



CITY OF PINE BLUFF ARKANSAS BENEFITS BOOKLET 2024



CITY OF PINE BLUFF ARKANSAS - 200 EAST 8TH AVE.
PINE BLUFF, AR 71601
(870) 730-2000 | WWW.CITYOFPINEBLUFF-AR.GOV

FROM OUR CITY

Dear Valued Employees,

Benefits are a valuable part of your compensation package. They can help protect important things such as your income and your assets if you become sick or injured and are unable to work. Some insurance products can help pay for expenses that are not covered by your health insurance such as co-payments, deductibles, and other out-of-pocket expenses. Other plans can help your family cope with financial realities if you should die prematurely.

That is why City of Pine Bluff has made these valuable insurance products from The Hatcher Agency available for you and your family. The voluntary benefits described in this booklet can build on the benefits already provided by City of Pine Bluff providing the additional protection you and your family may need. Keep in mind, more competitive rates are available through the workplace. We encourage you to take a look at the information in this booklet so you can make informed choices about these benefits.

Sincerely,

Shirley Washington

Mayor

TABLE OF CONTENTS



Need more information?
Important Contact and Carrier information can be found on page 28.

4	Hatcher Agency Contacts
5	Terms to Know
6-7	Medical Benefits
8-11	United Healthcare Member Information
12-13	Health Savings Account FAQs and Eligible Expenses
14	Dental Benefits
15	Delta Dental Member Information
16-17	Vision Benefits
18-19	Cancer Insurance
20	How to Find a Provider
21-22	Life/AD&D Benefit
23	Short Term Disability
24	Long Term Disability
25	AllState Products
26-27	Frequently Asked Questions
28	Carrier and HR Contact Information

DISCLOSURES AND DISCLAIMER

This benefit booklet was designed to help you better understand your benefits and benefit choices. At the request of the plan administrator at **City of Pine Bluff** the word employee has been used to describe you (the employee) in this benefit book when detailing benefits, benefit options, and rates. The outlines in this benefit booklet are only benefit summaries and are designed to provide a brief overview of your coverages. For a full schedule of benefits and complete outline of coverage please review your insurance certificate of coverage, policy, or summary plan description.

Active Employment (*applies to group insurance products*) You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by **City of Pine Bluff** for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Actively at Work Being actively at work means on the day you apply for coverage, you are working at **City of Pine Bluff** for the required minimum hours each week. If you are applying for coverage on a day that is not one of your scheduled work days, then you'll be considered actively at work if you meet this definition as of your last scheduled workday. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence.

Additional Information (*applies to all individually owned policies*) This material is intended to be a brief description of the policy. The policy definitions, exclusions, and limitations will be used to determine actual benefit decisions. Product availability and provisions may vary by state.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

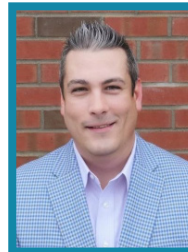
THE HATCHER AGENCY



The Hatcher Agency is proud to be the insurance broker for the employees at City of Pine Bluff. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits. Our office number is (501) 375-3737.



Greg Hatcher,
CEO
C: (501) 519-4734
E: greg@hatcheragency.com



Robert Ellis,
Lead Account Executive
C: (501) 351-1466
E: robert@hatcheragency.com



Ethan Harris,
Sales Agent
C: (870) 413-1408
E: ethan@hatcheragency.com



Zack Perez,
Agent
C: (870) 557-0246
E: zack@hatcheragency.com



Hannah Cotros,
Agent
C: (501) 366-6472
E: hannah@hatcheragency.com



Patricia Terry,
Agent
C: (501) 317-8145
E: patrica@hatcheragency.com



Katherine Caserta,
Agent
C: (501) 842-5254
E: katherinec@hatcheragency.com

**GROUP SERVICE TEAM EMAIL:
ROBERTSTEAM@HATCHERAGENCY.COM**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

TERMS TO KNOW

INSURANCE TERMINOLOGY TO KNOW

Benefits wordage can sometimes be daunting. Review the list of common terms below for a little help!

Qualified High Deductible Health Plan (HDHP) & Health Savings Account (HSA) – a high deductible health plan can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from state and federal taxes, and saving you money. All claims, medical and pharmacy, apply to the deductible and coinsurance. Wellness is still covered at 100%.

Deductible – the insurance deductible is the amount of money you will pay in an insurance claim before the insurance coverage kicks in and the company starts paying. City of Pine Bluff's deductible begins on January 1st.

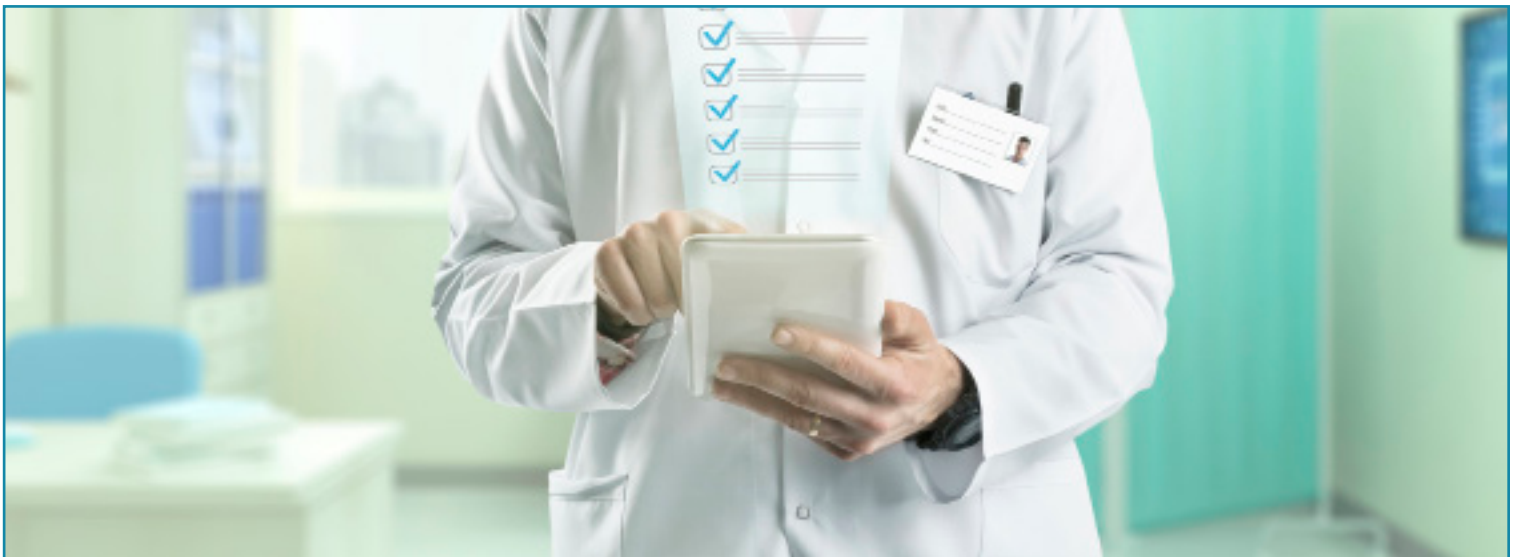
Prior Authorization - PA is a requirement that your physician obtain approval from your prescription drug plan to prescribe a specific medication or procedure for you.

