



CITY OF PINE BLUFF

DEPARTMENT OF HUMAN RESOURCES

200 East 8th Avenue, Suite 104

Pine Bluff, Arkansas 71601

(870) 730-2038 Fax (870) 730-2157

City of Pine Bluff 2021 Employee Benefits Summary

Health Benefits

Medical Insurance

United Health Care is the health insurance provider for the City of Pine Bluff. New employees become eligible for benefits the **first** day of the month following **30 days** of employment. **If the employee does not elect coverage at this time, the employee will have to wait until open enrollment, which is at the end of each year.**

The co-pay is **\$25**.

Coverage	Deductible	Amount per Pay Period
Single	\$2000	\$43.03
Family	\$4000	\$219.83

The City also gives employees an option to enroll in a **High Deductible Health Plan/Health Savings Account (HDHP/HSA)**.

Basically, with this plan, the annual deductible must be met before plan benefits are paid for services other than in-network preventative care services, which are fully covered. The deductible for single coverage is \$2000 and family is \$4000. Once your out-of-pocket (**same amount as deductible**) is **met from covered services from in-network providers, including deductibles, copayments and coinsurance, the plan pays 100% of the allowable amount for the remainder of the calendar year.**

You are eligible for HSA if you are:

- **Not covered by another health plan (including a spouse's health plan);**
- **Not enrolled in Medicare;**
- **Not in receipt of VA or Indian Health Service medical benefits within the last three months.**

Coverage	Deductible/Out of Pocket	Amount per Pay Period
Single	\$2000	\$0.00
Family	\$4000	\$189.17



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Dental Insurance

Delta Dental is the dental insurance provider for the City of Pine Bluff. New employees become eligible for benefits the first day of the month following 30 days of employment. **If the employee does not elect coverage at this time, the employee will have to wait until open enrollment, which is at the end of each year.**

The co-pay is **\$10.00**.

Coverage	Amount per Month
Single	\$0
Family	\$41.72

Vision Insurance

The City of Pine Bluff has **two options** for vision coverage. Please make sure that your doctor is in-network for your selection

Superior Vision (Delta Dental)

Coverage	Amount per Month
Single	\$6.26
Family	\$14.40

VSP Vision Care

Coverage	Amount per Month
Single	\$11.90
Employee +1	\$17.70
Family	\$29.90



Delta Dental PPO Plus Premier

Schedule of Benefits for CITY OF PINE BLUFF

- a) **Original Effective Date:** 12:01 a.m. Central Standard Time, 01/01/2008
- b) **Group Number:** 000002610
- c) **Deductible:** \$50 for benefits received in
 - Coverage B
 - Coverage C
 - Child Orthodontic Rider

with a maximum of \$150 per family, per benefit period. There is no deductible on Coverage A.

- d) **Annual Maximum Payment:** \$1,500 per person per benefit period.
- e) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Covered Services:

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

**In-Network
100% MPA**

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical x-rays as required.
- Full-mouth x-rays one (1) in any sixty (60) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.
* Please see information on Evidence Based Dentistry.
- Topical application of fluoride one (1) per benefit period for dependent children to age nineteen (19).
- Sealants one (1) per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age sixteen (16).

Coverage B – Basic Restorative Services

**In-Network
80% MPA**

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Simple extractions.
- Space maintainers for prematurely lost teeth of eligible dependent children to age fourteen (14).
- Endodontics, including pulpal therapy and root canal filling.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

- Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material.
- Non-surgical periodontics.
- Periodontal maintenance; two (2) per benefit period following active periodontal treatment.
* Please see information on Evidence Based Dentistry .

Coverage C – Major Restorative Services

12 Months Wait for Late Entrants

**In-Network
50% MPA**

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

Rider(s)

12 Month Wait for Late Entrants

In-Network

Child Orthodontic Rider – Orthodontic services for dependent children to age nineteen (19).

50% MPA

Lifetime Maximum Payment – \$1,000

Carry Over Benefit Rider

Carry over benefit: \$375

Claims threshold: \$749

Carry over benefit maximum: \$1,500

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

(*)Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures (up to four per year) for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Below is a summary of your DeltaVision 976 benefits.

BENEFIT FREQUENCY		
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lenses	Every 12 months	
IN-NETWORK COPAYMENTS		
Eye Exam	\$10	
Frames and/or Lenses ¹ (no copay for contacts)	\$25	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam (subject to copay)	Covered in full	\$35
Standard Lenses (per pair - subject to copay)		
Single Vision	Covered in full	\$25
Bifocal	Covered in full	\$40
Trifocal	Covered in full	\$50
Lenticular	Covered in full	\$80
Progressive Lens Upgrade (subject to copay)	See description ²	\$40
Frames (subject to copay)	\$110 retail allowance	\$45
Contact Lenses ³		
Elective (Conventional or Disposable)	\$110 retail allowance	\$110
Medically Necessary ⁴	Covered in full	\$250



More Eye Care Providers

More than 60,000 eye care providers nationwide. To find an eye care provider in the Superior National Network, visit deltadentalar.com.

