



# 2024 EMPLOYEE BENEFIT GUIDE





## 2024 BENEFIT GUIDE

City of Little Rock Employees,

We are excited to present your 2024 benefits to you! The City of Little Rock is committed to providing their employees with comprehensive and affordable benefit options. The 2024 Health and Welfare benefit offerings provide employees with unlimited flexibility that reflects the City's optimal culture.

This guide will help you understand the full range of health and welfare benefits that will be available January 1, 2024. After reading through the enclosed information, be sure to use this guide as a benefits resource you can refer to throughout the year.

At the City of Little Rock, we want to encourage and support our employees in living their best and happiest life. With this in mind, we recommend our employees start utilizing the benefits available to you now, to make these positive habits easier to embrace in 2024 and beyond!

### FOR YOUR REFERENCE, CITY OF LITTLE ROCK HUMAN RESOURCES BENEFIT PERSONNEL CONTACT INFORMATION IS BELOW:

Name	Title	Phone Number	Email
Jenny Bradford	Benefits & Risk Manager	(501) 371-4502	HRBenefits@littlerock.gov
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Christopher Barnett	Health & Wellness Plan Coordinator	(501) 371-4670	cbarnett@littlerock.gov

**PLEASE NOTE: YOU WILL NOT BE AUTO-ENROLLED IN YOUR FSA. YOU MUST RE-ENROLL EVERY YEAR!**



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## **CUSTOMER SERVICE**

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**Fax: 1 (888) 965.4050**  
**Business Hours: Monday-Thursday 8:00-5:00**  
**Friday 8:00-4:00**



# WHAT YOU NEED TO KNOW

We recommend that you review your current information, including...

- Beneficiaries
- Removing ineligible dependents
- If you have Spousal Life Insurance coverage, and you have divorced, your ex-spouse may no longer be eligible for this coverage
- If a child no longer qualifies for coverage as a dependent (i.e. stepchildren who are no longer eligible due to divorce, loss of guardianship, or if child reaches age 26, etc.)

If you are a current employee (not a new hire), please keep the following information in mind:

- You cannot make any changes until the annual "open enrollment period", which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)

However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:

- marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.

## PRE-TAX PAYROLL DEDUCTIONS

To help offset your contributions for the medical, dental and vision plans, we offer these benefits on a pre-tax basis through the City of Little Rock Section 125 (or "cafeteria") plan. By making your contributions for these benefits on a pre-tax basis, the premium is withheld from your pay before federal, state (in most cases) and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.

## EMPLOYEE ELIGIBILITY

To be eligible for benefits, you must be a regular full time employee. Benefits for new employees go into effect the 1st of the month following 30 days of employment.

## DEPENDENT ELIGIBILITY

You must be covered or enrolled in a benefit plan to enroll your eligible dependents. These include your spouse, children up to age 26, stepchildren of lawful spouse, children for whom benefits must be provided through a Court Order Mandate, or grandchildren who are legally recongized as dependents.

DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from JTS Financial Services, LLC

# GLOSSARY OF INSURANCE TERMS



**Annual Maximum** - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

**Benefit Year** - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

**Benefits** - Items or services covered under an insurance plan.

**Beneficiary** - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

**Broker** - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

**COBRA** - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

**Claim** - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

**Coinurance** - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

**Copayment (Copay)** - A fixed amount that the insured is required to pay before receiving the service.

**Deductible** - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

**Dependent** - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

**Elimination Period** - A period of continuous disability which must be satisfied before you are eligible to receive benefits.



**Evidence of Insurability (EOI)** - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

**Flexible Spending Account (FSA)** - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

**Guaranteed Issue** - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

**Health Savings Account-** A savings account used in conjunction with a high-deductible health insurance policy that allows users to save money tax-free against medical expenses.

**High Deductible Plan** - A health insurance plan with a sizable deductible for medical expenses. A High Deductible Plan usually has a larger annual deductible than a typical health plan but charges lower monthly premiums.

**Long-Term Care** - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

**Medically Necessary** - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

**Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

**Non-Preferred Provider** - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

**Out-of-Pocket Maximum** - The maximum amount of money you may pay for services in a benefit year.

**Pre-Existing Condition** - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

**Premium/Rate** - The amount you pay for your insurance premiums each month.



# WELLNESS PROGRAM

## MotivateMe Program

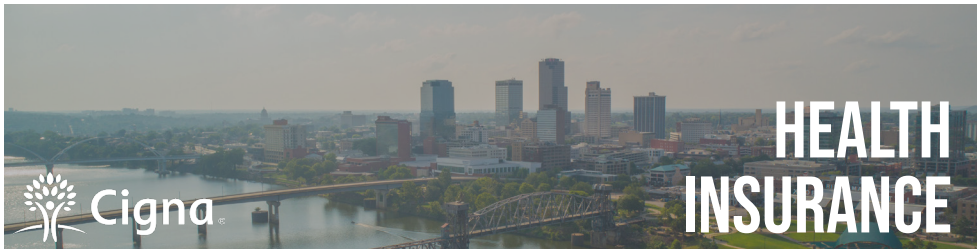
MotivateMe provides a **personalized customer experience** and motivates customers at every touch point, both online or on the phone, in order to **improve their health** and help them to spend wisely to **lower health care costs**.

### **BENEFITS OF MOTIVATEME**

- Focuses on outcomes, offering incentives for biometric target and improvements
- Educates customers about available health improvement programs and encourages use
- Empowers customers to make the best available health care decision
- Helps lower medical costs for clients and customers
- Educates customers about opportunities to earn incentives every time they interact with Cigna

For More Information Contact Christopher Barnett:  
Health & Wellness Plan Coordinator  
Phone: (501) 371-4670  
[cbarnett@littlerock.gov](mailto:cbarnett@littlerock.gov)





▶ Health insurance covers you and your family for your basic health needs after you've met your coverage deductible (some benefits include copay after deductible). Coverage includes visits with a primary care physician and specialty physicians, inpatient and outpatient hospital care, and ambulance services.