Quantity Limit - QL defines how much of a particular drug patients can get during a specific time period or the maximum days supply that patients can get at once.

Premiums - the amount of money you pay on a regular basis to have coverage on your policy. Premiums are usually lower in a HDHP in comparison to a traditional (PPO) plan.

Step Therapy - the patient begins medication for a medical condition with the most cost effective drug therapy and progresses to other more costly or risky therapies only if necessary. Step Therapy is an approach intended to control costs and risks posed by some prescription drugs.

Out-of-Pocket Maximum – OOP maximum is the most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. Your OOP maximum will be lower In Network versus Out of Network.



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

MEDICAL BENEFITS



SUMMARY OF MEDICAL BENEFITS- UNITEDHEALTHCARE HDHP CS63

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES AND MAXIMUMS - CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$2,000	\$8,000
FAMILY	\$4,000	\$16,000
COINSURANCE: YOU PAY THIS AFTER YOUR DEDUCTIBLE HAS BEEN MET OR IN ADDITION TO A COPAY		
	You pay 0%	You pay 0%
OUT-OF-POCKET CALENDAR YEAR MAXIMUM CONTRIBUTIONS (INCLUDES DEDUCTIBLE)		
INDIVIDUAL	\$2,000	\$8,000
FAMILY	\$4,000	\$16,000
LIFETIME BENEFIT MAXIMUM	UNLIMITED	
COVERED SERVICES		
OFFICE VISITS	YOU PAY	
PRIMARY CARE DOCTOR	Deductible + 0% Coinsurance	Deductible + 0% Coinsurance
SPECIALIST	Deductible + 0% Coinsurance	Deductible + 0% Coinsurance
EMERGENCY MEDICAL CARE		
EMERGENCY ROOM	Deductible + Coinsurance	
URGENT CARE	Deductible + Coinsurance	
HOSPITAL SERVICES		
INPATIENT SERVICES	Deductible + 0% Coinsurance	Deductible + 0% Coinsurance
OUTPATIENT SERVICES	Deductible + 0% Coinsurance	Deductible + 0% Coinsurance
YOUR PRESCRIPTION PLAN PAYS (AFTER DEDUCTIBLE HAS BEEN MET)		
Generics	\$10	
Preferred	\$35	
Non-Preferred Brand	\$70	
WELLNESS		
YES - COVERED AT \$0 TO YOU. PPACA WELLNESS		
EXAMPLES: IMMUNIZATIONS, ROUTINE WELL BABY CARE, ROUTINE PHYSICAL EXAMS, ROUTINE GYNECOLOGICAL VISIT, MAMMOGRAM AND PAP-SMEAR		
*Dependents covered to age 26. *Please see the FAQ section for further information regarding dependent coverage.		
Employee Deductions (24x)		
Employee Only	\$15.00	
Employee + Family	\$141.75	

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

MEDICAL BENEFITS



SUMMARY OF MEDICAL BENEFITS- UNITEDHEALTHCARE POS PLAN CS64

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLES AND MAXIMUMS - CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$2,000	\$7,500
FAMILY	\$4,000	\$15,000
COINSURANCE: YOU PAY THIS AFTER YOUR DEDUCTIBLE HAS BEEN MET OR IN ADDITION TO A COPAY		
	You pay 20%	You pay 40%
OUT-OF-POCKET CALENDAR YEAR MAXIMUM CONTRIBUTIONS (INCLUDES DEDUCTIBLE)		
INDIVIDUAL	\$4,000	\$15,000
FAMILY	\$8,000	\$30,000
LIFETIME BENEFIT MAXIMUM	UNLIMITED	
COVERED SERVICES		
OFFICE VISITS	YOU PAY	
PRIMARY CARE DOCTOR	\$25	Deductible + 40% Coinsurance
SPECIALIST	\$50	Deductible + 40% Coinsurance
EMERGENCY MEDICAL CARE		
EMERGENCY ROOM	\$250 Copay	
URGENT CARE	\$50 Copay	
HOSPITAL SERVICES		
INPATIENT SERVICES	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
OUTPATIENT SERVICES	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
YOUR PRESCRIPTION PLAN PAYS		
Generics	\$10	
Preferred	\$35	
Non-Preferred Brand	\$70	
WELLNESS		
YES - COVERED AT \$0 TO YOU. PPACA WELLNESS		
EXAMPLES: IMMUNIZATIONS, ROUTINE WELL BABY CARE, ROUTINE PHYSICAL EXAMS, ROUTINE GYNECOLOGICAL VISIT, MAMMOGRAM AND PAP-SMEAR		
*Dependents covered to age 26. *Please see the FAQ section for further information regarding dependent coverage.		
Employee Deductions (24x)		
Employee Only	\$45.18	
Employee + Family	\$230.82	

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

UHC VIRTUAL VISITS

Sick with the flu?

See a doctor whenever, wherever.

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. The doctor can give you a diagnosis and prescription*, if needed. And with a United Healthcare plan, your cost is \$50 or less depending on your plan. **And even better, that cost goes towards your Deductible.**

To get started with a Virtual Visit, go to uhc.com/virtualvisits.

Get care in 20 minutes or less.

Prepare for your Virtual Visit.


Have these three items ready to register and complete your Virtual Visit:

- Health plan ID card
- Credit card (HSA and FSA can be applied)
- Pharmacy location

Go to www.uhc.com and log in with your username and password.

