaches the following ages: two (2) years, three (3) years, four (4) years, five (5) years, and six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years.



Go Green! From Blue

Receive, View and Print EOBs Electronically from Arkansas Blue Cross and Blue Shield!

Members who elect this service receive an e-mail when an EOB is available, rather than receiving a paper statement in the mail. The e-mail links you to AR Blue Cross and Blue Shield's secure [My Blueprint](#) Web site where you will be able to view an electronic version of your EOB and print a copy for your files. Electronic EOBs look exactly like their hard-copy counterparts and contain the same useful information!

The following are just some of the ways this service can benefit you:

- **It's convenient** - you can access your EOBs whenever you like - 24 hours a day, 7 days a week. Also, online EOBs provide you with convenient management of your information, eliminating the need to keep track of paper statements.
- **It's fast** - as soon as your health-care claim has completed processing, Arkansas Blue Cross and Blue Shield will send you an e-mail notification informing you that your statement is now available. The delay in receiving your EOB through the U.S. Postal Service is eliminated.
- **It's easy** - you can quickly gather documentation you may need for filing your taxes or conducting other personal business.
- **It's good for the environment.**

Signing Up for E-mail Notification

Registration for this service is easy. Just follow the steps outlined below:

1. Log in. <https://myblueprint.arkansasbluecross.com>. After logging in, you will be directed to the "Update My Blueprint registration information" page.
2. Check the box to elect to receive e-mail notification of EOBs - the last option on the page.
3. Select "Submit."
4. Finally, read and accept the terms and conditions.

Now you're enrolled. Please allow up to one week for your election to take effect.

If you have questions related to this service, please call Arkansas Blue Cross Customer Service at 1-800-817-7726.



how to register for *My Blueprint*

1. Go to the appropriate Web site:
arkansasbluecross.com
healthadvantage-hmo.com
blueadvantagearkansas.com
2. Select the "register link" and follow the instructions.
3. To register, you will need your Health Plan ID card and you will need your Health Plan ID number, name and date of birth as it appears on your ID card.
4. You will create your own log-in ID and password, and you will have immediate access to the health tools.
5. To have access to your personal health record, claims or pharmacy data or other personal information, you must have your activation code. Your activation code will be mailed to your home address within five days after you have registered.
6. Members can have immediate access to *My Blueprint* by knowing a claim number from the past six months **OR** a date and name of physician from an office visit from the past six months.



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association



Health Advantage
An Independent Licensee of the Blue Cross and Blue Shield Association



**BlueAdvantage
Administrators of Arkansas**
An Independent Licensee of the Blue Cross and Blue Shield Association

Delta Dental PPO *Plus* Premier Dental Benefits

The City of Fayetteville has contracted with Delta Dental to provide dental insurance for our employees. Per our contract, the dental insurance is bundled to the health insurance. For example, an employee electing family medical insurance must also elect family dental insurance. Employees may choose any dentist but are encouraged to select dentists who are plan participants. These dentists have agreed to file your claims and accept the Delta Dental allowable charges. A listing of In-Network Dentist can be found at <http://www.deltadental.com>. For other questions you contact Delta at 800-462-5410.

Delta Dental Plan			
	Total Monthly Premium	Employee's Cost (monthly)	Employee's Cost (per pay period)
Individual	\$21.36	\$21.36	\$10.68
Family	\$72.22	\$72.22	\$36.11

Please refer to the Schedule of Benefits below for specific coverage information.

Schedule of Benefits for City of Fayetteville

- a) **Effective Date:** 12:01 a.m. Central Standard Time, January 1, 2002.
Renewal Date: January 1, Annually
Amended and Effective on: September 1, 2008
- b) **Group Number:** 1941
- c) **Deductible:** \$50 for benefits received in Coverage C, Child Orthodontic Rider and TMJ Rider with a maximum of \$150 per family, per benefit period. There is no deductible on Coverage A.
- d) **Annual Maximum Payment:** \$1,500 Per Person Per Calendar Year*
- e) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.
- f) **Covered Services:**

Coverages and Maximum Plan Allowances

Coverage A – Diagnostic and Preventative Services *

In-Network
100%

- Routine periodic examinations not more than **two (2)** in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical X-rays as required.
- Full-mouth X-rays **one (1)** in any **thirty-six (36)** consecutive month period.
- Prophylaxis (cleaning) not more than **two (2)** in any benefit period.
- Topical application of fluoride **once (1)** per benefit period for dependent children to age **nineteen (19)**.
- Sealants **once (1)** per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age **nineteen (19)**.

Coverage B – Basic Restorative Services *

**In-Network
80%**

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Endodontics, including pulpal therapy and root canal filling.
- Simple extractions.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.
- Space maintainers for prematurely lost teeth of eligible dependent children to age **sixteen (16)**.
- Stainless steel crowns used as a restoration to natural teeth for dependent children to age **sixteen (16)** when the teeth cannot be restored with a filling material.
- Non-surgical periodontics.
- Surgical periodontics.
- Periodontal maintenance; **two (2)** per benefit period following active periodontal treatment.

Coverage C – Major Restorative Services*

**In-Network
50%**

- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Coverage for Endosteal Implant to support a crown.

Rider(s)

**In-Network
50%**

Child Orthodontic Rider – Orthodontic Services for Dependent Children to Age Nineteen (19)

Lifetime Maximum Payment – \$1000

TMJ Rider –Treatment of Temporomandibular Joint Disorder(TMJ) or Craniomandibular Disorder *

50%

Carry Over Benefit Rider

Carry Over Benefit: \$ 375

Claims Threshold: \$ 749

Carry Over Benefit Maximum: \$ 1,500

The benefit allowance for services of an out-of-network dentist will be reduced by 10% for eligible services as determined by DDPAR after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose an out-of-network dentist.

Always Care Vision Benefits

The City of Fayetteville offers a full service vision plan through Always Care Vision. The plan offers allowances for frames and contact lenses and low in-network co-pays for exams and materials. Members may choose different providers for vision exam and materials purchases. Out-of-Network benefits are also available; however members receive the best value by utilizing in-network providers.

The network can be viewed by visiting www.alwaysvision.com.

Always Care Vision Plan

	Employee's Cost (monthly)	Employee's Cost (per pay period)
Employee Only	\$8.62	\$4.31
Employee & Spouse	\$15.52	\$7.76
Employee & Child(ren)	\$15.52	\$7.76



City of Fayetteville
AlwaysVisionSM

Plan Description: Full Service plan with generous in-network allowances for frames (\$74 retail at Wal-Mart / \$100 at other in-network providers) and contact lenses (\$130 retail). Low in-network co-pays: \$10 for an exam and no co-pay for materials at Wal-Mart (\$15 material co-pay at other in-network providers).