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>CALENDAR YEAR DEDUCTIBLE</b>			
Per Covered Person	\$3,000	\$2,000	\$1,000
Per Family Unit	\$6,000	\$4,000	\$2,000
Coinsurance	80%	80%	80%
<b>OUT-OF-POCKET CALENDAR YEAR MAXIMUM</b>			
Per Covered Person	\$6,500	\$4,000	\$4,000
Per Family Unit	\$13,000	\$8,000	\$8,000

The following charges apply towards the maximum out-of-pocket. Once this amount is reached, the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise:

- Deductible(s)
- Coinsurance
- Medical and Pharmacy Copayments

- All benefit payments are subject to the Maximum Allowable Charge. Use of an Out-of-Network provider may result in you being balance billed and having higher out-of-pocket costs. Amounts in excess of the Maximum Allowable Charge do not count toward Deductible or Coinsurance limits.
- Calendar Year maximums are combined between In-Network and Out-of-Network. If, for example, "30 Visits per Calendar Year" are listed under both In-Network and Out-of-Network Providers, you are only allowed a combined maximum of 30 visits.

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>IN-NETWORK SERVICES</b>			
Inpatient Services	80% After Deductible	80% After Deductible	80% After Deductible
Outpatient Surgery/Ambulatory Surgical Center	80% After Deductible	80% After Deductible	80% After Deductible
Emergency Room Services	\$350 Copayment	\$300 Copayment	\$300 Copayment
Urgent Care Services	\$75 Copayment	\$75 Copayment	\$75 Copayment
Ambulance Service Per Trip Maximum: \$5,000 for Ground Ambulance and \$10,000 for Air Ambulance	80% After Deductible		
Skilled Nursing/Rehabilitation Facility 60 days Calendar Year Maximum	80% After Deductible	80% After Deductible	80% After Deductible
<b>PHYSICIAN SERVICES</b>			
Primary Care Physician Office Visits (PCP) Evaluation & Management	\$40 Copayment	\$30 Copayment	\$25 Copayment
Specialists Office Visits (SCP) Evaluation & Management	\$70 Copayment	\$60 Copayment	\$50 Copayment
All Qualified Wellness Exams	No Cost to Employee	No Cost to Employee	No Cost to Employee
Advanced Diagnostic services, such as advanced imaging (CT, MRI, PET, MRA), Nuclear Medicine, Pharmaceutical Products, Scopic Procedures; Therapeutic Treatments and Genetic Testing. As well as, advanced surgical services performed in a physician's office.	80% After Deductible	80% After Deductible	80% After Deductible



HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>PREVENTATIVE CARE SERVICES</b>			
Preventive health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Some tests are not covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) or approved medical policies. Those services that will be considered to be a preventive health service are subject to change at any time in order to align with and be consistent with the USPSTF guidelines and medical policies.			
Routine Well Baby Care & Immunizations	No Cost to You	No Cost to You	No Cost to You
Routine Well Child/Adult Care & Immunizations	No Cost to You	No Cost to You	No Cost to You
<b>MATERNITY SERVICES</b>			
Physician Services Initial Office Visit	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
<b>MENTAL DISORDERS / SUBSTANCE ABUSE</b>			
Inpatient Hospital Services	80% after deductible	80% after deductible	80% after deductible
Professional Services (Office/Outpatient Visits)	\$70 Copayment	\$60 Copayment	\$50 Copayment
Professional Services (Inpatient/Outpatient Facility)	100% after Deductible	100% after Deductible	100% after Deductible
HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
Prosthetic Services and Devices	80% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.	80% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.	80% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.
Transplantation Services	The amount you pay is based on where the covered health care service is provided.		
Temporomandibular Joint Disorders (TMJ)	The amount you pay is based on where the covered health care service is provided.		
Hearing Aid Device Covered once every 3 years	80% After Deductible		
	Limited to a single purchase per hearing impaired ear every three years.		

**PRESCRIPTION DRUG BENEFITS**

<b>(30 DAY SUPPLY RETAIL)</b>			
	<b>Base Plan</b>	<b>Buy Up Plan 1</b>	<b>Buy Up Plan 2</b>
Tier 1 - Generic	\$0 Copayment	\$15 Copayment	\$15 Copayment
Rx Deductible(Tier 2, 3, 4)	\$200	No Deductible	
Tier 2 - Preferred	\$20 Copayment	\$45 Copayment	\$45 Copayment
Tier 3 - Nonpreferred	\$40 Copayment	\$70 Copayment	\$70 Copayment
<b>(90 DAY SUPPLY RETAIL OR MAIL ORDER)</b>			
	<b>Base Plan</b>	<b>Buy Up Plan 1</b>	<b>Buy Up Plan 2</b>
Tier 1 - Generic	\$0 Copayment	\$37 Copayment	\$37 Copayment
Rx Deductible(Tier 2, 3, 4)	\$200	No Deductible	
Tier 2 - Preferred	\$50 Copayment	\$112 Copayment	\$112 Copayment
Tier 3 - Nonpreferred	\$100 Copayment	\$175 Copayment	\$175 Copayment
Tier 4 - Specialty	N/A		
Note: If your prescription drugs are dispensed at your physician's office/ facility, see your medical plan for your cost share.			

**CERTAIN DOCUMENTATION IS REQUIRED** if you are providing dependent coverage for medical, dental or vision through the City of Little Rock then we will need to receive copies of the appropriate documentation listed below. This information can be dropped off at our offices or scanned and emailed to HRBenefits@littlerock.gov. **NOTE: We will not accept documents that are not legible or pictures of documents. We NEED actual copies.**

**REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS:**

To verify a legal spouse	A photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been properly recorded with the County and/or State. A church ceremony document will not be acceptable if it does not meet these requirements.
To verify a natural or adopted child, or stepchild who is eligible to age 26	Provide a legible photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may provide a paternity test.  If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.
To verify PERMANENT Legal Guardianship or Legal Custodian for children under age 18.  NOTE: Children placed in temporary custody are not eligible	Language states: any child for whom either the Card Holder or Card Holder's spouse is the legal Guardian or Custodian. **Definition of Custodian = a person who, by court order, has permanent custody of a child. **Definition of Legal Guardian = an individual who is either the natural guardian of a child or who was appointed a guardian of a child in a legal proceeding by a court having the appropriate jurisdiction. Standard document: court document that is signed and/or stamped by a member of the court assigning minor child to employee or the employee's spouse.



