

# Welcome to the City Of Fayetteville!



# Employee Perks

- UARK Federal Credit Union Membership
- Fayetteville Public Schools Fitness Center Membership (Application on CityNet)
- Employee Assistance Program
- Discounted Sam's Club Membership (form on CityNet)

# Health Insurance: Eligibility

## Eligibility For Coverage

### ■ Employee Eligibility

- Regular, Full-Time Employees
- **New Hires:** Benefits begin the 1<sup>st</sup> day of the month following completion of one month of employment.

### ■ Dependent Eligibility:

- Legal Spouse
- Your Child less than 26 years of age who is not eligible for coverage under their employer plan.
- Stepchildren living in the household and fall within the requirements listed above.
- Adopted child or child placed with you in anticipation of adoption or for which you are their legal guardian and fall within the requirements listed above.
- 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.

# Health Insurance Options

## ■ Two Options for Coverage:

### 1. Traditional Health Plan (PPO)

- Includes a Prescription Drug Card

### 2. High Deductible Health Plan (HDHP)

- Includes a Health Savings Account

# Health Insurance: Traditional PPO

## Option #1: Traditional PPO Plan

- \$500 Individual Deductible
- \$1000 Family Aggregate Deductible
  - After 1 family member meets the \$500 individual deductible, the remaining family members can combine eligible charges to meet the remaining \$500 of the family deductible.
- Coinsurance:
  - In-Network: 80/20
  - Out-of-Network: 60/40
- Out-of-Pocket Maximum (In-Network)
  - \$1000 (plus deductible) individual
  - \$2000 (plus deductible) family: after 1 family member meets the \$1000 individual out-of-pocket, the remaining family members can combine eligible charges to meet the remaining \$1000 of the family out-of-pocket.
  - Covered expenses paid at 100% of allowance thereafter for the remainder of the calendar year.

# Health Insurance: Traditional PPO

## ■ Prescription Drug Card

- \$10 Co-pay Generic
  - \$30 Co-pay Preferred Name Brand
  - \$50 Co-pay Non-Preferred Name Brand
- (Covered only at participating pharmacies)

## ■ Mail Order Program

- Member may obtain a 90-Day supply with 2 co-pays (limited to Maintenance Drugs Only)
- How Mail-Order Works

# Health Insurance: Traditional PPO

## Traditional PPO Plan Cost:

	Individual Coverage	Family Coverage
Employee Cost	\$18.42 (monthly)	\$93.18 (monthly)
City's Cost	\$231.06 (monthly)	\$565.21 (monthly)

# Health Insurance: High Deductible

## Option #2: High Deductible Health Plan

### ■ Individual

- \$3,000 deductible (In-Network)
- \$6,000 deductible (Out-of-Network)
- Total out-of-pocket limit is \$3,000
- Wellness coverage included

### ■ Family

- \$6,000 deductible (In-Network)
- \$12,000 (Out-of-Network)
  - Family deductible adds together expenses from family members in any combination to satisfy the deductible.
- Total out of pocket limit is \$6,000
- Wellness coverage included

# Health Insurance: Traditional PPO

## Traditional HDHP Plan Cost:

	Individual Coverage	Family Coverage
Employee Cost	\$10.08 (monthly)	\$26.58 (monthly)
City's Cost	\$137.12 (monthly)	\$361.87 (monthly)

# Health Insurance: High Deductible

## HDHP Prescriptions

- You pay full price for your prescriptions and they are applied towards your deductible.
- Once your deductible has been met, prescriptions are paid at 100%.
- *Make sure to give your BCBS ID Card to the Pharmacy so they can file your prescriptions towards your deductible.*

# Health Insurance: High Deductible

## Health Savings Account:

- A Health Savings Account is an account that you can put money into to **save for future medical expenses**. There are certain advantages to putting money into these accounts, including favorable tax treatment.
- **Eligibility Requirements:** Any adult can contribute to an HSA if they:
  - Have coverage under an HSA-qualified “High Deductible Health Plan (HDHP)”
  - **Have no other first-dollar medical coverage**
  - Are not enrolled in Medicare
  - Cannot be claimed as a dependent on someone else’s tax return