Selection of Providers: AlwaysVisionSM offers a nationwide PPO network consisting of over 22,000 Providers nationwide. The Provider panel contains independent optometrists and ophthalmologists, as well as regional and national retail chains (including Wal-Mart, Pearle Vision, Target, Sears, JC Penney and Eyemasters). Members may choose different providers for vision exam and materials purchases. Out-of-network benefits are available, but members receive the best value in-network. Visit www.AlwaysCareBenefits.com or call 888-729-5433, Ext. 2013 for a list of participating providers. Most participating providers (excluding Wal-Mart & Sam's) offer discounts on items purchased after the insurance benefit has been used.

Benefit Frequencies:

Examination	Once every 12 Months
Eyeglass Lenses	Once every 12 Months
Frames	Once every 24 Months
Contact Lenses	Once every 12 Months

Monthly Rates:

Employee Only	\$ 8.62
Employee & Spouse	\$15.52
Employee & Child(ren)	\$15.52
Employee & Family	\$21.56

Vision Exam Benefit: Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid below.

Vision Materials Benefit: Each member may purchase eyewear in the form of an eyeglass frame and lenses or contact lenses with this plan. Purchases are subject to benefit frequencies and co-pays. Contact lenses may be purchased in lieu of frames and eyeglass lenses. Plan features include:

- **Frame Benefit:** Members may choose any frame within a provider's collection, subject to the retail frame allowance listed below. If the cost is greater than the plan's benefits, the member is responsible for the difference.
- **Eyeglass Lens Benefit:** Members always receive new lenses of the highest quality and craftsmanship. Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered in full and plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, the member is responsible for the difference.
- **Contact Lens Benefit:** Members electing contact lenses instead of glasses may choose to apply the contact lens retail allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, the member is responsible for the difference. The contact allowance will apply to the retail cost of contact lenses and to any professional fitting fee charged by the provider.
- **Laser Vision Correction:** Members receive a discount on Lasik or PRK prices with participating surgery providers across the country (not an insured benefit).

Vision Care Services	Wal-Mart Vision Centers	Other Participating Providers	Out-of-Network Allowance
Exam	\$10 Co-pay	\$10 Co-pay	Up to \$30
Materials	\$0 Co-pay	\$15 Co-pay	See below
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Progressive	Covered Covered Covered \$80 allowance \$50 allowance	Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 allowance \$50 allowance	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
Lens Options: Scratch resistant coating Polycarbonate Lenses for children	Covered Covered	N/A N/A	N/A N/A
Frames: Members choose from any frame available at provider locations.	No Co-pay Up to \$74 retail allowance, depending on plan selected. Covers two-thirds of frames available at Wal-Mart.	\$100 retail frame (retail amount may vary at some providers). Covers a wide selection of frames.	Up to \$40 retail
Contact Lenses: Includes fit, follow-up and materials) Elective Medically Necessary	No Co-pay Up to \$130 retail Up to \$210 retail	 Up to \$130 retail Up to \$210 retail	 Up to \$130 retail Up to \$210 retail

Other AlwaysVision™ Specifications

Dependent Children: Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-729-5433, Ext. 2013.

Services Not Listed: If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-729-5433, Ext. 2013 to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

This plan will not cover:

- Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);
- Sub-normal vision aids;
- Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. AlwaysCare Benefits, Inc. cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Visit www.AlwaysVision.com for a list of participating laser vision correction providers.

Underwritten by: Starmount Life Insurance Company
Administered by: AlwaysCare Benefits, Inc.
 (a Starmount Life Insurance company),
 The Starmount Building, 7800 Office Park Blvd, Baton Rouge, LA 70809
 PH: 1-888-729-5433, ext 2013
 Policy Forms: Vision –VI-2002.

Employee Life Insurance

City Paid Life Insurance: The City of Fayetteville recognizes the importance of your family's financial security. As a benefit to all of our eligible employees, the City provides life insurance of 1 and ½ times your annual salary at no cost to you. In addition to this benefit, the City provides you with an accidental death and dismemberment policy of \$25,000.

Voluntary Term Life Insurance

For those wishing to purchase additional life insurance coverage, the City provides an opportunity for employees to purchase employee paid life insurance policies for themselves and their dependent spouses and children at group rates.

On the following pages we have included the “coverage highlights” for the employee paid voluntary life insurance. This document highlights the cost for coverage, the guaranteed issue amounts and other important information.

Voluntary Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Life Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary Life coverage can become effective. This level of participation has been agreed upon by your *employer* and The Standard.

Eligibility

To be eligible for this plan:

- You must be a full time employee of the City of Fayetteville, excluding temporary and seasonal employees, leased employees, and independent contractors
- You must be regularly working at least 30 hours each week
- For Dependents Life Insurance - Your spouse or children must not be members of the armed forces on active duty

Employee Coverage Amount

You may elect Voluntary Life coverage in units of \$10,000 to a maximum of \$500,000. The minimum amount you can elect is \$10,000.

If you wish to become insured for an amount in excess of \$250,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

However, during the employer's annual open enrollment period you may elect to increase your coverage one increment of \$10,000, up to \$100,000 without medical evidence. During this period employees who are currently enrolled for \$100,000 or more would be required to submit medical evidence for any increases.

Dependents Life insurance from Standard Insurance Company is also included in this plan.

Spouse Coverage Amount

This coverage is available in units of \$10,000 to a maximum of \$500,000, but not to exceed 100 percent of your Voluntary Life coverage.

If you elect an amount for your *spouse* greater than \$50,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Coverage Amount for Children

You may elect \$2,500, \$5,000, \$7,500, or \$10,000 of Dependents Life insurance for your eligible *children*. This amount may not exceed 100 percent of your Voluntary Life coverage. All late applications will be subject to medical underwriting approval.