HEALTH BENEFITS		HDHP
CALENDAR YEAR DEDUCTIBLE		
	IN-NETWORK	OUT-OF-NETWORK
Per Covered Person	\$2,500	\$5,000
Per Family Unit	\$5,000	\$10,000
Coinsurance	100%	80%
OUT-OF-POCKET CALENDAR YEAR MAXIMUM		
Per Covered Person	\$2,500	\$7,500
Per Family Unit	\$5,000	\$15,000
<p>The following charges apply towards the maximum out-of-pocket. Once this amount is reached, the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise:</p> <ul style="list-style-type: none"> <li>• Deductible(s)</li> <li>• Coinsurance</li> <li>• Medical and Pharmacy Copayments</li> </ul>		
Inpatient Services	100% After Deductible	80% After Deductible
Outpatient Surgery/ Ambulatory Surgical Center	100% After Deductible	80% After Deductible
Emergency Room Services	100% After Deductible	100% After Deductible
Urgent Care Services	100% After Deductible	100% After Deductible
Ambulance Service Per Trip Maximum: \$5,000 for Ground Ambulance and \$10,000 for Air Ambulance	100% After Deductible	100% After Deductible
Skilled Nursing/ Rehabilitation Facility 60 days Calendar Year Maximum	100% After Deductible	80% After Deductible
PHYSICIAN SERVICES		
Primary Care Physician Office Visits (PCP) Evaluation & Management	100% After Deductible	80% After Deductible
Specialists Office Visits (SCP) Evaluation & Management	100% After Deductible	80% After Deductible

HEALTH BENEFITS		HDHP	
		IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN SERVICES			
All Qualified Wellness Exams	No Cost to Employee	No Cost to Employee	
Advanced Diagnostic services, such as advanced imaging (CT, MRI, PET, MRA), Nuclear Medicine, Pharmaceutical Products, Scopic Procedures; Therapeutic Treatments and Genetic Testing. As well as, advanced surgical services performed in a physician's office.	100% After Deductible	80% After Deductible	
Preventive health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Some tests are not covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) or approved medical policies. Those services that will be considered to be a preventive health service are subject to change at any time in order to align with and be consistent with the USPSTF guidelines and medical policies.			
Routine Well Baby Care & Immunizations	Plan Pays 100%	Plan Pays 100%	
Routine Well Child/Adult Care & Immunizations	Plan Pays 100%	Plan Pays 80%	
MATERNITY SERVICES			
Physician Services Initial Office Visit	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
MENTAL DISORDERS / SUBSTANCE ABUSE			
Inpatient Hospital Services	100% after Deductible	80% after Deductible	
Professional Services (Office/Outpatient Visits)	100% after Deductible	80% after Deductible	
Professional Services (Inpatient/Outpatient Facility)	100% after Deductible	80% After Deductible	
HEALTH BENEFITS		HDHP	
Prosthetic Services and Devices	100% after Deductible	80% After Deductible	
Transplantation Services	The amount you pay is based on where the covered health care service is provided.		
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Hearing Aid Device Covered once every 3 years	100% After Deductible	100% After Deductible	
	Limited to a single purchase per hearing impaired ear every three years.		

**PRESCRIPTION DRUG BENEFITS**

(30 DAY SUPPLY RETAIL)		
		HDHP
	IN-NETWORK	OUT-OF-NETWORK
Tier 1 - Generic	10% After \$2,500 Deductible	10% After \$5,000 Deductible
Tier 2 - Preferred	20% After \$2,500 Deductible	10% After \$5,000 Deductible
Tier 3 - Nonpreferred	30% After \$2,500 Deductible	10% After \$5,000 Deductible

(90 DAY SUPPLY RETAIL OR MAIL ORDER)		
Tier 1 - Generic	10% After \$2,500 Deductible	10% After \$5,000 Deductible
Tier 2 - Preferred	20% After \$2,500 Deductible	10% After \$5,000 Deductible
Tier 3 - Nonpreferred	30% After \$2,500 Deductible	10% After \$5,000 Deductible
Tier 4 - Specialty	N/A	

Note: If your prescription drugs are dispensed at your physician's office/ facility, see your medical plan for your cost share.

**CERTAIN DOCUMENTATION IS REQUIRED** if you are providing dependent coverage for medical, dental or vision through the City of Little Rock then we will need to receive copies of the appropriate documentation listed below. This information can be dropped off at our offices or scanned and emailed to [HRBenefits@littlerock.gov](mailto:HRBenefits@littlerock.gov).  
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**REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS:**

<p>To verify a legal spouse</p>	<p>A photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been properly recorded with the County and/or State. A church ceremony document will not be acceptable if it does not meet these requirements.</p>
<p>To verify a natural or adopted child, or stepchild who is eligible to age 26</p>	<p>Provide a legible photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may provide a paternity test.</p> <p>If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.</p>
<p>To verify PERMANENT Legal Guardianship or Legal Custodian for children under age 18.</p> <p>NOTE: Children placed in temporary custody are not eligible</p>	<p>Language states: any child for whom either the Card Holder or Card Holder's spouse is the legal Guardian or Custodian.</p> <p>**Definition of Custodian = a person who, by court order, has permanent custody of a child.</p> <p>**Definition of Legal Guardian = an individual who is either the natural guardian of a child or who was appointed a guardian of a child in a legal proceeding by a court having the appropriate jurisdiction.</p> <p>Standard document: court document that is signed and/or stamped by a member of the court assigning minor child to employee or the employee's spouse.</p>





▶ Health insurance covers you and your family for your basic health needs after you've met your coverage deductible (some benefits include copay after deductible). Coverage includes visits with a primary care physician and specialty physicians, inpatient and outpatient hospital care, and ambulance services.

BI-WEEKLY COSTS			
ACTIVE EMPLOYEES MEDICAL	EMPLOYEE COST	EMPLOYEE COST WITH WELLNESS CREDIT	EMPLOYER COST
Employee Only Base Plan	\$25.00	\$0.00	\$232.64
Employee + Spouse Base Plan	\$220.04	\$195.04	\$293.38
Employee + Child Base Plan	\$201.43	\$176.43	\$265.48
Employee + Family Base Plan	\$303.74	\$278.74	\$418.94
Employee Only Buy Up 1 Plan	\$57.67	\$32.67	\$232.64
Employee + Spouse Buy Up 1 Plan	\$286.99	\$261.99	\$293.38
Employee + Child Buy Up 1 Plan	\$261.85	\$236.85	\$265.48
Employee + Family Buy Up 1 Plan	\$400.10	\$375.10	\$418.94
Employee Only Buy Up 2 Plan	\$69.44	\$44.44	\$232.64
Employee + Spouse Buy Up 2 Plan	\$311.70	\$286.70	\$293.38
Employee + Child Buy Up 2 Plan	\$284.21	\$259.21	\$265.48
Employee + Family Buy Up 2 Plan	\$435.40	\$410.40	\$418.94
Employee Only HDHP	\$25.00	\$0.00	\$227.42
Employee + Spouse HDHP	\$207.43	\$182.43	\$293.38
Employee + Child HDHP	\$189.86	\$164.86	\$265.48
Employee + Family HDHP	\$286.44	\$261.44	\$418.94