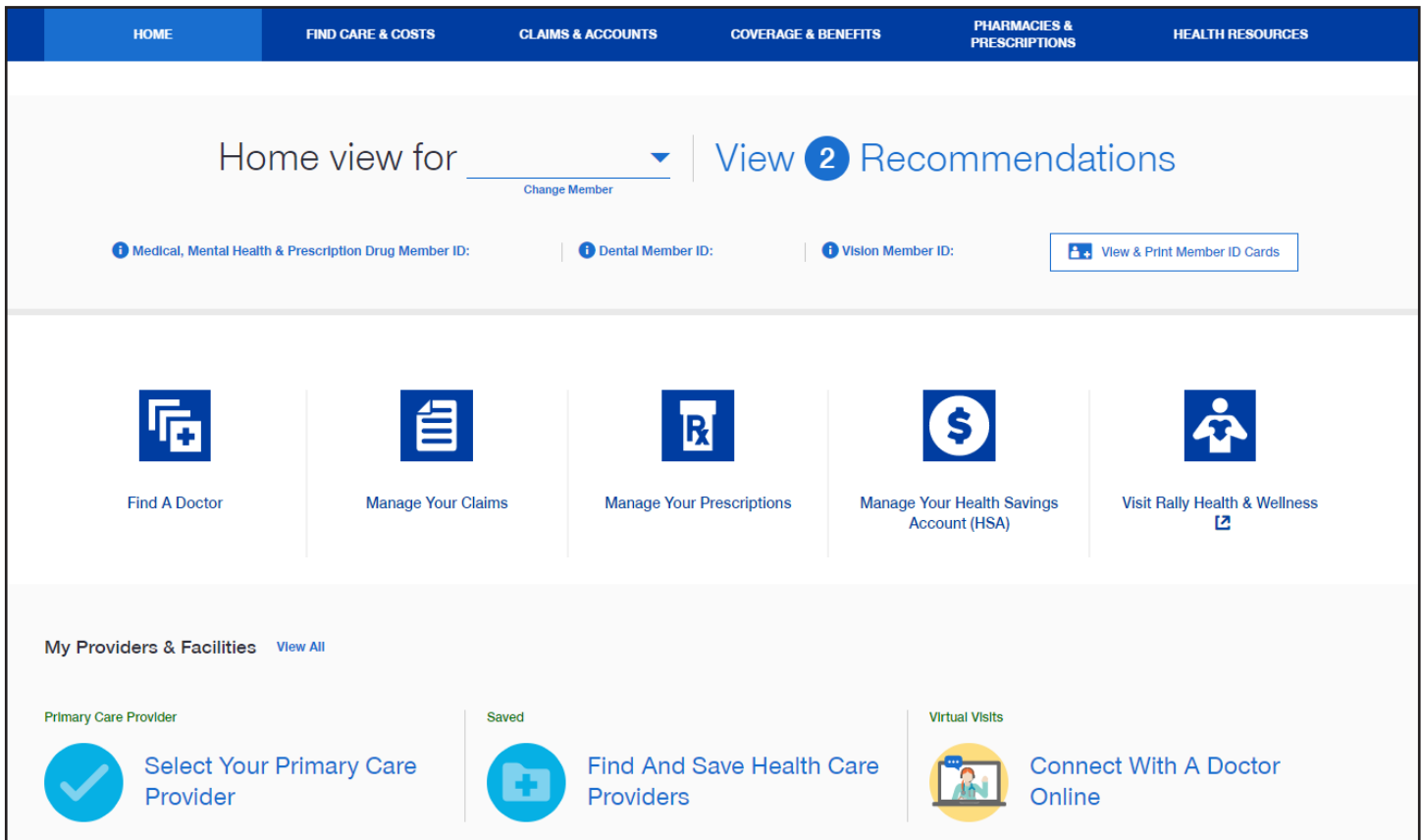
You will be taken to your Member Dashboard where you can find a Doctor, manage your prescriptions, see claims and more. Towards the bottom right, click on “Connect with a Doctor Online”.

See example below.



Virtual Visits can save time and money.

An estimated 25 percent of ER visits could be treated with a Virtual Visit – which brings a potential \$1,700 cost down to \$50.**



The screenshot shows the UHC Member Dashboard. At the top is a navigation bar with links: HOME, FIND CARE & COSTS, CLAIMS & ACCOUNTS, COVERAGE & BENEFITS, PHARMACIES & PRESCRIPTIONS, and HEALTH RESOURCES. Below the navigation bar, the user is logged in as 'Home view for [Member Name]' with a 'Change Member' link. There are three tabs for 'Medical, Mental Health & Prescription Drug Member ID', 'Dental Member ID', and 'Vision Member ID', along with a 'View & Print Member ID Cards' button. The main content area features five large icons: 'Find A Doctor', 'Manage Your Claims', 'Manage Your Prescriptions', 'Manage Your Health Savings Account (HSA)', and 'Visit Rally Health & Wellness'. Below this is a section for 'My Providers & Facilities' with a 'View All' link. At the bottom, there are three cards: 'Select Your Primary Care Provider', 'Find And Save Health Care Providers', and 'Connect With A Doctor Online'.

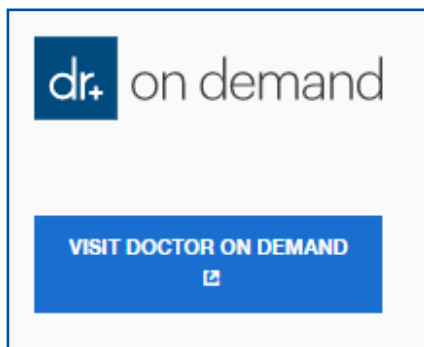
*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

UHC VIRTUAL VISITS CONT.

UHC allows you to choose between 3 Virtual Visit Providers:

1. **Teladoc**
2. **Amwell**
3. **dr+ on demand**

You can see which states where Virtual Visit Providers diagnose and prescribe medication.



UnitedHealthcare App

Get on-the-go access to your health plan.

The UnitedHealthcare® app puts your plan at your fingertips.



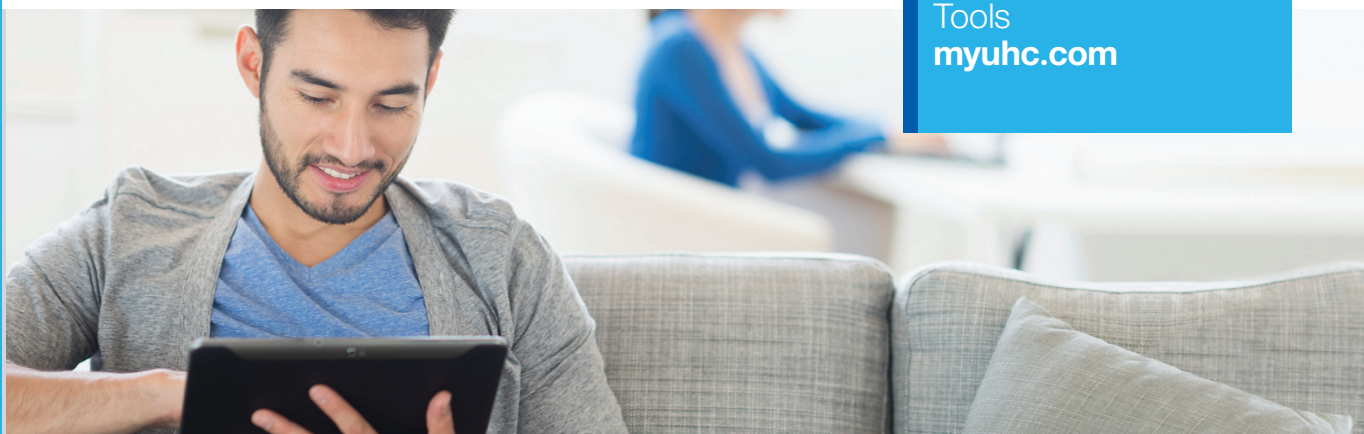
THE APP HAS YOU COVERED.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

Tools
myuhc.com



All your health plan information in one place. How convenient is that?

myuhc.com® is your personalized member website to help you access and manage your medical, dental and vision plan details 24/7.*



Find and price care.

Find a provider and get personalized estimates for the services in your network, including doctors, dentists, hospitals, labs and convenience and urgent care clinics. For minor health concerns, register for a Virtual Visit** and pay \$50† or less to see a doctor on your smartphone,†† tablet or computer.



See what's covered.

Easily see what your plan covers and how much it costs for common services, including preventive care visits, urgent care visits, flu vaccines, chiropractic services and more. You also have access to your plan documents, member handbook, required notices and welcome materials.



Check your plan balances.

Get quick access to review the status of your deductible, coinsurance and out-of-pocket limit. If included in your plan, you also have access to your health savings account (HSA), flexible spending account (FSA) or health reimbursement account (HRA).



Access claim details.

View your claims history and easily see how your claim was processed, what your plan covered and what you may owe your provider. You can also access and submit claims forms and pay your provider directly Online.



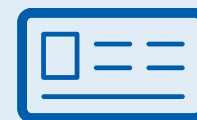
Easily order prescriptions and more.