Employee Rates

If you elect Voluntary Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.055
30-34	\$0.065
35-39	\$0.090
40-44	\$0.130
45-49	\$0.210
50-54	\$0.420
55-59	\$0.680
60-64	\$0.820
65-69	\$1.390
70+	\$3.390

To calculate your premium:

1. Amount Elected: Write this amount on the Life Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 4 - 5 for more information pertaining to rate calculation. Line 4: _____

Spouse Rates

If you elect Dependents Life insurance for your *spouse*, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)
<30	\$0.055
30-34	\$0.065
35-39	\$0.090
40-44	\$0.130
45-49	\$0.210
50-54	\$0.420
55-59	\$0.680
60-64	\$0.820
65-69	\$1.390
70+	\$3.390

To calculate the premium for your *spouse*:

1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form. Line 1: _____
2. Line 1 divided by \$1,000 = Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Line 2 multiplied by Line 3 = Your monthly cost. See page 4 - 5 for more information pertaining to rate calculation for your *spouse*. Line 4: _____

Child(ren) Rates

If you elect Dependents Life insurance for your eligible *child(ren)*, your monthly premium rate for this coverage is \$0.42 for \$2,500, \$0.82 for \$5,000, \$1.22 for \$7,500, or \$1.62 for \$10,000; regardless of the number of eligible *children* covered. Premiums for this coverage will be deducted directly from your paycheck.

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete 1 day of *active work* as an eligible employee.

Age Reductions

Under this plan, coverage reduces to 60 percent at age 75, 35 percent at age 80, 27 percent at age 85, 20 percent at age 90, and 7 percent at age 95. If you, or your *spouse*, are age 75 or over, ask your human resources representative for the amount of coverage available.

Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted *injury*. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become *totally disabled* while insured under the *group policy*
- Are under the age of 60
- Complete the *waiting period* of 180 days
- Give us satisfactory *proof of loss*

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any *spouse* and *child* coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the *group policy*
- The date your *employer's* coverage under the *group policy* for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the *dependent* ceases to be an eligible *dependent*
- For your *spouse*, the date of your divorce or legal separation
- For a *child* who is *disabled*, 90 days after we mail you a proof of *disability* request, if proof is not given

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

Employee Voluntary Life and Spouse Dependents Life Monthly Premiums

Coverage Amount	Employee's Age as of January 1							
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64
\$10,000	0.55	0.65	0.90	1.30	2.10	4.20	6.80	8.20
\$20,000	1.10	1.30	1.80	2.60	4.20	8.40	13.60	16.40
\$30,000	1.65	1.95	2.70	3.90	6.30	12.60	20.40	24.60
\$40,000	2.20	2.60	3.60	5.20	8.40	16.80	27.20	32.80
\$50,000	2.75	3.25	4.50	6.50	10.50	21.00	34.00	41.00
\$60,000	3.30	3.90	5.40	7.80	12.60	25.20	40.80	49.20
\$70,000	3.85	4.55	6.30	9.10	14.70	29.40	47.60	57.40
\$80,000	4.40	5.20	7.20	10.40	16.80	33.60	54.40	65.60
\$90,000	4.95	5.85	8.10	11.70	18.90	37.80	61.20	73.80
\$100,000	5.50	6.50	9.00	13.00	21.00	42.00	68.00	82.00
\$110,000	6.05	7.15	9.90	14.30	23.10	46.20	74.80	90.20
\$120,000	6.60	7.80	10.80	15.60	25.20	50.40	81.60	98.40
\$130,000	7.15	8.45	11.70	16.90	27.30	54.60	88.40	106.60
\$140,000	7.70	9.10	12.60	18.20	29.40	58.80	95.20	114.80
\$150,000	8.25	9.75	13.50	19.50	31.50	63.00	102.00	123.00
\$160,000	8.80	10.40	14.40	20.80	33.60	67.20	108.80	131.20
\$170,000	9.35	11.05	15.30	22.10	35.70	71.40	115.60	139.40
\$180,000	9.90	11.70	16.20	23.40	37.80	75.60	122.40	147.60
\$190,000	10.45	12.35	17.10	24.70	39.90	79.80	129.20	155.80
\$200,000	11.00	13.00	18.00	26.00	42.00	84.00	136.00	164.00
\$210,000	11.55	13.65	18.90	27.30	44.10	88.20	142.80	172.20
\$220,000	12.10	14.30	19.80	28.60	46.20	92.40	149.60	180.40
\$230,000	12.65	14.95	20.70	29.90	48.30	96.60	156.40	188.60
\$240,000	13.20	15.60	21.60	31.20	50.40	100.80	163.20	196.80
\$250,000	13.75	16.25	22.50	32.50	52.50	105.00	170.00	205.00
\$260,000	14.30	16.90	23.40	33.80	54.60	109.20	176.80	213.20
\$270,000	14.85	17.55	24.30	35.10	56.70	113.40	183.60	221.40
\$280,000	15.40	18.20	25.20	36.40	58.80	117.60	190.40	229.60
\$290,000	15.95	18.85	26.10	37.70	60.90	121.80	197.20	237.80
\$300,000	16.50	19.50	27.00	39.00	63.00	126.00	204.00	246.00
\$310,000	17.05	20.15	27.90	40.30	65.10	130.20	210.80	254.20
\$320,000	17.60	20.80	28.80	41.60	67.20	134.40	217.60	262.40
\$330,000	18.15	21.45	29.70	42.90	69.30	138.60	224.40	270.60
\$340,000	18.70	22.10	30.60	44.20	71.40	142.80	231.20	278.80
\$350,000	19.25	22.75	31.50	45.50	73.50	147.00	238.00	287.00
\$360,000	19.80	23.40	32.40	46.80	75.60	151.20	244.80	295.20
\$370,000	20.35	24.05	33.30	48.10	77.70	155.40	251.60	303.40
\$380,000	20.90	24.70	34.20	49.40	79.80	159.60	258.40	311.60
\$390,000	21.45	25.35	35.10	50.70	81.90	163.80	265.20	319.80
\$400,000	22.00	26.00	36.00	52.00	84.00	168.00	272.00	328.00
\$410,000	22.55	26.65	36.90	53.30	86.10	172.20	278.80	336.20
\$420,000	23.10	27.30	37.80	54.60	88.20	176.40	285.60	344.40
\$430,000	23.65	27.95	38.70	55.90	90.30	180.60	292.40	352.60
\$440,000	24.20	28.60	39.60	57.20	92.40	184.80	299.20	360.80
\$450,000	24.75	29.25	40.50	58.50	94.50	189.00	306.00	369.00
\$460,000	25.30	29.90	41.40	59.80	96.60	193.20	312.80	377.20
\$470,000	25.85	30.55	42.30	61.10	98.70	197.40	319.60	385.40
\$480,000	26.40	31.20	43.20	62.40	100.80	201.60	326.40	393.60
\$490,000	26.95	31.85	44.10	63.70	102.90	205.80	333.20	401.80
\$500,000	27.50	32.50	45.00	65.00	105.00	210.00	340.00	410.00