## Online home for assessment tools, plan management, medical updates and much more!

### Manage

- Quickly access your plan benefits all in one place

### Find care

- Easily locate top providers near you or schedule a virtual doctor visit

### Profile

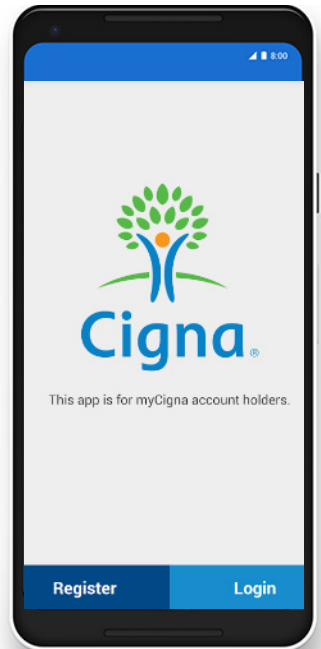
- View full doctor details and read verified patient

### Virtual Care

- Connect with a board-certified doctor or pediatrician

### ID Cards

- Quickly access your ID card straight from the app





SEE A DOCTOR WHENEVER, WHEREVER.

**MDLIVE**<sup>®</sup>

Suite of Virtual Services

When you're sick and need care quick, a Virtual Visit is a convenient way to start feeling better faster.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer - 24/7, no appointment needed.



To connect to Virtual Care easily, go to [myCigna.com](https://myCigna.com)

You can also download the [myCigna App](#) and conveniently chat with a doctor on the go.

**BENEFITS OF VIRTUAL HEALTH**

PRIMARY CARE	<ul style="list-style-type: none"> <li>• Preventive care wellness screenings available at no cost</li> <li>• Routine care visits that allow members to establish a relationship with the same PCP</li> <li>• Prescriptions available through home delivery or at local pharmacies, if appropriate</li> </ul>
DERMATOLOGY	<ul style="list-style-type: none"> <li>• Board-certified dermatologists review pictures and symptoms</li> <li>• Dermatologists provide treatment plans and if necessary, prescriptions generally within 24 hours</li> <li>• Care for the most common hair, skin, and nail conditions</li> </ul>
MINOR MEDICAL CARE	<ul style="list-style-type: none"> <li>• Available 24/7, including after hours and holidays</li> <li>• Care for more than 80 minor medical conditions</li> <li>• Less expensive than urgent care centers and the emergency room</li> </ul>
BEHAVIORAL CARE	<ul style="list-style-type: none"> <li>• Access to psychiatrists and therapists</li> <li>• Video and phone options at flexible times</li> <li>• Option to select the same provider for every session</li> </ul>



# HEALTH SAVINGS ACCOUNT

▶ A Health Savings Account, HSA, is a savings account that works alongside your High Deductible Health Plan. Using an HSA helps you reduce qualified out-of-pocket healthcare expenses up to 35%, including the deductible part

## BENEFITS OF A HEALTH SAVINGS ACCOUNT

You can save up to 35% on out-of-pocket health care expenses with tax free dollars. That's like having \$100 to spend rather than \$65. Qualified expenses include your health plan deductible (doctors, labs, prescriptions, hospitalization). Plus vision, dental, chiropractic, and mental health services.

HSA's are particularly helpful because they can rollover from year to year and never expire (even lasting into retirement years), so you can use the funds you've saved even if you change health plans or employers.

City of Little Rock will pay \$10/Month to employees participating in a HSA account

CONTRIBUTION LIMITS	
Individual	\$4,150
Family	\$8,300
* Employees 50+ can contribute an additional \$1,000	

## KEY HSA FEATURES

- Account Management
- Track HSA Spending
- Automatic Contributions
- Monitor HSA Investments
- Easy Reimbursements
- Access HSA Marketplace

## HSA ELIGIBLE ITEMS

- X-Rays
- Contact Lenses
- Chiropractor
- Lab Work
- Prescriptions
- Dentist
- MRIs
- Physical Therapy

\* You can use your HSA money on all qualified medical expenses as defined by the IRS. The IRS Publication 502 has the full list of things that are qualified, are not qualified, and could potentially be qualified based on certain circumstances. \*

The "Lively HSA & FSA" mobile app brings the simplicity, ease-of-use, and modern experience of the Lively platform to the palm of your hand, making it easy to manage your accounts on the go







**Savings:** Standard shipping on all medications is always free



**Convenience:** Medications are delivered to your mailbox



**Call your Doctor:** Ask your doctor to send a 90-day prescription (with refills) electronically to Express Scripts Home Delivery



**myCigna.com or myCigna app:** Click on the Prescriptions tab and select My Medications from the drop-down menu. Then simply click the button next to your medication name to move your prescription(s) electronically.



**Phone:** Call Express Scripts Pharmacy at (800) 835-3784

For more information, call the toll-free number on your ID card, or visit [myCigna.com](http://myCigna.com) or myCigna App



# DENTAL INSURANCE

▶ With Delta Dental you can receive care from any dentist. However, Delta Dental has contracts with a large network of dentists who have agreed to not charge more than a specified amount for particular services. If you use one of these network dentists, you won't have to worry about being charged for additional amounts above the allowable amount covered by the plan. Locate a Dentist within the Delta Dental network at [www.deltadental.com](http://www.deltadental.com)

