

2022 Employee Benefits Summary



Benefits Effective
01/01/2022 — 12/31/2022



Open Enrollment Dates

Q&A Sessions/Medical Plan Overview:

- 11/3: 10:30 a.m., 2:30 p.m. & 4:30 p.m. (Rose Garden)
- 11/4: 8:30 a.m., 10:30 a.m. & 2 p.m. (Rose Garden)
- 11/5: 9 a.m., 11:30 a.m. & 2:30 p.m. (City Hall/Council Chambers)

- **November 1st - 12th: Open Enrollment**



Don't Forget about Teladoc!
Teladoc.com | 1.800.835.2362

Download the App from the iPhone App Store or
Google Play.

- **Adding a second Medical Plan Option** - You can choose which plan works best for you and your family!
- **Plans will be called the Azalea Plan and the Rose Plan.**
- **The Rose Plan resembles the current benefit plan being offered.**
- **A decision support tool is available to help you to help you decide which plan works best.** [Click Here](#) or visit: https://myplanselect.com/da_navigation/6151f670d8aab

*See pages 16 & 17 of your benefits guide for
Voluntary Life/AD&D Rates.*

2022 Premiums

CONTRIBUTIONS	Employee Per Pay Period Contribution				
	MEDICAL AZALEA PLAN	MEDICAL ROSE PLAN	DENTAL	VISION GOLD 150	VISION GOLD 100
Employee Only	\$25.00	\$53.57	\$4.91	\$3.07	\$2.75
Employee + Spouse	\$122.86	\$178.62	\$18.05	\$5.25	\$4.65
Employee + Child(ren)	\$108.57	\$138.79			
Employee + Child(ren) (4+)	\$112.50	\$155.68	\$17.48	\$5.57	\$4.95
Employee + Family	\$170.00	\$242.03	\$27.17	\$8.35	\$7.40

Enrollment will be completed through HealthFirst

- **Open Enrollment will be a "Passive" enrollment. For those who do not make any changes to their medical plan, you will be defaulted to the Rose Plan.**
 - All other current benefits will rollover. If you want to make changes to your medical coverage, you must login to the HealthFirst portal to complete your changes. As a reminder, anyone who does not login and make changes to their medical will be defaulted into the Rose plan. This only applies to those employees who are currently enrolled in the medical plan. All other current benefit will rollover.
- **For online enrollment see enrollment instructions handout.**



Benefit Summaries

Note: These are summaries, please refer to your plan documents for a full outline of your coverage.

BENEFIT BY TYPE OF NETWORK						
Azalea Plan			Rose Plan			
	Access Direct Platinum In-Network	In-Network Other Counties	Out-Of-Network	Access Direct Platinum In-Network	In-Network Other Counties	Out-Of-Network
Deductible	\$3,000 Ind./\$6,000 Fam.	\$3,600 Ind./\$7,800 Fam.	Not Covered	\$1,000 Ind./\$3,000 Fam.	\$1,600 Ind./\$4,800 Fam.	Not Covered
Out-of-Pocket Maximum	\$7,350 Ind./\$13,700 Fam.		Not Covered	\$6,350 Ind./\$12,700 Fam.		Not Covered
Physician/Specialist Copay	\$40 copay	30% after ded.	Not Covered	\$30 copay	30% after ded.	Not Covered
Preventive Care	Covered at 100%		Not Covered	Covered at 100%		Not Covered
Emergency Room/Physician Emergency Care	\$350 copay 20% after ded.	\$350 copay 30% after ded.	\$350 copay Not Covered	\$250 copay 20% after ded.	\$250 copay 30% after ded.	\$250 copay Not Covered
Non Emergency Care						
Urgent Care Copay	\$40 copay per visit	30% after ded.	Not Covered	\$30 copay per visit	30% after ded.	Not Covered
PRESCRIPTION DRUG BENEFITS						
Generic	\$25 copay (Retail 90 \$62.50 copay)		Not Covered	\$15 copay (Retail 90 \$37.50 copay)		Not Covered
Preferred Brand Name	\$75 copay (Retail 90 \$187.50 copay)		Not Covered	\$60 copay (Retail 90 \$150 copay)		Not Covered
Brand Name	\$125 copay (Retail \$312.50 copay)		Not Covered	\$100 copay (Retail \$250 copay)		Not Covered
Specialty	80% coinsurance (min \$125/max \$250 copay)		Not Covered	\$125 copay		Not Covered
Mail Order - Up to 90 Day Max	3X retail copay for 90 day supply		Not Covered	3X retail copay for 90 day supply		Not Covered

Dental	
	Delta Dental PPO Plan
Deductible	\$50 Individual \$150 Family
Diagnostic/Preventive	100%
Restorative/Basic	80%
Major	50%
Calendar Year Maximum	\$1,200
Orthodontia Coverage	50%
Orthodontia Maximum	\$1,000

Vision	
Gold \$150 Buy Up Plan 1	Gold \$100 Base Plan 2
In-Network	In-Network
Exam (with dilation)	
LENSES: STANDARD	Once every 12 months
Single Vision	After \$25 copay
Bifocal	After \$25 copay
Trifocal	After \$25 copay
FRAMES	Once every 24 months
Standard	Up to \$150 Allowance after \$25 copay + 20% discount
CONTACTS	Once every 12 months
Elective Contact Lenses	\$150 allowance after \$25 co-pay + 20% discount
Medically Necessary	Covered in Full after \$25 copay
Laser Vision Correction	\$200 Allowance

Basic Life and AD&D Insurance - Paid by the City *	
Employee Life Amount	\$10,000
Employee AD&D Amount	\$10,000
Line of Duty	\$10,000 - Additional amount of basic AD&D for public safety officers that suffer a loss while he or she is performing his or her customary duties for the City.
Voluntary Life and AD&D Insurance	
Maximum Benefit	\$500,000
Guarantee Issue	\$250,000
Line of Duty	Additional amount of AD&D paid to public safety officers that suffer a loss while in an act of duty. Amount will match current election, not to exceed \$100,000 dollars
Spouse Benefit	Up to \$250,000
Child Benefit	Up to \$20,000

Voluntary Short Term Disability	
Active, regular, <u>non-civil service, full-time employees</u> are eligible to participate in this plan at a cost of \$7.50 per pay period (24 pay periods a year)	
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,200
Elimination Period	7th Day Sickness/7th Day Accident
Maternity	6 weeks – Normal Delivery 8 weeks - C-section
Benefit Duration	Up to 26 weeks

*If already enrolled and participating in voluntary life, during Open Enrollment you can increase coverage by \$10,000 up to guarantee issue amount of \$250,000 without answering evidence of insurability. If you have a dependent child or children you can elect amounts of \$5,000, \$10,000, \$15,000 or \$20,000 dollars without evidence of insurability. *Please see page 15 of your benefits guide for a more detailed outline of your life insurance benefits, including age reduction details.*