Employee Voluntary Life and Spouse Dependents Life Monthly Premiums (Cont)

Coverage Amount	Employee's Age as of January 1						
	65-69	70-74	75-79*	80-84*	85-89*	90-94*	95+*
\$10,000	13.90	33.90	20.34	11.87	9.15	6.78	2.37
\$20,000	27.80	67.80	40.68	23.73	18.31	13.56	4.75
\$30,000	41.70	101.70	61.02	35.60	27.46	20.34	7.12
\$40,000	55.60	135.60	81.36	47.46	36.61	27.12	9.49
\$50,000	69.50	169.50	101.70	59.33	45.77	33.90	11.87
\$60,000	83.40	203.40	122.04	71.19	54.92	40.68	14.24
\$70,000	97.30	237.30	142.38	83.06	64.07	47.46	16.61
\$80,000	111.20	271.20	162.72	94.92	73.22	54.24	18.98
\$90,000	125.10	305.10	183.06	106.79	82.38	61.02	21.36
\$100,000	139.00	339.00	203.40	118.65	91.53	67.80	23.73
\$110,000	152.90	372.90	223.74	130.52	100.68	74.58	26.10
\$120,000	166.80	406.80	244.08	142.38	109.84	81.36	28.48
\$130,000	180.70	440.70	264.42	154.25	118.99	88.14	30.85
\$140,000	194.60	474.60	284.76	166.11	128.14	94.92	33.22
\$150,000	208.50	508.50	305.10	177.98	137.30	101.70	35.60
\$160,000	222.40	542.40	325.44	189.84	146.45	108.48	37.97
\$170,000	236.30	576.30	345.78	201.71	155.60	115.26	40.34
\$180,000	250.20	610.20	366.12	213.57	164.75	122.04	42.71
\$190,000	264.10	644.10	386.46	225.44	173.91	128.82	45.09
\$200,000	278.00	678.00	406.80	237.30	183.06	135.60	47.46
\$210,000	291.90	711.90	427.14	249.17	192.21	142.38	49.83
\$220,000	305.80	745.80	447.48	261.03	201.37	149.16	52.21
\$230,000	319.70	779.70	467.82	272.90	210.52	155.94	54.58
\$240,000	333.60	813.60	488.16	284.76	219.67	162.72	56.95
\$250,000	347.50	847.50	508.50	296.63	228.83	169.50	59.33
\$260,000	361.40	881.40	528.84	308.49	237.98	176.28	61.70
\$270,000	375.30	915.30	549.18	320.36	247.13	183.06	64.07
\$280,000	389.20	949.20	569.52	332.22	256.28	189.84	66.44
\$290,000	403.10	983.10	589.86	344.09	265.44	196.62	68.82
\$300,000	417.00	1,017.00	610.20	355.95	274.59	203.40	71.19
\$310,000	430.90	1,050.90	630.54	367.82	283.74	210.18	73.56
\$320,000	444.80	1,084.80	650.88	379.68	292.90	216.96	75.94
\$330,000	458.70	1,118.70	671.22	391.55	302.05	223.74	78.31
\$340,000	472.60	1,152.60	691.56	403.41	311.20	230.52	80.68
\$350,000	486.50	1,186.50	711.90	415.28	320.36	237.30	83.06
\$360,000	500.40	1,220.40	732.24	427.14	329.51	244.08	85.43
\$370,000	514.30	1,254.30	752.58	439.01	338.66	250.86	87.80
\$380,000	528.20	1,288.20	772.92	450.87	347.81	257.64	90.17
\$390,000	542.10	1,322.10	793.26	462.74	356.97	264.42	92.55
\$400,000	556.00	1,356.00	813.60	474.60	366.12	271.20	94.92
\$410,000	569.90	1,389.90	833.94	486.47	375.27	277.98	97.29
\$420,000	583.80	1,423.80	854.28	498.33	384.43	284.76	99.67
\$430,000	597.70	1,457.70	874.62	510.20	393.58	291.54	102.04
\$440,000	611.60	1,491.60	894.96	522.06	402.73	298.32	104.41
\$450,000	625.50	1,525.50	915.30	533.93	411.89	305.10	106.79
\$460,000	639.40	1,559.40	935.64	545.79	421.04	311.88	109.16
\$470,000	653.30	1,593.30	955.98	557.66	430.19	318.66	111.53
\$480,000	667.20	1,627.20	976.32	569.52	439.34	325.44	113.90
\$490,000	681.10	1,661.10	996.66	581.39	448.50	332.22	116.28
\$500,000	695.00	1,695.00	1,017.00	593.25	457.65	339.00	118.65

* Coverage amounts for ages 75 and over reduce due to age reduction (see Age Reductions section).

ACE USA Voluntary AD&D Coverage

Voluntary (Employee Paid) AD&D Rates	
Rates per \$1,000 of coverage	
Employee	\$.03
Family	\$.05

Rate Calculation Example: An employee wishes to purchase \$25,000 AD&D coverage for their family. Multiply \$.05 (family rate) by 25 and the cost per month would be \$1.25.

Basic AD&D Plan information:

- You may select any amount of coverage in \$25,000 increments from \$25,000 to \$250,000.
- Spouse and dependent children may also be insured under the family plan
- The coverage for spouse and children is based on a percentage of the benefit amount. Please see the Schedule of Benefits for details.
- Coverage is provided regardless of health history
- This policy does not cover loss resulting from self-inflicted injuries, suicide or any attempt; war or any act of war; while on fulltime active duty in the armed forces; travel in experimental aircraft and while serving as a pilot or crew member of any aircraft. \$1,000,000 is the maximum amount payable to all insured's injured in a common accident.

* Please review the plan information for more details or contact Human Resources.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Employee Principal Sum:	An amount elected by the Employee between \$25,000 to \$250,000 in increments of \$25,000
Spouse Principal Sum:	60% of Insured's Principal Sum if at the time of claim there are no Dependent Child(ren) 50% of Insured's Principal Sum if at the time of claim there are Dependent Child(ren)
Child(ren) Principal Sum:	15% of Insured's Principal Sum up to a Maximum Benefit of \$37,500 if at the time of claim there is a Dependent Spouse 20% of Insured's Principal Sum up to a Maximum Benefit of \$50,000 if at the time of claim there is no Dependent Spouse
Time Period for Accident:	365 days from the date of the Covered Accident

Long and Short Term Disability Options

The City provides employer paid long term disability coverage for all regular full time employees. Highlights of this coverage are listed below:

Long Term Disability:

Eligibility:

All active employees of the employer working at least 30 hours each week who have completed the required waiting period. An eligible employee does not include a temporary or seasonal employee, full-time member of the armed forces, leased employee or an independent contractor.