DENTAL SERVICES	LOW PLAN	HIGH PLAN
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES (No Deductible)</b> <ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>Fluoride</li> <li>X-rays</li> <li>Sealants</li> <li>Brush Biopsy</li> </ul>	80%	100%
<b>BASIC SERVICES</b> <ul style="list-style-type: none"> <li>Emergency Palliative Treatment</li> <li>Minor Restorative Services - Fillings and Space Maintainers</li> <li>Endodontic Services - Root Canals</li> <li>Non-Surgical Periodontic Services</li> <li>Oral Surgery Services</li> <li>Other Basic Services</li> </ul>	80%	80%
<b>MAJOR SERVICES</b> <ul style="list-style-type: none"> <li>Surgical Periodontic Services</li> <li>Major Restorative Services - Crowns</li> <li>Relines and Repairs - Bridges, Implants, Crowns, and Dentures</li> <li>Prosthodontic Services - Bridges and Implants</li> </ul>	50%	50%
<b>ORTHODONTIC SERVICES</b> <ul style="list-style-type: none"> <li>Orthodontia is considered a PRE-EXISTING CONDITION if TREATMENT is initiated prior to the date the COVERED PARTICIPANT became eligible under this PLAN and will not be considered a BENEFIT under this PLAN.</li> </ul>	N/A	50%
<b>CARRY OVER BENEFIT RIDER</b>		
• Carry Over Benefit	<u>\$312.50</u>	<u>\$437.50</u>
• Carry Over Benefit Maximum	<u>\$1,250</u>	<u>\$1,750</u>
<b>ANNUAL MAXIMUM</b>	<u>\$1,250 per person per calendar year</u>	<u>\$1,750 per person per calendar year</u>
<b>ORTHODONTIC LIFETIME MAXIMUM</b>	N/A	<u>\$1,500 lifetime maximum</u>
<b>DEDUCTIBLE</b>	\$50 per person / \$150 per family	\$50 per person / \$150 per family

COVERAGE TIER		LOW PLAN	HIGH PLAN
EMPLOYEE BI-WEEKLY RATES	Employee	\$0.00	\$8.77
	Family	\$17.46	\$44.38
EMPLOYER BI-WEEKLY RATES	Employee	\$10.56	\$10.56
	Family	\$10.56	\$10.56



▶ Regular vision checkups can help identify vision issues, and corrective lenses can make the difference between performing well on the job and at school, as well as affecting safe driving. That's why we offer you the opportunity to purchase voluntary vision coverage for you and your family.

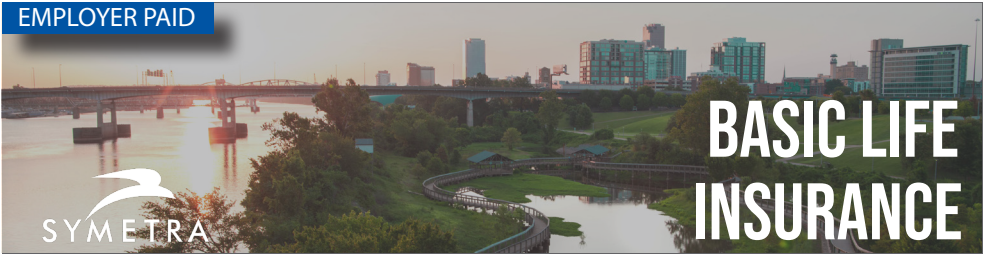
VISION SERVICES	In-Network	Out-of-Network
Exam	Covered in full	Up to \$50 retail
Frames	\$120 allowance for a wide selection of frames \$140 allowance for featured brands 20% savings on amount over allowance	Frames - up to \$70.00 Single - up to \$50.00 Lined bifocal - up to \$75.00 Lined trifocal - up to \$100.00
Contact Lens Fitting (standard)	Covered in full	Not covered
Contact Lens Fitting (specialty)	\$50 Retail Allowance	Not Covered
Contact Lenses	\$105 allowance for contacts; copay does not apply Exam, fitting and evaluation - up to \$60 copay	Up to \$105
LENSES		
Lens Enhancements	Standard Progressive - \$50 Premium Progressive - \$80-\$90 Custom Progressive - \$120-\$160 35%-40% off other lens enhancements	Up to \$28 retail

SERVICES	FREQUENCY
Exam	12 months
Frames	24 months
Lenses	12 months
Contacts	12 months
CO-PAYS	
Exams	\$10
Materials	\$20
Contact Lens Fitting	\$30

**Diabetic Eyecare Plus Program** - \$20 copay for services related to diabetic eye disease, glaucoma and age-related macular degeneration. Retinal screening for eligible members with diabetes.

Discounts on Covered Materials	
Frames	20% off amount over allowance
Lens options	20% off retail
Progressives	20% off amount over standard progressive retail

COVERAGE TIER	BI-WEEKLY RATES	
	EMPLOYEE	EMPLOYER
Employee	\$0.00	\$2.50
Family	\$1.00	\$2.50



# BASIC LIFE INSURANCE

Symetra is our group term life and accidental death and dismemberment provider. Term life coverage provides benefits to your designated beneficiary for loss of life. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

BENEFIT	BENEFIT AMOUNTS
<p>Maximum Life Benefit</p>	<p>The Basic Life insurance benefit is based on your employee group with a maximum of up to \$500,000 of coverage.</p>
<p>Accidental Death &amp; Dismemberment</p>	<p>The AD&amp;D benefit is 1 times your annual salary rounded to the next thousand of coverage.</p>
<p>Reduction Schedule</p>	<p>Benefits reduce by 35% at age 70 and by 50% at age 75</p>



▶ If you stopped receiving a paycheck today, how would you pay for your mortgage, bills, food, and other monthly expenses? Could you maintain your current lifestyle?

BENEFITS	BENEFIT AMOUNTS
Maximum Monthly Benefit	60% of your paycheck; up to \$7,500 per month
Maximum Benefit Duration	SSNRA, Social Security Normal Retirement Age
Elimination Period	180 Days (6 months)
Pre-existing condition	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

**EMPLOYER PROVIDED BENEFIT**

The City of Little Rock provides eligible employees with Long-Term Disability Insurance. It is designed to provide protection if you become disabled and can no longer work due to a covered Accidental Injury or Sickness.

NOTE: This benefit is not offered to uniformed employees of the Police or Fire Departments.

**HOW THE PLAN WORKS**

If you become disabled due to a covered accident or sickness, long-term disability income insurance will pay up to 60% of your monthly income (once you have satisfied the elimination period.) Disability benefits will be payable up to the benefit period stated in your policy.

**BENEFITS BEGIN**

Accidental injury and sickness benefits will become payable beginning on the 181st day of disability.

**EMPLOYER PROVIDED BENEFIT**

- Mental illness: 24 months
- Substance Abuse: 24 months
- Special illness: 24 months



# VOLUNTARY TERM LIFE & AD&D

Your needs vary greatly upon age, number of dependents, dependents' ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life.