Order prescription refills, compare prescription drug pricing, get cost estimates and find ways to save on your medications.



Sign up in minutes at myuhc.com today.

- Easily access and manage your health plan details.
- Dependents 18 and over can also create their own accounts.
- Have your health plan ID card handy.



Easy access to your health plan ID cards.

- View, print or email your card when you need care.



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

How to register on myuhc.com[®]

By registering on myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.

Registration is quick and simple:

1. Go to **myuhc.com**.
2. Click the **Register Now** button.
3. Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth.
4. Create a Username and Password.
5. Enter your email address and optional phone numbers, and choose security questions.
6. Review and agree to the website policies, and be sure to keep the email opt-in checked so you receive relevant news and wellness information.

By registering, if applicable, you will also receive Health Statements, Explanation of Benefits, Claim Letters, Regulatory Notices and other important information electronically. You may choose to receive free paper communications at any time by changing your Mailing Preferences.

On myuhc.com you can:

- ▶ Check past and current statements and claim status.
- ▶ Review eligibility and look up benefits.
- ▶ Find a hospital or doctor, including UnitedHealth Premium[®] designated physicians.
- ▶ Print a temporary health plan ID card or request a replacement card.
- ▶ Compare hospitals for quality and cost at the procedure level.
- ▶ “Chat” with a nurse online in real-time.
- ▶ Take a health assessment and participate in online programs that help you set goals to achieve health objectives.
- ▶ Learn about health conditions, symptoms and the latest treatment options.
- ▶ Use the Personal Health Record to organize and store all your health data in one convenient, confidential place.

Start managing your health care benefits online today at myuhc.com.



HEALTH SAVINGS ACCOUNT (HSA) FAQ'S

Q: What is a Health Savings Account?

A: A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High-Deductible Health Plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit.

Q: Can anyone open an HSA?

A: No. In order to open an HSA you must be enrolled in a Qualified High Deductible Health Plan. (QHDHP)

Q: How much can I contribute each year?

A: IRS limits on a Health Savings Account (HSA) plan for 2024 are \$4,150 per year (Employee Only) or \$8,300 for Family (Employee + 1). If you are 55 or older, you can also make "catch-up" contributions of up to \$1,000 per year above those limits. If at the end of the plan year, you have contributed more than the recommended maximum, and you were not covered under a HDHP for the entire calendar year, your extra contribution may be taxed as income. This amount is also subject to a penalty tax.

Q: How much can I spend each year from my HSA account?

A: The only spending limit is your HSA account balance. Just like your regular bank account, you can only withdraw up to the amount in your account at that point in time. Any unused funds will roll over from year to year. You do not lose any funds if they are not used by the end of the year.

Q: What can I spend my HSA funds on?

A: You can use HSA funds for any expense accepted by the IRS as a legitimate medical expense, such as doctor visits, therapy, hospitalization, prescriptions, vision care, dental etc. To be eligible, the expense must be incurred on or after the date the HSA account was opened. HSA funds can also be used for health insurance premiums such as COBRA and TEFRA/Medicaid.

Q: Can I spend HSA funds on family members who are not on my health plan?

A: If you have Employee Only (HDHP) coverage, and your spouse or dependents have separate health coverage that is not a High-Deductible Health Plan, you can still use your available HSA funds to pay their medical expenses as long as you file a Federal tax return that includes that person as a joint filer or dependent. Your dependent is not allowed to file a claim with their FSA and with your HSA.

Q: How do I access my funds?

A: You will receive a Health Equity Client Services Debit MasterCard that is linked to your HSA account. This is a limited-purpose MasterCard which is coded for medical providers only. Swipe the card just as you would any credit card. Although you have the option of setting a PIN, no PIN is required. The card lets you cover expenses without having to pay out-of-pocket first and then wait for reimbursement. If your medical provider does not accept credit cards or for whatever reason you did not use your Health Equity Client Services Debit MasterCard to pay the expense, then you can submit a claim for reimbursement.

Q: I'm going to become eligible for Medicare late this year. Can I still have an HSA?

A: If any part of Medicare is elected, you cannot contribute any more money after your Medicare effective date. However, you may continue to use up any funds previously contributed.

Q: If I elected an HSA for 2024, but drop my medical coverage later in the year, can I continue to use my HSA funds?

A: Yes. However, you will no longer be able to contribute money to your HSA account unless you are enrolled in a qualified High Deductible Health Plan.

Q: How long can I contribute to an HSA?

A: As long as you are enrolled in a qualified HDHP, you can contribute to an HSA account until you enroll in Medicare.

Q: How are office visits and prescriptions charged on my HSA Health Plan?

A: On the HSA Health Plan option, you will pay 100% of the allowed charge for the visit or drug, until you reach your maximum out-of-pocket. Once you fulfill the deductible/maximum out-of-pocket your office visit copays and prescription costs are covered 100% in network by the plan.

Q: Are there any fees associated with my HSA?

A: Yes, however **City of Pine Bluff** is covering the administrative fees for active employees.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

HSA ELIGIBLE EXPENSES

Eligible Expenses

Maximize the Value of Your Health Savings Account - Your HSA dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible expenses used by federal employees.

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for
- Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING


- Hearing Aids and Batteries
- Hearing Exams
- LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

- Insurance Premiums

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement & Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)  Transportation*

- COBRA Premiums

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

- Long Term Care Premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

DENTAL BENEFITS



DELTA DENTAL 1500 PLAN	IN NETWORK
DEDUCTIBLE Calendar Year	\$50 Per Person
PREVENTIVE SERVICES Cleanings, Exams, X-Rays, Fluoride treatments (children to 19), Sealants	100% Covered Deductible does not apply (Employee and their family pays 0%)
BASIC SERVICES Simple Extractions, Endodontics (root canal) Fillings, Oral Surgery	80% Covered After deductible has been met (Employee and their family pays 20%)
MAJOR SERVICES Periodontics Surgery (gum disease) Dentures, Crowns, Bridges	50% Covered After deductible has been met (Employee and their family pays 50%) <i>*12 Month Wait for Late Entry*</i>
ANNUAL MAXIMUM	\$1,500 per person
Orthodontic Services (for children to age 19)	50% (Lifetime Max \$1,000 per person)