LTD Income Benefit	60%
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Benefit Waiting Period	180 Days
Maximum Benefit Period	To Social Security Normal Retirement Age
Own Occupation Period	24 Months
Guarantee Issue (benefit)	Full Benefit
Employer Contribution	100%

- ❖ A Rehabilitation Plan Benefit is included that will pay for some or all of the expenses incurred by a disabled employee in connection with approved training and education, family care, and job-related and job search expenses.
- ❖ A Reasonable Accommodation Expense Benefit is included. This benefit reimburses employers up to \$25,000 for approved modifications made to a disabled employee's work place that result in a return to work.
- ❖ An Employee Assistance Program (EAP) is included. EAP services offered through Horizon Behavioral Services include WorkLife services, legal and financial counseling and up to three face-to-face assessment and counseling sessions.

Voluntary Short Term Disability

For employees Currently Enrolled:

The new carrier for Short Term Disability is The Standard Insurance Company. Employees already enrolled will transfer to the new company at the same rates and coverage level they currently have unless they wish to make changes to their benefit levels. If you make any changes to your short term disability benefit – you must elect 60% of your pay as a lesser amount will not be available to anyone newly enrolling or making changes. More information will be sent individually to each person currently enrolled. To determine your premium based upon your current coverage please use the formula below:

Age as of January 1st	<u>Option 1</u> (14 days)	<u>Option 2</u> (30 days)
	Rate per \$10 of STD benefit	Rate per \$10 of STD benefit
<25	\$0.57	\$0.43
25-29	\$0.52	\$0.40
30-34	\$0.50	\$0.39
35-39	\$0.53	\$0.40
40-44	\$0.64	\$0.48
45-49	\$0.77	\$0.58
50-54	\$0.86	\$0.65
55-59	\$1.24	\$0.94
60-64	\$1.60	\$1.20
65-69	\$1.87	\$1.40
70+	\$1.87	\$1.41

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your weekly benefit amount. Line 1: _____
2. Select your rate from the rate table and enter on Line 2. Line 2: _____
3. Multiply Line 1 by the amount entered on Line 2. Line 3: _____
4. Divide the amount entered on Line 3 by 10 and enter on Line 4. Line 4: _____

The amount shown on Line 4 is your estimated monthly payroll deduction.

NEW Enrollees:

Voluntary Short Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through your *employer*. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, check with your human resources representative.

Eligibility

To become insured, you must be:

- A regular, full-time employee of City of Fayetteville, excluding, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- *Actively at work* at least 30 hours each week

- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement

An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete 1 day of active work as an eligible employee.

Benefit Amount

Your weekly benefit is 60 percent of your insured *predisability earnings* reduced by *deductible income*. Please contact your human resources representative for information regarding what is included in *predisability earnings*.

Plan Maximum Weekly Benefit: \$2,083

Plan Minimum Weekly Benefit: \$15

Benefit Waiting Period

The *benefit waiting period* is the period of time that you must be continuously *disabled* before benefits become payable.

	Option 1	Option 2
Accidental <i>injury</i> :	14 days	30 days
Other <i>disabilities</i> :	14 days	30 days

If you do not apply for this Voluntary STD coverage within 31 days of becoming eligible, you will be subject to a late enrollment penalty of medical underwriting.

Maximum Benefit Period

If you become *disabled*, benefits may continue during *disability* up to 180 days. If you are eligible to receive benefits under an *employer*-sponsored Long Term Disability (LTD) plan, *STD benefits* may continue during *disability* up to 180 days, minus the length of the *benefit waiting period*. *STD benefits* cease to be payable when LTD benefits begin.

When Benefits End

STD benefits end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of *temporary recovery*
- The date LTD benefits become payable to you under an *employer*-sponsored LTD plan
- The date you fail to provide proof of continued *disability* and entitlement to benefits

Rates

If you have questions regarding how to determine your weekly earnings, please contact your human resources representative.

Age January 1st	<u>Option 1</u> Rate per \$10 of STD benefit	<u>Option 2</u> Rate per \$10 of STD benefit
<25	\$0.57	\$0.43
25-29	\$0.52	\$0.40
30-34	\$0.50	\$0.39
35-39	\$0.53	\$0.40
40-44	\$0.64	\$0.48
45-49	\$0.77	\$0.58
50-54	\$0.86	\$0.65
55-59	\$1.24	\$0.94
60-64	\$1.60	\$1.20
65-69	\$1.87	\$1.40
70+	\$1.87	\$1.41

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average weekly income, not to exceed on Line 1. Line 1: _____
2. Multiply your weekly earnings (Line 1) by 0.60 and enter on Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Multiply Line 2 by the amount entered on Line 3. Line 4: _____
5. Divide the amount entered on Line 4 by 10 and enter on Line 5. Line 5: _____

The amount shown on Line 5 is your estimated monthly payroll deduction.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

CITY OF FAYETTEVILLE CAFETERIA PLAN

Do you want to get more usable dollars out of your paycheck? Give less money to Uncle Sam? If so, you will love our Cafeteria Plan. This plan provides important tax saving advantages. All eligible premiums, including medical, dental and some voluntary benefits, are withheld on a pre-tax basis (before Federal, State, & Social Security taxes are deducted). In addition, you may have pre-tax dollars set aside in a Flexible Spending Account or Dependent Care Reimbursement Account.

Use our online [Annual Cafeteria Plan Savings Calculator](http://www.idpas.com) at www.idpas.com to find out how a Cafeteria Plan can benefit you! By participating in the Plan, you will not have to pay Federal, State and Social Security taxes on your elections! Uncle Sam doesn't get a share of the money!

Flexible Spending Accounts

The Flexible Spending Account (FSA) program allows you to use pre-tax dollars to pay dependent care and medical expenses not covered by other benefit programs. There are two types of flexible spending accounts – dependent care and health care spending. For those employees who are enrolled in the health savings account, there are some restrictions on eligibility for a flexible spending account. Be sure to speak with the Benefits Administrator if you are interested in participating in both plans.