# Health Insurance: High Deductible

## Health Savings Account Contributions:

	Employee Contributions	City Contributions
Individual	Minimum HSA \$0.00 (per pay period) <i>*max of \$91.68*</i>	\$35.40 (per pay period) <i>*\$849.60 annually*</i>
Family	Minimum HSA \$0.00 (per pay period) <i>*max of \$177.92*</i>	\$78.33 (per pay period) <i>*\$1,879.92 annually*</i>

# Health Insurance: High Deductible

- Eligible Medical Expenses:

<http://www.irs.gov/pub/irs-pdf/p502.pdf>

- **KEEP ALL RECEIPTS!**

**HSA's offer the advantage of triple tax savings:** contributions are not taxed, interest earned is not subject to tax, and withdrawals aren't taxed as long as they are used for qualified medical expenses.

# Health Insurance: High Deductible

## Health Savings Account:

- Delta Trust & Bank
- Features of your HSA:
  - No Service Fees
  - Free Debit Cards and 150 Free Checks
  - Free internet banking
  - Tax deferred/free interest on account balances

# Health Insurance: Wellness

## ■ Wellness Benefit

- The PPO and HDHP policies both include an annual wellness benefit!
- Wellness services are covered, not subject to your deductible.
  - Services In-Network will be paid at 100% of allowed charges. Out-of-Network are paid at 80% of allowed charges.

# Health Insurance: Wellness

## ■ Wellness Services include:

### – 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

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

*\*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 on your Wellness Benefit handout.*

# Health Education Programs

- Cardiovascular Health Education Program
- Diabetes Health Education Program
- On The Level Youth Diabetes Program
- Low Back Pain Health Education Program
- Respiratory Health Education Program
- Special Delivery
- The Health Weigh! Education Program

# Health Insurance: Resources

- Arkansas Blue Cross Blue Shield Resources

- <http://www.arkansasbluecross.com/>

- [My Blueprint](#)

- Customer Service: 1-800-817-7726 or [CustomerServiceNW@arkbluecross.com](mailto:CustomerServiceNW@arkbluecross.com)

- Fayetteville Office Location:

- 516 E. Millsap Road, Suite 103

- Fayetteville, AR 72703

# Dental Insurance

Delta Dental of Arkansas

 DELTA DENTAL

Everyone deserves  
a healthy smile



# Dental Insurance: Coverage & Plan Allowances

<b>Coverage A</b> <b>Diagnostic and Preventative Services</b>	<b>Coverage B</b> <b>Basic Restorative Services</b>	<b>Coverage C</b> <b>Major Restorative Services</b>
<ul style="list-style-type: none"> <li>■ In-Network coverage at 100%</li> <li>■ Prophylaxis (cleaning) not more than 2 in any benefit period.</li> <li>■ See Schedule of Benefits for additional coverage.</li> </ul>	<ul style="list-style-type: none"> <li>■ In-Network coverage at 80%</li> <li>■ Amalgam (silver) and composite/resin (white) fillings <i>*composites are not a covered benefit on molars</i></li> <li>■ See Schedule of Benefits for additional coverage.</li> </ul>	<ul style="list-style-type: none"> <li>■ In-Network coverage at 50%</li> <li>■ \$50 deductible for benefits received in Coverage C.</li> <li>■ See Schedule of Benefits for additional coverage.</li> </ul>

# Dental Insurance: Riders

- Dental Riders: \$50 deductible
  - Child Orthodontic Rider – orthodontic services for dependent children to age 19.
    - Covered In-Network at 50%
    - Lifetime maximum payment: \$1,000
  - TMJ Rider – treatment of temporomandibular joint disorder (TMJ) or craniomandibular disorder
    - Covered In-Network at 50%

# Dental Insurance: Rates

The Medical and Dental policies are bundled.