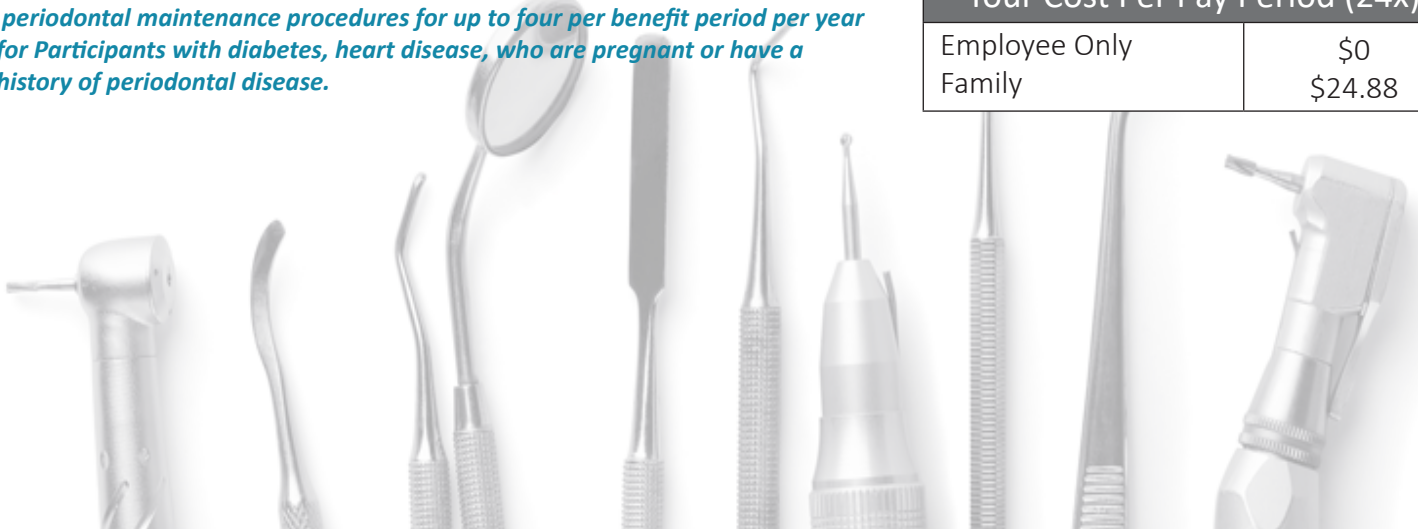
Maximum Carryover: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit paid does not exceed \$749.00 in that Benefit Year, up to \$375.00 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, not to exceed \$1,500.

EMPLOYER CONTRIBUTION: City of Pine Bluff pays 100% of the employee's monthly premium. The employee pays 100% of the spouse and/or child coverage.

** Evidence based dentistry : DDAR covers additional routine cleanings or periodontal maintenance procedures for up to four per benefit period per year for Participants with diabetes, heart disease, who are pregnant or have a history of periodontal disease.*

Your Cost Per Pay Period (24x)

Employee Only	\$0
Family	\$24.88



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

THE DELTA DIFFERENCE

Delta Dental of Arkansas is proud to offer you quality dental insurance, and we hope you will take advantage of your benefits to receive the best care possible for your smile. For more information about your dental insurance plan, contact Delta Dental Customer Service at 1-800-462-5410.

SAVE MONEY

Delta Dental has the largest network of dentists across the nation, which means you will find quality care wherever you are. While you are free to see the dentist of your choice, it works to your advantage to choose a dentist from one of the two Delta Dental networks: Delta Dental Premier and Delta Dental PPO. To obtain the deepest discounts and the least amount of out-of-pocket expenses, choose a dentist from the Delta Dental PPO network.

LOCATE A DENTIST

Locate a participating dentist near you, by visiting <http://www.deltadentalar.com> to use the online directory. The directory will create a list of dental offices that match your search and will also provide maps and directions to a selected office.



EVIDENCE BASED DENTISTRY

Through evidence based dentistry, Delta Dental encourages patients to receive the dental care that is most appropriate for certain medical conditions.

For covered members with diabetes, heart disease, have a history of periodontal disease or who are pregnant, Delta Dental will cover up to four routine cleanings or periodontal maintenance procedures per year.

The additional benefits may not be combined for patients with more than one of the above conditions.

INCREASE YOUR ANNUAL MAXIMUM

Delta Dental's Carryover Benefit allows you to carryover a portion of your unused benefits each year giving you the opportunity to grow your coverage.

If you need a procedure that costs more than your annual maximum, you can pay the difference with carryover benefits.

You will qualify to carryover \$375 or 25% of your annual maximum each year if you meet the following requirements:

- You must submit at least one claim for covered services during the calendar year.
- Your paid claims must be less than half (\$750) of your annual maximum (\$1,500) for the Accumulation Year.

Lastly, the amount accumulated under the Carryover Benefit cannot exceed the amount of the member's annual maximum (\$1,500).

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

VISION BENEFITS

DELTA VISION 976	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENT
EXAM COPAY MATERIALS COPAY CONTACT LENS FITTING	\$10 \$25 \$25	\$35 Not Covered Not Covered
LENSES (STANDARD) PER PAIR: Single Vision Bifocal Trifocal	100% covered 100% covered 100% covered	Up to \$25 Up to \$40 Up to \$50
FRAMES	\$110 Retail Allowance	Up to \$45 Retail Allowance
CONTACT LENSES	\$110 Retail Allowance	Up to \$110 Retail Allowance
REFRACTIVE SURGERY (LASIK)	15-50% Discount	Not Covered

Service Frequency

EXAM	12 Months
FRAMES	24 Months
LENSES	12 Months
CONTACT LENSES & FITTING	12 Months

Note: The member must choose between either Frames & Lenses OR Contacts. The allowance will not apply to both Lenses/Frames and Contacts in one 12 month period

* Upgraded benefits could result in additional charges at the discounted Delta Vision price. Examples include: progressive lenses, scratch coating, UV protection, etc.

FIND A PROVIDER

You can find a dental or vision provider by visiting www.deltadental.com/find-a-doctor

You can also call Customer Service at 1-800-462-5410 for further help.

Your Cost Per Pay Period (24x)

Employee Only	\$3.48
Family	\$8.00



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

VISION BENEFITS OPTION 2

VSP	IN-NETWORK BENEFITS
EXAM COPAY	\$15
MATERIALS COPAY	\$25
CONTACT LENS FITTING	\$25
LENSES (STANDARD) PER PAIR:	
Single Vision	100% covered
Bifocal	100% covered
Trifocal	100% covered
FRAMES	Covered up to \$100
FRAMES	Up to a 20% savings on lens extras such as scratch resistant and anti-reflective tints, blended and progressive lenses. A 20% discount is applied to the amount over the \$100 frame allowance. There is a 20% discount off additional pairs of prescription glasses and sunglasses. Polycarbonate lenses are included for dependent children up to age 25.
CONTACT LENSES	Covered up to \$105
REFRACTIVE SURGERY (LASIK)	Average 15% Discount (varies by location)

Service Frequency

EXAM	12 Months
FRAMES	24 Months
LENSES	12 Months
CONTACT LENSES & FITTING	12 Months

Note: The member must choose between either Frames & Lenses OR Contacts. The allowance will not apply to both Lenses/Frames and Contacts in one 12 month period

Your Cost Per Pay Period (24x)

Employee Only	\$5.95
Employee + One	\$8.85
Employee + Family	\$14.95

FIND A PROVIDER

You can find a vision provider by visiting www.vsp.com

You can also call Customer Service at 1-800-877-7195 for further help.



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

CANCER INSURANCE

Hatcher Agency Exclusive Cancer Insurance

Underwritten by ManhattanLife Assurance Company of America



Ease the financial burden while healing

Fortunately, we can help with unexpected expenses

Every year, more and more people are being diagnosed with cancer.¹ Treatment of cancer can lead to unexpected expenses that create an additional financial burden. Cancer insurance helps fill in the gaps that medical insurance doesn't cover. Benefits are paid directly to the employee and may be used for any purpose - such as travel to treatment centers, medical co-pays, deductibles and experimental treatment, as well as everyday expenses like groceries, rent and ongoing household bills.