	EMPLOYEE	SPOUSE	DEPENDENT
Coverage Amount	Salary based options available: 1, 2, 3 times annual salary. Rounded to the next higher \$1,000.	Increments of \$5,000. Not to exceed 50% of the employee's benefit amount. Rounded to the next higher \$5,000.  Employee must have coverage under voluntary life plan to have coverage on spouse.	Increments of \$5,000 not to exceed \$10,000. Begins at live birth and ends at 26
Maximum Amount	\$500,000	\$50,000	\$10,000
Guarantee Issue (Newly Eligible for Coverage)	\$500,000	\$50,000	\$10,000
Benefit Reduction	Benefits will reduce by 35% at age 70 and 50% at age 75	Benefits will reduce by 35% at age 70 and 50% at age 75	Terms at age 19 (or 25 unless unmarried & a full-time student).

## ACCIDENTAL DEATH & DISMEMBERMENT

Employee	An amount, elected by You, equal to multiples 1 to 10 times Your Basic Annual Earnings, rounded to the next higher \$1,000  Maximum of 500k
Spouse Only	An amount, elected by You, which is a multiple of \$5,000 equal up to 60% of Your Voluntary Accidental Death and Dismemberment Insurance.  Maximum of 250k
Spouse & Children	An amount equal to: (a) 50% for Your Spouse Only; and (b) 10% for each Child; of Your Voluntary Accidental Death and Dismemberment Insurance
Child(ren) Only	An amount equal to 20% of Your Voluntary Accidental Death and Dismemberment Insurance for each Child  Maximum of 25k

RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS. CONTACT JTS WITH QUESTIONS.



# CANCER INSURANCE

▶ With Cancer insurance, you can rest a little easier. The coverage pays you a cash benefit to help with costs associated with treatments, to pay for daily living expenses and more importantly, to empower you to seek the care you need.

RADIATION & CHEMOTHERAPY	PLAN 1	PLAN 2	BENEFIT DETAILS
<b>RADIATION &amp; CHEMOTHERAPY</b>	\$10,000	\$20,000	maximum benefit per 12-month period
<b>BLOOD, PLASMA, AND PLATELETS</b>	\$10,000	\$20,000	maximum benefit per 12-month period
WELLNESS & NON-MEDICAL BENEFITS	BENEFIT PAYS		BENEFIT DETAILS
<b>WELLNESS</b>	\$100	\$100	per calendar year for cancer screening tests
<b>INITIAL DIAGNOSIS</b>	\$2,000	\$5,000	pays a one-time, lump sum benefit when a covered person is initially diagnosed with cancer for the first time ever.
<b>LODGING BENEFIT</b>	\$100	\$100	per day, 50 day maximum per 12 month period
<b>GUARANTEE ISSUE</b>	The first time an employee is eligible to apply		
<b>PRE-EXISTING PERIOD</b>	You may not be eligible for benefits if you have received treatment for cancer within the past 12 months until you have been covered under the plan for 12 months.		
HOSPITAL BENEFITS	BENEFIT PAYS		BENEFIT DETAILS
<b>ANESTHESIA</b>	25%	25%	of covered surgery benefit
<b>PROSTHESIS</b>	\$500	\$2,500	actual charges
<b>SURGERY</b>	Inpatient: \$1,000 Outpatient: \$1,500	Inpatient: \$5,000 Outpatient: \$7,500	actual benefit is determined by the surgery schedule in the contract
<b>HOSPITAL CONFINEMENT</b>	\$100	\$100	per day of covered confinement

MONTHLY PREMIUM	PLAN OPTION 1	PLAN OPTION 2
Individual	\$18.47	\$35.33
Single Parent Family	\$21.37	\$39.92
Family	\$34.07	\$63.62



▶ Accident coverage pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on or off-the-job accidental injury occur.

## BENEFITS

Emergency Room Treatment	Hospital Emergency Room with X-Ray \$400 Hospital Emergency Room without X-Ray \$250
Urgent Care	Urgent Care Facility with X-Ray \$300 Urgent Care Facility without X-Ray \$150
Doctor's Office or Facility	Doctor's office or facility (other than a hospital emergency room or Urgent Care) with X-Ray \$300 Doctor's office or facility (other than a hospital emergency room or Urgent Care) without X-Ray \$150
Initial Hospitalization	\$2,000 We will pay the amount shown when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.
Hospital Confinement	\$500 per day, maximum of 365 days per accident within 6 months of the accident
Ambulance	Air Ambulance \$1,500 ; Ground Ambulance \$500
Annual Wellness Benefit *See page 31 for details on this benefit	\$100
Burns	Up to \$15,000
Fractures	Up to \$4,000 based on a schedule
Laceration	Up to \$1,000
Eye Injury	\$400
Portable	Yes

- ### MEETING YOUR NEEDS
- Coverage that is guaranteed issue; not required to take medical exams or tests
  - Benefits that correspond with treatment for on and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, and more.
  - Benefits paid directly to you (unless you assign them to someone else)

COVERAGE TIER	MONTHLY RATES
Employee	\$22.44
Employee + Spouse	\$35.80
Employee + Child(ren)	\$44.02
Family	\$57.38



▶ Critical Illness benefits can help meet the needs your family by offering financial support when it is needed the most. Critical Illness Insurance supplements any existing medical benefits you may already have.

BENEFIT DESCRIPTION	BENEFIT AMOUNTS
Maximum Principal Sum Employee Spouse Child	\$40,000 \$40,000 \$40,000
Guarantee Issue Employee Spouse Child	\$40,000 \$40,000 \$40,000
Employee Coverage	Increments of \$5,000
Spouse Coverage	Increments of \$5,000
DEPENDENT COVERAGE	Increments of \$5,000
Covered Critical Illnesses	<u>Invasive Cancer: 100%, Minor Cancer: 50%, Skin Cancer: \$250, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 25%, Major Organ Failure: 100%, Occupational HIV: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%</u>
Portable	Included
Benefit Waiting Period	N/A
Pre-existing Period	N/A
Benefit Reduction	N/A

RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.



► Symetra is our Hospital Indemnity provider. Hospital Indemnity helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and co-payments associated with inpatient expenses.