Health Care Flexible Spending Account

Your health care spending account can be used to pay for medical expenses not reimbursed through an insurance plan. These expenses can be yours, your spouse's or dependent's (as defined by the IRS). You decide how much you want to put into the account based on your estimated medical expenses. **The maximum amount allowed is \$3,000 per year.**

Types of eligible expenses include:

- Expenses applied to your deductible
- Medical supplies and hearing exams
- Co-payments as required under group insurance
- Vision care such as eye exams, glasses or contacts
- Prescription co-pays and deductibles.

Simply decide how much you wish to contribute, divide that by the number of pay period remaining in the year and deductions will be made from your paycheck in equal installments throughout the year on a pre-tax basis. These deductions are sent into your flexible spending account. You may request reimbursement of up to the full amount of your annual election at any point during the year.

For those employees who wish to do so, a debit card is available free of cost. For those employees who do not wish to utilize a debit card, reimbursement forms are available. Regardless of which form you use to obtain reimbursement, be sure to keep all your receipts.

Eligible expenses must be incurred during the current plan year. Please note that any expenses submitted through your health care spending account cannot be claimed as a deduction on your tax statements or reimbursed from a health insurance plan.

Money allocated for the health care spending account cannot be refunded if unused or carried over from year to year. It is **use it or lose it**, so please be careful when deciding what amount to contribute.

To maintain enrollment in this plan you must complete a new election each year.

Dependent Care Spending Account

Your dependent care spending account can be used to pay for eligible expenses related to dependent care for the plan year. You decide how much you want to put into the account based on your estimated expenses. **The maximum amount allowed is \$5,000 per year.**

To qualify, the individual requiring care must be your dependent, under age 13 or a spouse or dependent that is physically or mentally unable to care for himself/herself. You must submit the name, Federal Tax ID number or social security number of the care provider. One of your dependents caring for another dependent is not reimbursable.

For those employees who wish to do so, a debit card is available free of cost. For those employees who do not wish to utilize a debit card, reimbursement forms are available. Regardless of which form you use to obtain reimbursement, be sure to keep all your receipts.

Eligible expenses must be incurred for the current year. Any portion of your dependent care costs reimbursed through this program may not be included in the childcare tax credit calculation on your income tax returns. Money allocated for Dependent Care Spending cannot be refunded or carried over from year to year.

To maintain enrollment in this plan you must complete a new election each year.

City of Fayetteville Claims:

Employees must fill out a claim form and sign it. Reimbursement claim forms are located on City Net under the "Forms" tab. The claim must be accompanied with documentation stating that the expense has been incurred, the date of the services, and the description of service, patients name, provider name, and the amount. Fax claim form along with receipts to DPAS. Claims will be reimbursed daily. You have the option of Direct Deposits and/or Check Reimbursements. Claims must be received by noon to be processed on the same day.

Colonial Supplemental Insurance

- *Benefits are paid directly to the you unless you specify otherwise*
- *Coverage is portable. You can take this coverage with you if you changes jobs or leave the company*
- *Premiums are payroll deducted through your paycheck*

Accident 1.0

Pays you for ER visits, X-rays, MRIs, Follow-up doctor visits, hospitalization, surgery, broken bones, dislocations, accidental death, and catastrophic accident benefits resulting from an accident on or off the job. There is a Health Screening benefit per covered person per year.

Rider Options:

On & Off Job *or* Off-Job Only Accident Disability Income

On & Off Job *or* Off-Job Only Accident/Sickness Disability Income

Spouse Off Job Only Accident or Accident/Sickness Disability Income

Sickness Hospital Confinement Rider

Employee Only	\$10.58/per paycheck	One-Parent Family	\$16.34/per paycheck
Employee/Spouse	\$14.49/per paycheck	Two-Parent Family	\$20.24/per paycheck

Cancer

Pays you \$100 (Level 3) or \$125 (Level 4) each year when you have a wellness checkup and helps cover direct and indirect costs related to cancer diagnosis and treatment. Benefits help with the costs associated with treatment such as bone marrow transplants, travel expenses, living expenses, and supportive or protective care drugs.

Three rider options:

Specified Disease Rider

Initial Diagnosis Rider

Progressive Payment Rider

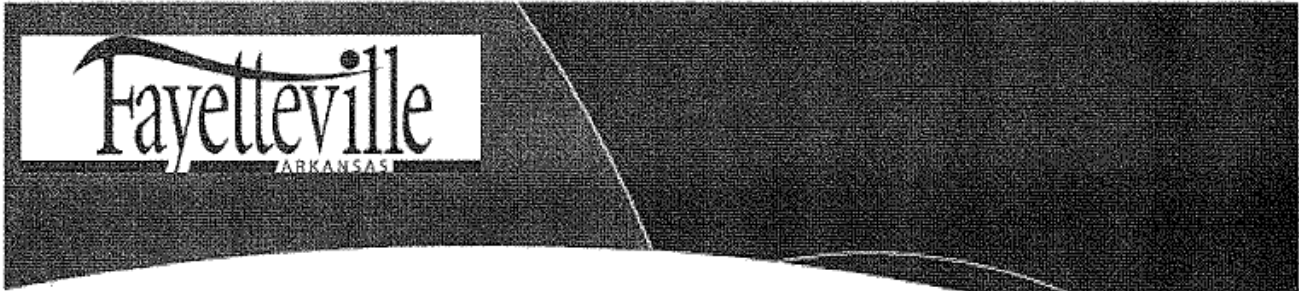
<u>Level 3</u>		<u>Level 4</u>	
Employee Only	\$13.25/per paycheck	Employee Only	\$17.75/per paycheck
Employee/Child(ren)	\$15.00/per paycheck	Employee/Child(ren)	\$19.75/per paycheck
Family	\$22.50/per paycheck	Family	\$29.25/per paycheck

Critical Illness 1.0

Each employee can choose a face amount from \$5,000 up to \$75,000 with options to cover a spouse at 50% of chosen face amount and dependent child(ren) at 25% of chosen face amount. Coverage pays 100% of the policy's face amount for heart attack, stroke, major organ transplant, end stage renal failure, permanent paralysis due to a covered accident, coma, blindness, and occupational infections HIV or Hepatitis B, C, or D. The policy pays 25% the face amount purchased for coronary artery bypass surgery. In addition to these benefits, coverage also pays \$50 per calendar year for wellness tests and subsequent diagnosis benefits. Complements Major Medical coverage; pays deductibles and coinsurance; replaces lost income; benefits can be used for travel to and from treatment center or for childcare and unexpected household expenses.

****\$25,000 benefit for someone age 35-39 costs (\$8.95/paycheck for a non tobacco user and \$13.20/paycheck for a tobacco user).**

*If you are interested in speaking with Colonial about any of the supplemental products listed above, please call Human Resources and we can schedule an individual appointment for you to meet with a Colonial representative.