	Individual Coverage	Family Coverage
Employee Cost	\$21.36 (monthly)	\$72.22 (monthly)

<http://www.deltadental.com>

# Vision Insurance

AlwaysCare Vision Benefits



## Vision Plan Benefits

Vision Care Services	Wal-Mart Vision Centers	Other Participating Providers	Out-of-Network Allowance
<b>Exam</b>	<b>\$10 Co-Pay</b>	<b>\$10 Co-Pay</b>	<b>Up to \$30</b>
<b>Materials</b>	<b>\$0 Co-Pay</b>	<b>\$15 Co-Pay</b>	
<b>Standard Plastic Lenses:</b> <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> <li>• Progressive</li> </ul> <b>Lense Options</b> <ul style="list-style-type: none"> <li>• Scratch Resistant Coat</li> <li>• Polycarbonate Lenses for children</li> </ul>	<p style="text-align: center;"><b>Covered</b></p> <p style="text-align: center;"><b>Covered</b></p> <p style="text-align: center;"><b>Covered</b></p> <p style="text-align: center;"><b>\$80 Allowance</b></p> <p style="text-align: center;"><b>\$50 Allowance</b></p> <p style="text-align: center;"><b>Covered</b></p> <p style="text-align: center;"><b>Covered</b></p>	<p style="text-align: center;"><b>Covered by co-pay</b></p> <p style="text-align: center;"><b>Covered by co-pay</b></p> <p style="text-align: center;"><b>Covered by co-pay</b></p> <p style="text-align: center;"><b>\$80 Allowance</b></p> <p style="text-align: center;"><b>\$50 Allowance</b></p> <p style="text-align: center;"><b>N/A</b></p> <p style="text-align: center;"><b>N/A</b></p>	<p style="text-align: center;"><b>Up to \$25</b></p> <p style="text-align: center;"><b>Up to \$40</b></p> <p style="text-align: center;"><b>Up to \$50</b></p> <p style="text-align: center;"><b>Up to \$50</b></p> <p style="text-align: center;"><b>Up to \$40</b></p> <p style="text-align: center;"><b>N/A</b></p> <p style="text-align: center;"><b>N/A</b></p>
<b>Frames:</b> <ul style="list-style-type: none"> <li>•Members choose from any frame available</li> </ul>	<p style="text-align: center;"><b>Up to \$74 retail allowance</b>  <b>– covers 2/3 of frames</b>  <b>available at Wal-Mart</b></p>	<p style="text-align: center;"><b>\$100 retail frame.</b></p>	<p style="text-align: center;"><b>Up to \$40 retail</b></p>
<b>Contact Lenses:</b>  <b>Elective</b> <b>Medically Necessary</b>	<p style="text-align: center;"><b>Up to \$130</b></p> <p style="text-align: center;"><b>Up to \$210</b></p>	<p style="text-align: center;"><b>Up to \$130</b></p> <p style="text-align: center;"><b>Up to \$210</b></p>	<p style="text-align: center;"><b>Up to \$130</b></p> <p style="text-align: center;"><b>Up to \$210</b></p>

# Vision Insurance: Rates

	Employee Cost
Employee Only	\$4.31 (per pay period)
Employee & Spouse	\$7.76 (per pay period)
Employee & Child(ren)	\$7.76 (per pay period)
Employee & Family	\$ 10.78 (per pay period)

- <http://www.alwayscarebenefits.com>

# Life Insurance

# Life Insurance

## ■ City Paid Life Insurance:

- The City provides life insurance of 1 and ½ times your annual salary at no cost to you.

## ■ Voluntary Life Insurance:

- Additional life insurance coverage through The Standard Life Insurance.

# Voluntary Life Insurance

- Employee/Spouse Coverage: From \$10,000 to a maximum of \$500,000 (in \$10,000 increments).
  - Spouse Coverage: Coverage not to exceed 100 percent of the employee's voluntary life coverage amount.
- Dependent Children Coverage: Coverage options of \$2,500; \$5,000; \$7,500; \$10,000.
  - The employee must be insured for children to be insured.
- See the Voluntary Life Coverage Highlights page for more details.

# Voluntary Life Insurance: GI

## ■ Guaranteed Issue Amounts (GI):

### – Only During Initial Eligibility Period

#### ■ Employee

- \$250,000 GI
- 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.

#### ■ Spouse

- Spouse coverage cannot exceed 100% of the employee's coverage.
- If you elect an amount for your spouse great 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.

# Accidental Death & Dismemberment

ACE USA

# Accidental Death & Dismemberment

- City Paid AD&D:
  - The City provides AD&D coverage for eligible employees at the amount of \$25,000.

- Voluntary AD&D Coverage:
  - Additional AD&D coverage through ACE USA.

# Voluntary AD&D: Coverage

- 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.
- Coverage is provided regardless of health history.