BENEFIT	PLAN 1	PLAN 2
HOSPITAL CONFINEMENT	\$750 first day, \$150 day 2+, 180 incident(s) pp/pcy	\$1,500 first day, \$300 day 2+, 180 incident(s) pp/pcy
INTENSIVE CARE UNIT	\$750 first day, \$225 day 2+, 30 incident(s) pp/pcy	\$1,500 first day, \$450 day 2+, 30 incident(s) pp/pcy
SUBSTANCE ABUSE FACILITY	\$100 per day, 30 day(s) pp/pcy	\$150 per day, 30 day(s) pp/pcy
MENTAL HEALTH FACILITY	\$100 per day, 30 day(s) pp/pcy	\$150 per day, 30 day(s) pp/pcy
NURSING FACILITY (THIS BENEFIT IS PAID ONLY IF FOLLO- WING A COVERED HOSPITAL STAY OF AT LEAST THREE CONSECUTIVE DAYS.)	\$100 per day, 30 day(s) pp/pcy	\$150 per day, 30 day(s) pp/pcy
WELLNESS SCREENING	\$50 per day, 1 day(s) pp/ pcy	\$50 per day, 1 day(s) pp/ pcy
INCLUDED: PORTABILITY, HSA COMPATIBILITY		

MONTHLY PREMIUM	PLAN OPTION 1	PLAN OPTION 2
Employee	\$17.76	\$32.97
Employee + Spouse	\$37.85	\$70.26
Employee + Child(ren)	\$29.11	\$54.05
Family	\$52.69	\$97.83





▶ Universal Life coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

GUARANTEED ISSUE* (new hires only)	ELIGIBILITY
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<p><b>EMPLOYEE</b> - \$150,000</p>	<p>To be eligible for insurance, an employee must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- be age 16 through 80.</li> <li>- be on active service, performing in the usual manner all of the regular duties of his or her occupation at one of the places of business where he or she normally works or at some location directed by the employer; and</li> <li>- be continuously employed for the amount of time and working the minimum number of hours per week as you require to be eligible for benefits. These requirements will be defined on the Life and Health Group Application and Agreement.</li> </ul>
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<p><b>SPOUSE</b> - \$25,000</p>	<p>To be eligible for insurance, a spouse (or equivalent as defined by state law or otherwise agreed upon between you and us) must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- must be age 16 through 65.</li> <li>- must be legally married to the employee as determined by the laws of the state in which the employee resides or meet the eligibility requirements required by the group to be benefit eligible.</li> <li>- must not be disabled.</li> <li>- must not be eligible as an employee under the group policy.</li> </ul>
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<p><b>CHILD</b> - \$25,000</p>	<p>To be eligible for universal life insurance, a child must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- must be under the age of 26.</li> <li>- must be an employee's natural child, stepchild, grandchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian.</li> <li>- must not be disabled.</li> <li>- must not be eligible as an employee under the group policy.</li> </ul>
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<p><b>CHILD TERM RIDER</b> - \$10,000</p>	<p>To be eligible for insurance under this rider, a child must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> <li>- must be 15 days through age 25.</li> <li>- must be an employee's natural child or stepchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian.</li> <li>- must not be eligible as an employee under the group policy.</li> </ul>
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**RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.**



# FLEXIBLE SPENDING ACCOUNT

**PLEASE NOTE: YOU WILL NOT BE AUTO-ENROLLED IN YOUR FSA. YOU MUST RE-ENROLL EVERY YEAR!**

## Features of an FSA

<p><b>Why an FSA?</b></p>	<p>Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.</p>
<p><b>Employee Benefits</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Reduces your income taxes</a> (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary.</li> <li>• Using pre-tax dollars to pay for eligible medical and/or dependent care expenses translates into <a href="#">savings of as much as 30%</a>.</li> <li>• Offers <a href="#">immediate access to elected healthcare FSA funds</a> via an FSA debit card.</li> <li>• Most common expenses such as <a href="#">medical, dental, orthodontic, vision, prescription drug, and daycare expenses are eligible</a> for reimbursement with supporting documentation.</li> </ul>
<p><b>How it Works</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Decide how much you will contribute to your FSA each year</a>, up to the maximum allowed by your employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from your paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save!</li> <li>• <a href="#">You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election</a> by submitting a request to CAS via your online FSA portal, by email/fax, or on your CAS FSA phone app. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement (per IRS requirements, note that additional substantiating documentation may be requested by CAS for debit card purchases).</li> </ul>

## MAXIMUM CONTRIBUTION AMOUNTS

- \$3,050 - Medical Reimbursement
  - \$5,000 - Dependent Care Reimbursement
  - \$570 - Rollover
  - 90 Days - Claim File Period
- Example:** You have 90 days starting January 1<sup>st</sup>, to file your 2023 claims.

## FOR EMPLOYEES/PARTICIPANTS

- Convenient CAS Mobile Technology (mobile app)
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator





## PLAN FEATURES

A section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

A) The dependent care expenses must be work related. The care must be necessary for the employee and the employee's spouse to work, to look for work, to attend school full-time or are physically unable to care for their children.

B) The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500.

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.

B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.

C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

## ELIGIBLE AND INELIGIBLE EXPENSES FOR FSA DEPENDENT CARE (PARTIAL LIST):

- FICA/FUTA taxes of dependent care provider
- Nanny expenses attributed to dependent care
- Nursery school (pre-school)
- Late pick up fees
- Day Camp—primary purpose must be custodial care and not educational in nature

## INELIGIBLE EXPENSES

- Kindergarten
- Activity fees/supplies
- Late payment/charges
- Overnight camp
- Transportation



▶ SWEAP Connections offers confidential, no cost, 24/7 access to a network of experts, resources, and services to meet your and your family's mental health needs.

**We know that mental health and wellbeing is an important workplace interest.**

## **SERVICES INCLUDE:**

- **8 Face to Face, Telephonic & Virtual Sessions:** Locally staffed EAP office, in addition to a curated network of master's level counselors nationwide, providing short-term counseling for a number of life-related concerns.
- **24/7 Toll Free Crisis Line & Intervention:** Unlimited telephone access to master's level counselors for crisis intervention. Available 24/7 through a toll-free line answered live.
- **24/7 Online Support:** Website provides on-demand resources on health/emotional well-being, family/caregiving, financial calculators, legal resources and documents, webinars, and courses.
- **Specialized Services for Alcohol and Chemically Dependent Employees:** Assessment, treatment planning, referral, case management, family education sessions, and aftercare coordination are all provided by specially trained staff.
- **Childcare and Eldercare Referral Services:** Help finding childcare, elder care, schools, camps, back-up care and more.
- **Legal/Financial Resources and Services:**
  - Legal- 30 minute telephonic legal consultation per issue on an unlimited number of issues, including identity theft.
  - Financial- 30 minute telephonic financial consultation per issue on an unlimited number of issues, such as, credit counseling, debt and budgeting, retirement planning, tax return assistance, and college planning.
- **Web Based Resources and Support:** Website planning on-demand resources on health/emotional well-being, family/caregiving, financial calculators, legal resources and documents, webinars, and courses.