Take Advantage of What Colonial Life Has to Offer!

Have we got news for you! As an employee of the City of Fayetteville you have the opportunity to apply for personal insurance products! These benefits can enhance your current benefits portfolio and can be customized to fit your individual needs. Also:

- o Coverages are available for you *and* your family, with most products.
- o You will enjoy the convenience of premium payment through payroll deduction.
- o You will have the ability to take most coverages with you if you change jobs or retire.

The following Colonial Life & Accident Insurance Company plans will be offered:

Accident Insurance – helps offset unexpected medical expenses, such as deductibles and co-payments, that can result from a fracture, dislocation or other covered accidental injury.

Cancer Insurance – helps offset the out-of-pocket medical and nonmedical expenses related to cancer that most medical plans may not cover. This coverage also provides benefits for specified cancer-screening tests.

Critical Illness Insurance – complements your major medical coverage by providing a lump-sum benefit you can use to help pay the direct and indirect costs related to a covered critical illness.

To schedule a meeting with a Colonial Life benefits representative, all you have to do is e-mail or call for an appointment. Your insurance needs can be reviewed in just a few short minutes. With Colonial Life, you can select benefits that meet your individual needs and make your benefits count!

Don't miss your chance to learn more about this exciting opportunity!!

Mika McFadden or Tami Clinkingbeard
4257 Gabel Drive, Suite 3B
Fayetteville, AR 72703
(479) 444-7474
(479) 973-6523 (fax)

mmcolonial@gmail.com; tclinkingbeard@yahoo.com

Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits representative. Policies or provisions may vary or be unavailable in some states.

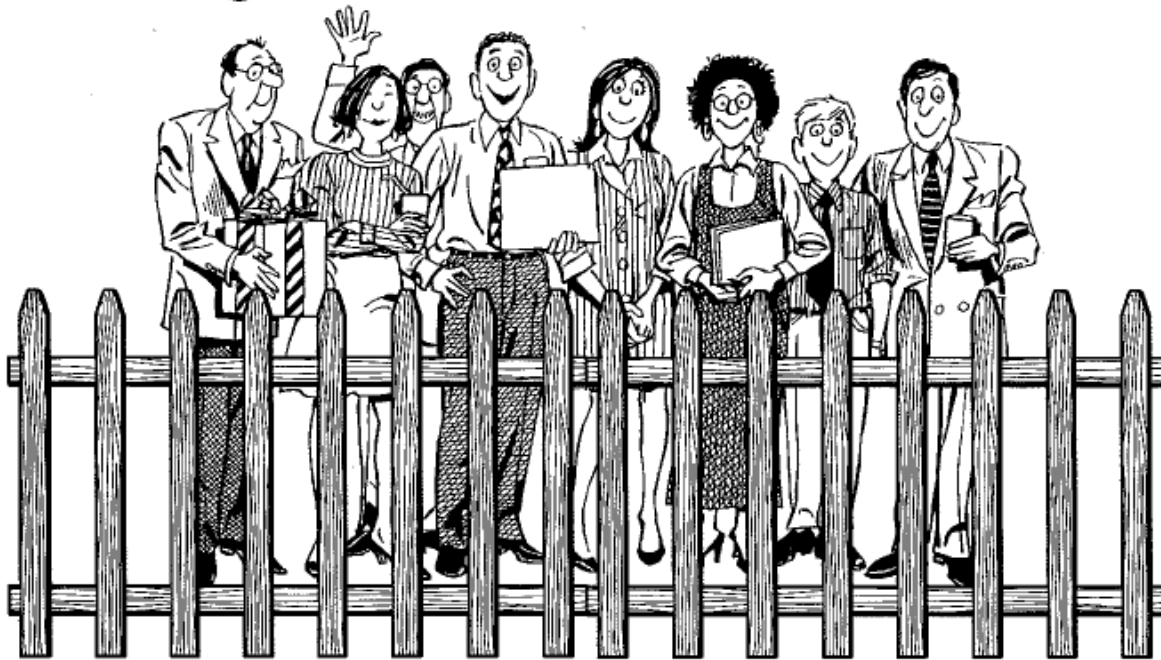
Colonial Life
1691 Colonial Life Boulevard, Columbia, South Carolina 29210
CDLNA114.com

Colonial Life.
Making benefits count.

SW163

69980

Great customer service is ... right in your backyard!



If you like great service that's close to home, we're here for you.

The friendly, knowledgeable customer service team at Arkansas Blue Cross and Blue Shield's Northwest Regional Office is behind you, ready to help when it comes to addressing your questions or resolving issues that may arise regarding your health care coverage.

Whether you carry the Arkansas Blue Cross, Health Advantage, or BlueAdvantage Administrators of Arkansas card, you just have one number to call for answers:

1-800-817-7726

Email: CustomerServiceNW@arkbluecross.com

Or drop in and visit us at:

**516 E. Millsap Road, Suite 103
Fayetteville**

Give us a call or come by ...we'll treat you like good neighbors!



**Arkansas
BlueCross BlueShield**
AN INDEPENDENT LICENSEE OF THE BLUE CROSS AND BLUE SHIELD ASSOCIATION

Health Advantage



An Independent Licensee of the Blue Cross and Blue Shield Association



**BlueAdvantage
Administrators of Arkansas**

An Independent Licensee of the Blue Cross and Blue Shield Association



EMPLOYEE ASSISTANCE PROGRAM

Program Summary

What is an Employee Assistance Program (EAP)?

The EAP is a confidential counseling and referral service that can help you and your family members effectively deal with problems, both large and small, that may affect your ability to do a good days work or enjoy life to its fullest.

Why would I use the EAP?

Sometimes problems can become too great to handle. When the stresses and strains of daily life lead to diminished job performance or disruptions in your personal life, it's probably time to ask for help.

The EAP can help you with:

Drug & Alcohol abuse	Family problems
Job stress	Gambling
Anxiety or depression	Grief or bereavement
Illness or injury	Financial hardships

Who can use the Program?

All full-time employees and their eligible dependents may use the EAP. This is true, whether or not, you participate in the employer's insurance program.

How much does it cost to use the EAP?

There is **no cost** to employees or their dependents to use EAP services. If you require services that are outside the scope of the EAP, you will be responsible for such services.

What type of counseling is available?

The EAP makes available to all eligible employees and dependents up to **five (5)** counseling sessions each, with a licensed mental health professional from Ozark Guidance or one of their affiliates.