Covered Events	Benefit Paid
Prevention & Non-Invasive Cancer Related Events	
Cancer Screening Benefit	\$75/insured/year, Includes a \$75 cancer screening follow up benefit
Positive Diagnosis test	up to \$100
Initial Diagnosis of Cancer	\$6,500 for Employee, \$6,500 for Spouse, \$6,500 for Child
Treatment Benefits	
Radiation/Chemotherapy	Actual Charges up to \$15,000 per 12 month period
Blood, Plasma, Platelets	Actual Charges up to \$15,000 per 12 month period
Experimental Treatment	Actual Charges up to \$15,000 per 12 month period
Covered Inpatient Surgery	Payment based on surgical schedule in your policy
Covered Outpatient Surgery	Payment based on surgical schedule in your policy
Second Surgical Opinion	Actual charges up to \$250
Anesthesia	Actual Charges up to 25% of surgery benefit
Ambulatory Surgical Center	Actual Charges up to \$375 per day

DID YOU KNOW?

2/3 of the cost of cancer is non-medical¹

\$1,266 is the monthly average out of pocket cost for cancer²

5% increase in cancer costs every year³

62% of bankruptcies are the results of medical causes despite 76% of those claiming bankruptcy had medical insurance⁴

1 www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf;
 2 "Study Links Medical Costs and Personal Bankruptcy," Bloomberg BusinessWeek, June 4, 2009
 3 Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center>

ENROLL TODAY

During this enrollment, you can elect coverage for you and your family:

- Convenient payroll deductions
- Portable
- Guarantee Issue: no health questions asked at enrollment
- Pre-existing Condition Limitation -3 month look back period, 12 month exclusion period
- Waiver of Premium – if you become disabled due cancer for 60 days, premiums will be waived thereafter so long as you continue to be disabled

*continued on next page

CANCER INSURANCE CONTINUED

Hospital Confinement Benefits	
Hospital Confinement	\$250 per day
Extended Hospital Confinement	\$300 per day
Hospital Intensive Care	\$200 per day
Government or Charity Hospital	\$100 per day
Inpatient Special Nursing	Actual Charges up to \$150/day
Inpatient Drugs and Medicine	\$25 per day
Attending Doctor	Actual Charges up to \$40/day
Extended Care Facility	Actual Charges up to \$100/day
Home Health Care	Actual Charges up to \$100/day
Lodging and Transportation Benefits	
Ambulance	Actual charges up to \$200 a day (no maximum if transported to ICU)
Transportation/Companion Transportation	\$0.45 per mile or coach fare (100 miles minimum per round trip)
Outpatient and Family Member Lodging	Actual charges up to \$100/day (Limit \$4,000 per 12 month period)
Miscellaneous Benefits	
Hospice	Actual Charges up to \$150/day
Physical or Speech Therapy	Actual Charges up to \$50/day
Breast Prosthesis	incurred expenses
Skin Cancer	Actual Charges up to \$120 for first removal, \$60 each additional removal
Medical Imaging	Actual Charges up to \$250 per year
Anti-Nausea Medication	Actual Charges up to \$100 per year
Hematological Drugs	Actual Charges up to \$100 per year
Hair Prosthesis	\$25 every two years
Nonsurgical External Breast Prosthesis	Included under Breast Prosthesis
Waiver of Premium	after 60 days
Donor Benefit Bone Marrow and Stem Cell Transplant	2x Hospital confinement benefit, Actual charges for transportation, \$50/day for lodging/meals
Bone Marrow/Stem Cell transplant	Incurred expenses up to \$5,000
National Cancer Institute Evaluation	Billed Charges up to \$750
Rental/Purchase Durable Goods	up to \$500/year

Your Cost Per Pay Period (24x)

Employee \$14.99

Family \$27.10

INITIAL DIAGNOSIS BENEFIT

This is a once in a lifetime benefit. This one-time benefit pays **\$6,500** for the first time diagnosis of internal cancer. Any prior diagnosis at any time of internal cancer would eliminate this benefit.

ANNUAL CANCER SCREENING BENEFIT

For Employees & Covered Family Members:
This plan pays you **\$75** once per year per covered individual. See schedule for list of covered procedures.

If you or a covered family member receive an additional invasive diagnosis procedure that is recommended by your doctor due to the results of the initial cancer screening, this plan will pay you an additional **\$75**.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for Cancer Insurance at Disclosure.ManhattanLife.com.

M-9112-AR-HA 422

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

HOW TO FIND A PROVIDER



UNITED HEALTHCARE HOW TO FIND A PROVIDER



COMPUTER DESKTOP

1. Go to www.uhc.com
2. click on **Find a Doctor** at the top right
3. Click on **Find a physician, hospital, health care facility**
4. Click on **Medical Directory**
5. Click on **All United Healthcare Plans**
6. Find the plan name labeled **Choice Plus**
7. You can search for healthcare using the following categories:
 - People
 - Places
 - Services and Treatments
 - Care by Condition
 - Cost Estimates

MOBILE PHONE

1. Go to www.uhc.com
2. Tap on **MENU** at the top left
3. Tap on **Find a Doctor**
4. Tap on **Find a physician, hospital, health care facility**
5. Tap on **Medical Directory**
6. Tap on **All United Healthcare Plans**
7. Tap on **Shopping Around**
8. Find the plan name labeled **Choice Plus**
9. You can search for healthcare using the following categories:
 - People
 - Places
 - Services and Treatments
 - Care by Condition
 - Cost Estimates



DELTA DENTAL HOW TO FIND A PROVIDER FOR DENTAL AND VISION



COMPUTER DESKTOP

1. Go to www.deltadentalar.com
2. Click on **Find a Doctor** at the top right
3. Click on either **Find a Dentist or Find and Eye Care Provider**

MOBILE PHONE

1. Go to www.deltadentalar.com
2. Tap on **Find a Doctor** at the top
3. Tap on either **Find a Dentist or Find and Eye Care Provider**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

LIFE / AD&D INSURANCE

The Hatcher Agency is not the Broker for this Product



All active benefit eligible employees are provided with a Group Life and AD&D plan with USABLE. This benefit is covered by City of Pine Bluff at no cost to you.

Class 1 employees have a flat **\$20,000** Life Policy with an additional Accidental Death and Dismemberment Benefit. Class 2 employees have a flat **\$10,000** Life Policy with an additional Accidental Death and Dismemberment Benefit.

Class 1 - Elected Officials, All Full-Time Department Heads, Uniformed Police and Fire Employees

Class 2 - All other Full Time Employees

If you are age 65 or older your benefits will reduce according to the following age reduction schedule:

Age 65 but less than age 70 will reduce to 65% of benefit.

Age 70 but less than age 75 will reduce to 40% of benefit.

Age 75 and over will reduce to 25% of benefit.

Benefit will terminate when the Insured Person retires.

Accidental Death and Dismemberment (AD&D)

This additional benefit doubles the face value of your death benefit should you become deceased in an accident. In addition, there are specified benefit amounts which cover accidental bodily injuries such as the loss of a hand, foot or eye. Review the Certificate of Coverage for additional information.