**\*This program is available to all employees and their families.\***

**Help is always available:**

**Phone: (501) 663.1797 or (800) 777.1797**

**info@SWEAP.com or www.SWEAPconnections.com**

**Password: SWEAP**



# BENEFITS OVERVIEW

BENEFIT	CARRIER	WEBSITE AND CUSTOMER SERVICE PHONE NUMBER
Medical	Cigna	1-800-997- 1654 <a href="https://www.myCigna.com/">https://www.myCigna.com/</a>
Telemedicine	Cigna	1-800-997-1654 <a href="https://www.myCigna.com/">https://www.myCigna.com/</a>
Dental	Delta Dental	1-800-462-5410 <a href="https://www.deltadentalar.com/">https://www.deltadentalar.com/</a>
Vision	VSP	1-800-877-7195 <a href="https://www.vsp.com/login">https://www.vsp.com/login</a>
Long Term Disability	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Non-Uniform Pension Retirement Plan	City of Little Rock	HRBenefits@littlerock.gov
Arkansas Local Police and Fire Retirement System	LOPFI	dcollins@lopf-prb.com
Deferred Compensation	Arkansas Diamond	Cheryl Daughenbaugh cheryl.daughenbaugh@stephens.com
Cancer	Transamerica	1-888-763-7474 <a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Voluntary Life & Voluntary AD&D	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Critical Illness	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Hospital Indemnity	Symetra	1-800-796-3872 <a href="https://www.symetra.com/">https://www.symetra.com/</a>
Accident Insurance	AFLAC	1-800-992-3522 <a href="https://www.aflacgroupinsurance.com">https://www.aflacgroupinsurance.com</a>
Universal Life	Transamerica	1-888-763-7474 <a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Flexible Spending Account	Consolidated Admin Services (CAS)	1-877-941-5956 <a href="https://www.consolidatedadmin.com/">https://www.consolidatedadmin.com/</a>
Health Savings Account	Lively	1-888-576-4837 <a href="https://www.hello@livelyme.com/">https://www.hello@livelyme.com/</a>
Employee Assistance Program	SWEAP Connections	501-663-1797 or 800- 777-1797 Info@SWEAP.com www.SWEAPConnections.com (username: SWEAP)
Medical Transport Solutions	MASA	1-877- 503-0585 <a href="https://www.masamts.com/">https://www.masamts.com/</a>
SimpleWill	SimpleWill	1-501- 503-0119 <a href="https://oursimplewill.com/">https://oursimplewill.com/</a>



# VOLUNTARY BENEFITS REFERENCE GUIDE

- ▶ Below is a quick reference guide on the annual wellness benefits offered through the accident, critical illness policies, and cancer. You must be enrolled in the critical illness, cancer, or accident policy in order to receive the applicable wellness benefit below.

Accident Policy		Aflac
\$100 Health Screening		
To File:	By Mail	Online
	Aflac, 1932 Wynnton Road, Columbus, GA 31999	<a href="https://www.aflac.com/file-a-claim/default.aspx">https://www.aflac.com/file-a-claim/default.aspx</a> <a href="https://myaflac.aflac.com/">https://myaflac.aflac.com/</a>
Information Needed	Include Bill or Statement as proof of test. Bill/statement should include the following: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> <li>• The specific test/procedure performed</li> </ul>	
Covered Tests	We will pay the amount shown for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Annual physical exams; Flexible Sigmoidoscopy; Mammograms PSA Tests; Pap Smears Ultrasounds; Eye Examinations; Blood Screening; Immunizations	

Cancer Policy		TRANSAMERICA TRANSFORM TOMORROW
\$100 Wellness Screening		
To File:		Online
		<a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Information Needed	Include Bill or Statement as proof of test. Bill/statement should include the following: <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> </ul>	
Covered Tests	One Cancer Screening per calendar year	



▶ The high cost of emergent and non-emergent transportation results in unexpected out of pocket expenses. MASA protects members from these expenses related to emergency air transportation and ground ambulance charges.

**ANY GROUND. ANY AIR. ANYWHERE.™**

BENEFITS	EMERGENT PREMIER
Emergency Air Ambulance Coverage	Yes
Emergency Ground Ambulance Coverage	Yes
Hospital to Hospital Ambulance Coverage	Yes
Repatriation Near Home Coverage	Yes
Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage	Yes
Pandemic Quarantine Expense Protection	Yes
Minor Return Transportation Coverage	Yes
Pet Return Transportation Coverage	Yes
Companion Transportation Coverage	No
Hospital Visitor Transportation Coverage	No
Patient Return Transportation Coverage	No
Mortal Remains Transportation Coverage	No
Vehicle & RV Return Coverage	No
Organ Retrieval & Organ Recipient Transportation Coverage	No



**DID YOU KNOW?**

**28M**

Emergency transports are dispatched by 911 annually

**21,000**

Licensed ground ambulance providers in the U.S.

**300**

Air medical providers in the U.S.

**79%**

All ground ambulance rides could result in and out-of-network bill

**\$2,000**

Average ground ambulance charge

**MASA SOLUTION:**

**100%**

U.S. ambulance provider coverage

**50**

Years industry pioneer

MONTHLY RATES	
COVERAGE TIER	EMERGENT PREMIER
EMPLOYEE/FAMILY	\$19.00



Affordable • Protection • Peace of Mind



New

▶ Creating a will can seem overwhelming or too expensive. SimpleWill is an online platform that makes creating a will...simple and affordable. Get peace of mind about your future, visit [www.oursimplewill.com](http://www.oursimplewill.com) today!

### 3 Simple Steps



Choose an attorney and create an account



Create your customized SimpleWill documents and receive a digital copy



Schedule a 20 minute virtual appointment with an attorney who reviews, revises and approves all SimpleWill documents

#### Documents Included:

- Last Will and Testament
- General Durable Power of Attorney
- Healthcare Power of Attorney
- Living Will
- HIPAA Authorization
- Personal Property Memorandum

Employer Code:

Employee: employeeIND

Family: employeeFAMILY

(\*The codes above must be used to get the pricing shown below)

Choose a Plan	Employee Plan* (Me)	Family Plan* (Me & My Spouse)
	<b>\$249</b>	<b>\$379</b>
Documentation Review and Revision by Affiliated Licensed Attorney	✓	✓
20 Minute Virtual Appointment with Affiliated Licensed Attorney	✓	✓



# NOTES



# NOTES





INTENTIONALLY DIFFERENT



## CUSTOMER SERVICE

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