DISCOUNTS ⁵	
Insured Materials	
Frames	20% off amount over allowance
Lens Options (scratch coat, UV coat, tint, etc.)	20% off retail (premium options) or out-of-pocket maximums ⁶ (standard options)
Progressives	20% off amount over retail lined trifocal lenses ⁷
Additional Services	
Exams, Frames & Prescription Lenses	30% off retail
Lens Options & Contacts	20% off retail
Disposable Contacts	10% off retail
Refractive Surgery (LASIK)	15% — 50% off retail

Customer Service

Starting January 1, 2017, when you have questions about your DeltaVision benefits, please contact Superior Vision Services at (800) 507-3800, Monday - Friday, 7 a.m. to 8 p.m. Central Time.

In-network national retailers include:

Walmart
Vision Center

 Sams Club
Optical

JCPenney | optical

Plus online in-network options:

contactsdirect 

A The state of the optometric profession: 2013, page 9.
https://www.aoa.org/Documents/news/state_of_optometry.pdf

- 1 Copay applies one time to eyeglass frame and/or lenses.
- 2 Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.
- 3 Contact lenses are in lieu of eyeglass frame and lenses benefit.
- 4 Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.

- 5 The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. Discounts are subject to change without notice and do not apply if prohibited by the manufacturer. Discounts may vary by provider and location. Members should confirm a provider participates in offering discounts before receiving services, as not all providers offer discounts.
- 6 Out-of-pocket maximums apply to certain standard options on standard plastic single vision lenses and standard bifocal and trifocal lenses.
- 7 Discount over retail lined trifocal lens, including lens options.



DeltaVision is a vision insurance product underwritten by Delta Dental Plan of Arkansas, Inc.
1513 Country Club Road, Sherwood, AR 72120. © 2016 Delta Dental Plan of Arkansas, Inc.

Requested quote for:
City Of Pine Bluff, AR

VSP Voluntary Vision Plan

Effective: January 1, 2008

(Quote valid 60 days from effective date)

Provided by:

Jones & Associates Insurance

Quote # 2540

MONTHLY RATES

Employee Only	\$11.90
Employee & One	17.70
Employee & Family	29.90

A \$10 administration fee will be added to each group billing statement. Minimum of 3 enrollees required.

--\$15 co-pay on examinations

Exam co-payment once every 12 months

--\$25 co-pay on materials

Material co-payment for spectacles - once every 12 months.

Material co-payment for frames - once every 24 months.

No co-payment is required for contact lenses.

NETWORK DOCTOR: VSP will pay the cost of a comprehensive eye examination and prescribed materials purchased (frames, lenses, or contacts), up to the plan allowance, less any co-payments.

<u>Benefit</u>	<u>VSP Doctor</u>
Exam	Covered in full
Single Vision	Covered in full
Bifocal Lenses	Covered in full
Trifocal Lenses	Covered in full
Frames Covered	up to \$100.00
<i>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.</i>	
*Contact Lenses, Evaluation and Fitting	
Medically Necessary	Covered in full
Elective (instead of glasses)	Up to \$105.00

Laser Vision Surgery: Discounts vary by location, but will average 15% off the contracted laser center's usual and customary charges. Additionally, if the laser center is offering a temporary price reduction, VSP members will receive 5% off the promotional price.

NON-NETWORK DOCTOR: VSP will pay the cost of an eye examination and prescribed materials purchased (frames, lenses, or contacts) based upon a schedule of benefits. Although over 90% of VSP patients typically receive services from member doctors, services may be secured from any licensed optometrist, ophthalmologist, and/or dispensing optician. Bills for services from non-member doctors may be submitted to VSP for reimbursement. Services obtained through non-member doctors are subject to the same co-pays and limitations as services through VSP member doctors.

*Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or

HOW TO ACCESS THE BENEFITS

If you need to locate a VSP participating doctor, call Vision Service Plan at (800) 877-7195 or visit VSP's web site at

AVAILABLE THROUGH BROKERS NATIONAL, 1-800-798-1125



12/10/2007

Additional Benefits

The City also offers **short term** and **long term disability** insurance contracted through Lincoln Financial. If the employee does not enroll within the first 30 days of hire, then the employee is subject to approval in which coverage can be denied. See enrollment form for rates.