<u>Loss</u>	<u>Benefit</u>
One hand by severance at or above the wrist	1/2 of the Principal Sum
One foot by severance at or above the ankle	1/2 of the Principal Sum
Irrecoverable loss of sight in one eye	1/2 of the Principal Sum
Any combination of 2 more of the losses listed above	Principal Sum
Loss of Life	Principal Sum

**BENEFICIARY: Please make sure your life insurance beneficiary is up to date!
You can update your beneficiary at any time throughout the plan year.**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

OPTIONAL AND DEPENDENT LIFE / AD&D INSURANCE

DEPENDENT INSURANCE

The Hatcher Agency is not the Broker for this Product

<u>TYPE OF DEPENDENT</u>	<u>AMOUNT OF LIFE INSURANCE</u>
Spouse	\$5,000
Dependent Child (age 14 days to 6 months)	\$250
Dependent Child (age 6 months to 19 years, 23 if student)	\$2,500

Spouse - Life Insurance will terminate when the Spouse attains age 70.

Dependents - Life Insurance is subject to a maximum of 50% of the Insured Employee's Life Insurance Benefit.

**Insured Persons are required to make contributions for Basic Dependent Life Insurance at a rate of \$1.00 per month.

OPTIONAL INSURANCE

Insured Persons may elect Optional Personal Life Insurance, provided such Insured Persons are also enrolled in the Basic Life Insurance Program.

Amount of Optional Personal Life Insurance

Class 1 - \$20,000

Class 2 - \$10,000

Optional coverage is not available for dependents.

**Insured Persons are required to make contributions for Optional Personal Life Insurance based on the following rate schedule:

<u>INSURED EMPLOYEE'S ATTAINED AGE</u>	<u>MONTHLY RATE PER \$1,000 OF INSURANCE</u>
15-29 years	\$0.12
30-39 years	\$0.17
40-49 years	\$0.45
50-59 years	\$1.18
60 years and over	\$2.17

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

SHORT TERM DISABILITY INSURANCE

Short Term Disability

The Hatcher Agency is not the Broker for this Product

There are going to be times when you have to miss work for several weeks, even a month or two due to an illness, injury, or accident. How are you going to pay the bills? Maybe you have a week or two of sick leave or earned time off, but after that, what happens?

City of Pine Bluff provides you an opportunity to purchase short term disability insurance from **The Hartford**. This policy will pay you **60%** of your pre-disability income, to a maximum of **\$500 a week** when you become disabled due to a covered illness or off-the-job accident.

- This benefit pays up to **11 weeks** if you are deemed disabled by your physician.
- Benefits are available after you have been unable to work for **14 calendar days** due to a covered illness or injury.
- Your premiums are paid with post tax dollars; therefore the benefits you receive are not taxed, under current IRS laws.
- Pre-Existing Condition: You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months.

If you do not enroll in this benefit at the first time offering, you will be required to pass Evidence of Insurability and could be declined.



**THE
HARTFORD**

MONTHLY PREMIUM CALCULATION	ATTAINED AGE	PREMIUM FACTOR
List your weekly earnings (Maximum Covered Payroll is \$833 per Week) \$ _____	0-24	0.05140
	25-29	0.05630
	30-34	0.05040
Weekly Earnings Multiplied by 0.60 \$ _____	35-39	0.04950
	40-44	0.05340
Multiply by the premium factor \$ _____	45-49	0.05630
	50-54	0.06700
Your Estimated Monthly Premium \$ _____	55-59	0.08450
	60-64	0.10290
	65-69	0.11460
	70+	0.11460

**This is an estimate premium cost.
Actual Deductions may vary slightly
due to rounding and payroll frequency.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

LONG TERM DISABILITY INSURANCE

Long Term Disability

The Hatcher Agency is not the Broker for this Product

What would happen if you were seriously injured in a car accident or diagnosed with cancer? You may eventually get better but it may take a long time; it is also possible you might never be able to return to work. In addition to dealing with health issues, how would you make your house and car payments, buy food, clothing and other essentials?

City of Pine Bluff provides you an opportunity to purchase short term disability insurance from **The Hartford**. There is a 90-day elimination period before this benefit will begin to pay. Once you are disabled for **90 days** the benefit will pay **60%** of your pre-disability income, to a maximum of **\$5,000 per month**.

Your LTD benefits are payable for the period during which you continue to meet the definition of disability. Payments continue based on how old you are when your disability occurs. If you are under the age 63, your benefits will be the greater of your Social Security Normal Retirement Age or 4 years. Followed by a reduced benefit schedule for those age 63 and older.

Survivor Benefit: Your eligible survivor (group life beneficiary on file) will receive a lump sum benefit equal to three months of your gross disability payment if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.

Note: The amount of benefits you receive from the plan may be reduced or offset by income from other sources such as legal judgments, certain retirement plans and the amounts you receive or are entitled to receive as disability income from workers' compensation, a state compulsory benefit plan, and the amount you (and your family, if applicable) receive or are entitled to receive as disability payments under Social Security Disability.

MONTHLY PREMIUM CALCULATION	ATTAINED AGE	PREMIUM FACTOR
List your monthly earnings (Maximum Covered Payroll is \$8,333 per Month) \$ _____	0-29	0.00261
	30-34	0.00477
	35-39	0.00675
	40-44	0.00864
Multiply by the premium factor \$ _____	45-49	0.01188
	50-54	0.01584
	55-59	0.02007
Your Estimated Monthly Premium \$ _____	60-64	0.02043
	65-69	0.02655
	70-74	0.02655
	75-99	0.02655

**This is an estimate premium cost.
Actual Deductions may vary slightly
due to rounding and payroll frequency.



**THE
HARTFORD**

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

ALLSTATE VOLUNTARY BENEFITS

The Hatcher Agency is not the Broker for these Products

Allstate Voluntary Benefits Enrollment for the City of Pine Bluff

The value of voluntary supplemental insurance can be measured during a time of need - an accident, a disabling injury, an illness or death. Allstate Benefits provides the right voluntary insurance products - health, life, disability, vision and dental- that can be customized with various levels of coverage. Everyone should be able to access quality insurance from a company they trust.

How do I sign up? It is easy to enroll. You can contact [Santa Cruz Insurance Group for information regarding the benefits and enrollment support, at 1-228-463-0033.](#)

Paying for Coverage: These plans are paid by the employee through payroll deduction.

Employees must have information about dependents & beneficiaries in order to enroll family members- so have that information available when you call: Date of Birth, Socials, Medications taken (prescription information), Doctors name if under a doctors care.

What are the plans and why would I need them?

The following are the benefits available to you through The City of Pine Bluff:

- Critical Illness**
- Accident**
- Cancer**
- Universal Life**
- Term Life**
- Hospital Indemnity- NEW**

NEW- Hospital Indemnity- Allstate- This Plan provides benefits directly to you for approved daily inpatient hospital stays.

Critical Illness Insurance-Allstate- This plan provides a lump sum benefit which is paid directly to the insured due to a documented diagnosis with one of the covered Critical Illness plans in the policy. Benefit amounts of \$10,000 or \$20,000 are available.

Accident Insurance- Allstate- This plan pays benefits directly to you for treatments of a covered accident. This plan itemizes your injury and pays according to a schedule of benefits.

Universal Life Insurance-Allstate- This is a Cash Value Plan, which means this plan can increase in value over the life of the policy and rates may not increase as you get older.

Cancer Insurance-Allstate- This plan pays benefits for the treatment of Cancer. Benefits included Chemotherapy and Radiation Treatment, hospitalization, surgery, travel, lodging, etc.