(continued)

How do I contact the EAP, and what happens when I call?

Contacting the EAP is easy. Just call:

(479) 725-1600 or **(800) 725-0340.**

The phones are answered 24 hours a day. When you call during normal business hours (8:30 -5 Monday - Friday), you simply identify yourself as an employee/dependent of *City of Fayetteville* and you will be connected with the Entry department. The entry counselor will ask a series of questions concerning the nature of your situation and then set an appointment with an EAP counselor, make a referral, or both. If the call comes in after hours or if all the entry counselors are busy, a time will be set for a counselor to call you back. If it is an emergency, the counselor on call will be contacted to respond immediately.

Will anyone know I called?

No. Your participation in the EAP is strictly confidential. No one will know you contacted the EAP unless you choose to tell him or her yourself. Your contacting the EAP will not affect your job security or chance of promotion.

What if my boss tells me to call?

If your job performance has deteriorated to the point that your job may be in jeopardy, you may be directed by your supervisor to contact the EAP to determine if a personal problem is the cause. In such cases, with your permission, we work with you, your supervisor and your Human Resource department to assist you in solving whatever problem has caused the concern. Remember, if your employer refers you the EAP, it's because they are genuinely concerned about you and want to keep you as a valuable employee. However, any decision about your sustained employment with *City of Fayetteville* is based on company policy and your work performance, **not** your participation in the EAP.



GUIDANCE E·A·P

a division of Ozark Guidance

(479) 725-1600 or 800.725-0340
2400 S. 48th Street, Springdale AR 72786
www.ozarkguidance.org

Ozark Guidance is committed to the delivery of services regardless of race, religion, age, gender, sexual orientation, disability or national origin.

Making Changes to Your Benefits

The City utilizes a Cafeteria Plan under Section 125 of the Internal Revenue Code. This cafeteria plan allows you to have your deductions made on a pre-tax basis. This in turn reduces your taxable income and may reduce the amount of taxes you pay within the year.

Annual Benefits Enrollment:

Annually in the fall the City has an annual enrollment period. This is the time frame in which all employees may review and make changes to their benefits. They may add, change or terminate coverage under any particular plan at that time. The changes will go into effect during the following plan year.

Qualifying Events:

The IRS imposes regulations on group plans that govern the circumstances under which changes to your benefit elections can be made. These events are referred to as a "Qualifying Event".

As a friendly reminder, each of the status changes listed below can be a qualifying event that will allow or require you to make changes to your benefits. Please remember that it is important that you immediately notify Human Resources if you have a change in family status such as:

- You become married or divorced.
- You have a new child either by birth or adoption.
- Your spouse experiences a job change (gain or loss of employment or increase or reduction in hours).
- You have a dependent no longer eligible for benefits due to age or other eligibility status.
- You or your dependent experience a loss of coverage under a Medicaid Plan under Title XIX of the Social Security Act.
- Your dependent experiences a loss of coverage under State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act (ARKids First).
- You or your dependent becomes eligible for group health plan premium assistance under Medicaid or SCHIP (ARKids First).

When you give notice of an event to the Benefits Administrator, your situation is evaluated to determine what changes, if any, can or should be made. Enrollment changes are possible only within a limited time frame after the event. ***Failure to provide timely notification of status changes can leave you or your family members ineligible for our group benefits and can sometimes create unnecessary financial hardships on employees.*** Therefore, please report these events as soon as you have knowledge of them and we will handle your need in the most expeditious and private manner possible.

Benefits Contact:
Sherrie Langehennig
Human Resources
Phone: (479) 575-8279 or ext 279
E-mail: slangehennig@ci.fayetteville.ar.us

Sam's Club Partner Membership Program

Sam's Club is offering our valued City of Fayetteville employee the benefit of a **\$10 Gift Card** when you sign up or renew your existing membership. Sam's Club is the nation's largest members-only warehouse that provides Members exceptional value on name-brand merchandise for both business and personal use. **This form may be found on City Net under Employee Discounts.**

A Sam's Club Membership entitles you to access many benefits*, including the following:

- *A complimentary card for your spouse or other household member 18 years of age or older.
- *Travel Services powered by Expedia.
- *Auto, Boat, and RV Buying Program
- *Home and Auto Insurance.
- *Access to The World's Biggest Sam's Club: *samsclub.com* - Shop at home, at work or on the road, with 24-hour access to suit your busy schedule. Click-n-Pull service-place an order by 5pm the preceding day and your own personal shopper will have your order filled by 7am.

Plus Members enjoy even more savings:

- *With eValues, you can save an additional \$200 a year on top of the discounts you already enjoy. eValues are customized savings loaded right onto your card, so you'll automatically save on select items throughout the Club.
- *Earn up to 2% cash back on a Sam's Club Discover.
- *Service agreements at up to 75% off competitors' prices, plus an **additional 12 months at no extra cost.**
- *Earlier Shopping Hours each Monday through Saturday- 7:00am until 8:30pm for advantage members.
- ***100% Guarantee** - if you don't see the values you expect, then we will refund the cost of your Plus Membership.
- *Subject to conditions. Visit *samsclub.com* or Member Service Desk at your local Sam's Club for details.

Please complete the following information and return this form to Human Resources, Pam Ferguson. If you have any questions about your membership or Sam's Club, please contact Dyanna Green, Advantage coordinator, at 587-1850.

I am NOT a current Sam's Club Member.

I AM a Sam's Club Member:
My membership # _____

First Name _____
Last Name _____
Address _____
City _____ State _____
Zip _____ Home Phone _____
Birthdate _____ Email _____
*Drivers Lic. _____ State _____
Exp. Date ____/____/____
*required if payment by check

Please include payment by check or cash with this form. Make check payable to Sam's Club.

Please circle one:

Advantage Plus Card/Business Plus Card - \$100
Business Card- \$35.00
Advantage Card - \$40.00

Signature _____
Applications will be sent twice monthly to the Sam's Club. You will receive your 10.00 gift card in the interoffice mail after the monies have been received at Sam's Club. If you are a new member, go to the nearest Sam's Club with valid Id and get your permanent card after you receive your 10.00 gift card. Current members can replace their cards as need with wear and tear.



&

Sam's Club #8209

3081 N Hwy 112
Fayetteville, AR 72704
479-587-1840

Hours of operation:
M-F 10:00 am - 8:30 pm
SAT 9:00 am - 8:30 pm
SUN 10:00 am - 6:00 pm