# Voluntary AD&D: Coverage

- The Family coverage for spouse and children is based on a percentage of the benefit amount.
  - For a family consisting of a spouse and children, the spouse would be eligible for 40% of the coverage amount and each child would be eligible for 5% of the coverage amount.
  - For a family consisting of only the employee and spouse, the spouse would be eligible for 50% of the coverage amount.
  - For a family consisting of only the employee and children, the children would be eligible for 10% of the coverage amount.

# Voluntary AD&D: Rates

Accidental Death and Dismemberment*	
Rates per \$1,000 of coverage	
Employee	\$ .03
Family	\$ .05

## ■ Exclusions:

- Self-inflicted injuries, suicide or any attempt; war or any act of war; while of 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.

# Income Protection

The Standard  
Life Insurance Company

# City Paid Long Term Disability

- **City Paid Benefit**
- Designed to provide income should you become disabled for a period longer than 180 days
- Provides 60% of base pre-disability earnings up to a maximum of \$6000 per month until you reach normal Social Security retirement age.

# Voluntary Short Term Disability

- Designed to pay benefits while an employee is on extended leave due to an injury, illness or maternity leave.
- Income protection: weekly benefit of 60% of their earning with a maximum of \$1,250 per week.
- Pre-existing Condition Limitation: see policy book or benefit highlight page for more details.

# Voluntary STD: Options

## Option 1

- Elimination Period
  - 14 days
- Maximum Benefit Duration
  - 24 weeks

## Option 2

- Elimination Period
  - 30 days
- Maximum Benefit Duration
  - 22 weeks

# Flexible Spending Accounts

DataPath Administrative  
Services

# Types of Flex. Spending Accounts

- Allows you to use **pre-tax dollars** to pay dependent care and medical expenses not covered by other benefit programs.
- Two types:
  - Health Care Spending Account
  - Dependent Care Spending Account

# Health Care Spending Account

- Can be used to pay for medical expenses not reimbursed through an insurance plan.
- Can be used for yourself, your spouse or your dependent (defined by the IRS).
- You decide how much you want to put into the account based on your estimated medical expenses for the year.
- The maximum amount allowed is \$3,000 per year.

# FSA: Eligible Expenses

## ■ Types of Eligible Expenses:

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

## ■ **USE IT OR LOSE IT!**

Administered by DataPath Administrative Services

- List of eligible and non-eligible expenses listed at their website <http://www.idpas.com/>.

# Dependent Care FSA

- Can be used to pay for eligible expenses related to dependent care for the plan year.
- The maximum amount allowed is \$5,000 per year.
- **USE IT OR LOOSE IT!**
- Qualifications
  - Must be your dependent, under age 13 or a spouse or dependent that is physically or mentally unable to care for himself/herself.
  - Must submit the name, Federal Tax ID number or Social Security Number of the care provider.
  - Once of your dependents caring for another dependent is not reimbursable.

# Flexible Spending Accounts

## ■ Claims

- A debit card is available for your FSA free of cost.
- Reimbursement forms are also available

## ■ Claim documents located on [CityNet](#)

## ■ **KEEP ALL RECEIPTS!**

# Supplemental Insurance

Colonial Life

# Colonial Supplemental Insurance

## ■ Cancer Insurance

- Pays benefits for both the direct medical and indirect non-medical costs related to cancer. This plan also carries a wellness screening reimbursement benefit per year for special cancer screenings.

## ■ Accident Insurance

- This plan offers protection against losses due to accidental injuries including emergency medical treatment, hospital confinement, ambulance expense and a variety of injuries.

## ■ Critical Illness

- Pays benefits to participants diagnosed with specified critical illnesses including heart attack, heart transplant, stroke, cancer and other specified diseases.

# Retirement Plan: 401/457 & LOPFI

## ■ Employee Retirement Savings Plan

- One year waiting period to participate
- Two plans offered
  - 401a – provides for after tax contributions
  - 457 – provides for pre tax contributions
- The City contributes 12% of salary with a minimum 3% employee contribution
- 100% immediate vesting of all contributions and investment income

## ■ LOPFI

- All uniformed employees are covered under the Arkansas Local Police and Fire Retirement Program.
- Each member of this plan is required to contribute 6% of their pay. The City's contribution is set annually according to the requirement of the plan.