Notice: This benefit summary provided by Santa Cruz Insurance Company (Enrollment Firm) is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information consult your contract or certificate of coverage and you should discuss, in detail, the policies you are interested in with an agent at the enrollment. The policy you receive in the mail is the actual contract and details the benefits you have chosen during enrollment. Please refer to your policy once received and contact us if you feel the benefits chosen during enrollment differ from your actual policy. Employees must be actively at work to apply for coverage. Pre-existing exclusions will apply for some benefits.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

FREQUENTLY ASKED QUESTIONS

Open Enrollment – All benefits effective 01/01/2024

- You must complete the enrollment process by 12/15/2023!
- All eligible employees must complete this process, even if you plan to waive all benefits.

Q: Who is eligible to receive insurance benefits?

A: Employees who are classified as full-time, per the Patient Protection Affordable Care Act are eligible to enroll; after all waiting periods have been met.

Q: When will my insurance go into effect?

A: Any elected coverage will be effective the first day of the month following 30 days from your Date of Hire. So, if your start date is January 5th, your insurance will be effective March 1st.

Q: Can I cancel or make changes to my insurance at any time?

A: Your insurance may be changed if you experience a “qualifying event”. Examples of a qualifying event are birth, adoption, marriage, death, divorce, change in work status, or loss of coverage.

Q: When can I make changes to my insurance elections?

A: You can make changes within 30 calendar days of a “qualifying event” or during the designated open enrollment period.

Q: How do I cancel or make changes to my insurance?

A: Please e-mail or call HR, and provide the necessary documentation within 30 calendar days from the date of your qualifying event. HR can advise you on the documentation required for your qualifying event.

Q: Who should I contact if I have questions about my benefits?

A: Please e-mail any questions to HR or any of your Hatcher Agency Representatives. Your e-mail will be answered as soon as possible.

Q: How and when can I add or drop a dependent?

A: A dependent can only be added or dropped during an open enrollment period, unless you have an IRS qualifying event (for a listing of qualifying events please see the next page).

Q: Can part-time employees carry insurance?

A: No.

Q: Do we need referrals to see a specialist under our medical plan?

A: No. United Healthcare does not require any referrals to see an in-network provider. Please note, that some services require prior authorization from United Healthcare. Please see your certificate of coverage for more information.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

FREQUENTLY ASKED QUESTIONS CONT.

Q: How and when do I get my insurance I.D. cards?

A: Your insurance cards are mailed directly to employees address on file from all benefit vendors. Most insurance cards are received within 3-6 weeks of the effective date.

Q: Can I carry dependents on voluntary coverages without carrying them on the medical insurance?

A: Yes. You do not have to carry medical insurance on dependents to carry them on voluntary benefits that are offered for family members. You may carry dependent coverage on any benefit you wish without carrying it on other coverages.

Q: When does the company's annual enrollment take place?

A: **City of Pine Bluff's** annual open enrollment is in December of each policy year with a **January 1st** effective date. Employees may make changes to any/all benefit coverages available.

Q: Can my dependents be denied coverage for pre-existing conditions?

A: Beginning as early as 2010, employer-based health plans and newly instated individual health plans will NOT be allowed to deny or exclude coverage for your child dependents (under age 19) due to preexisting health conditions including disabilities. Beginning 2014, these same health plans will NOT be allowed to deny or exclude coverage for any individual.

Q: What are considered qualifying events (make changes to insurance before open enrollments)?

A: There are several life events that qualify for a change in coverage:

- Change in marital status---marriage, death of spouse, divorce, legal separation, or annulment.
Note: Proof of event is needed when a change is to be made.
- Change in number of dependents---birth, death, or adoption of a child, or placement of a child for adoption. Note: Proof of event is needed when a change is to be made.
- Change in employment status---commencement or termination of employment, strike or lockout, commencement or return from an unpaid leave of absence, change in work site, or any of these events that may apply to the employee, the employee's spouse, or the employee's dependent(s). Note: the IRS regulation specify that an employee must actually obtain coverage under the spouse's or dependent's plan for the election change to be consistent. The employee's certification that he or she either has or will obtain the coverage is sufficient proof. Note: Proof of event is needed when a change is to be made.
- Change of residence---change in the place of residence of the employee or the employee's spouse or dependent. If, for example, an employee and/or the employee's family move to another town, changing their coverage to a plan that provides coverage in the new location would be necessary. Note: Proof of event is needed when a change is to be made.
- Significant change in coverage---a significant cost increase or reduction in coverage. Under this reason, however, only the election for plan coverage may be change at midyear; medical flexible spending accounts (FSAs) may not be changed midyear on account of changes in cost of coverage. Note: Proof of event is needed when a change is to be made.
- A substantial loss of providers available in a network option may be considered a coverage decrease: however, the loss of a single physician from a network where there are other physicians available in the network and in the geographic area covered by the plan would not be considered a coverage decrease.
- If there is a significant cost decrease for a specific plan, an employee may be allowed to make a change to participate in that plan if he or she is not a current participant. Similarly, if there are significant improvements in the plan, employees may be allowed to make an election to participate.

*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

CONTACT INFORMATION

City of Pine Bluff Human Resources Team

Stacey Savage
HR Manager
Phone: (870) 730-2038
Email: ssavage@cityofpinebluff.com

Vickie Conaway
HR Director
Phone: (870) 730-2038
Email: vickiec@cityofpinebluff.com

Medical & Pharmacy: United Healthcare
Group # 923483
Phone # (866) 414-1959
Website: www.myuhc.com

Dental: Delta Dental
Group # 2610
Phone # (800) 462-5410
Website: www.deltadental.com

Vision: Delta Dental
Group # 2610V
Phone # (800) 462-5410
Website: www.deltadental.com

Vision: VSP
Group # 407615
Phone # (800) 877-7195
Website: www.vsp.com

Voluntary Life: Lincoln
Phone # (877) 275-5462
Website: www.lfg.com

Disability: The Hartford
Group # 892730
Phone # (877) 275-5462
Website: thehartford.com/employeebenefits

Voluntary Benefit: AllState
Contact: Santa Cruz Insurance Group
Phone # (228) 463-0033 ext. 21

HSA Administration: Health Equity Client Services
Phone # 866-382-3510
Website: www.healthequity.com/hsa

COBRA: Keith Hughes
1487 Dunwoody Drive,
West Chester, Pennsylvania 19380
Phone # 610-296-4500

Cancer : Manhattan Life
Group # 3084 - PINEBLUFF
Phone # (800) 845-7519
Website: www.manhattanlife.com

To view details regarding the available benefits (SBC, Certificates of Coverage, Claim forms, etc.)
Request from your [Human Resources Team](#).



The Hatcher Agency is proud to be the insurance broker for the employees at **City of Pine Bluff**. It is our promise to find you the lowest price each and every year with carriers that are the best in class. In addition to providing you the very best value for your coverage, it is our goal to deliver all of you Outrageous Service. Please feel free to contact any of your representatives shown if you ever have customer service questions in regard to your plan or if we can help you in any way. Our mission is to work for you and help you get the most out of your benefits.

(501) 375-3737 | www.hatcheragency.com



*This is only a brief summary, and is not a guarantee of benefits or payment. Please refer to your policy for actual coverage details.