Supplemental insurance plans are available through Allstate that cover benefits for critical illness; accidents; cancer; universal life; or term life. Contact Allstate directly to enroll.

The City of Pine Bluff provides free life insurance coverage to all employees. All non-uniformed employees will receive \$10,000 Group Life and AD&D. Uniformed employees and department heads will receive \$20,000 Group Life and AD&D. Employees may elect to add dependent coverage or increase his/her coverage by doubling the amount. Additional life insurance policies are also available for certain job positions.

Wellness Center

All City employees receive a discount with the JRMC Wellness Center if they choose to enroll. The monthly charge is deducted from each of the employee's payroll checks. See enrollment form for rates and instructions on how to join.

****Please note the following information is for non-uniformed employees only.
Leave and retirement benefits will differ for Police and Fire.***

Leave Benefits

All employees accrue 1 day of sick leave per month, equal to 12 days per year, regardless of years of service. An employee may not carryover more than 90 days of sick leave per calendar year.

Annual leave, however, is calculated based on the years of service. Employees are not allowed to carryover more than 45 days per calendar year. Vacation leave shall be earned according to the following table:

Years of Service	Time Accrued
Up to 1 year	½ day per month (6 each year)
1—10 years	1 day per month (12 each year)
10—15 years	1½ day per month (18 each year)
15+ years	2 days per month (24 each year)

Retirement

The City has a mandatory retirement plan. The employee's contribution is 3% and the city's is 7%. These percentages cannot be modified under any circumstance. Employees are vested in 10 years. Employees may retire at age 65 with 10 years; age 55 with 20 years; and any age with 28 years.



You're In Charge®

Group Short-Term Disability Insurance Specialty Worksite

SUMMARY OF BENEFITS

Sponsored by: City of Pine Bluff

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit

Weekly Benefit	Elimination Period	Maximum Duration
60% of weekly salary up to \$500 per week	Benefits begin on: Accident: 15th day Illness: 15th day	11 weeks

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.

Waiver of Premium

You will not be required to pay premium during any time of approved total or partial disability.

Additional Benefits

Portability
Rehab Assistance - 5%
Survivor Income - 3 Weeks
C-Section Benefit - 8 weeks
See your Schedule of Benefits on your Certificate for more information

Enrolling for Coverage

Eligibility:

All employees in an eligible class.
You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

Monthly Premium Calculation**			Attained Age	Premium Factor
			EXAMPLE	
			Age 35	
List your weekly earnings (Maximum covered payroll is \$833 weekly)	\$	\$610	0 - 24	0.02862
			25 - 29	0.03132
			30 - 34	0.02808
			35 - 39	0.02754
			40 - 44	0.02970
Multiply by the premium factor		0.02754	45 - 49	0.03132
			50 - 54	0.03732
Your Estimated Monthly Premium	\$	\$16.80	55 - 59	0.04704
			60 - 64	0.05730
			65 - 69	0.06378
			70 +	0.06378

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



You're In Charge®

Group Long-Term Disability Insurance Specialty Worksite

SUMMARY OF BENEFITS

Sponsored by: City of Pine Bluff

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit

	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Employee Paid Plan	60% of monthly salary up to \$5,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days
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 12 months.			
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.			
Benefit Limitations	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: 24 Months			

Enrolling for Coverage

Eligibility: All employees in an eligible class.
You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

Monthly Premium Calculation**			Attained Age	Premium Factor
			0 - 29	0.00261
			30 - 34	0.00477
			35 - 39	0.00675
			40 - 44	0.00864
			45 - 49	0.01188
			50 - 54	0.01584
			55 - 59	0.02007
			60 - 64	0.02043
			65 - 69	0.02655
			70 - 74	0.03421
			75 - 99	0.03421

EXAMPLE		
List your monthly earnings (*Maximum covered payroll is \$8,333 Monthly)	\$ _____	\$2,643
Multiply by your premium factor	_____	0.00675
Your Estimated Monthly Premium**	\$ _____	\$17.84

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

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. Contact a Benefit Representative to review the information. You can also contact Santa Cruz Insurance Group for enrollment support, at 1-228-463-0033, ext 21.

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*

Critical Illness Insurance provides a lump sum benefit which is paid directly to you upon diagnosis with one of the covered critical illnesses. You can choose benefit amounts of \$10,000 up to \$20,000 and benefits are paid directly to you regardless of any other health coverage you may have and are portable at the same rate.

Accident Insurance pays benefits directly to you, regardless of any other health coverage you have. This plan itemizes your injury and pays according to a schedule of benefits.

Example: Visit to the Emergency Room	500.00
Broken Arm	2,145.00
Ambulance	200.00
Initial Hospitalization	1,000.00
Follow Up Visit (2)	50.00

Cancer Insurance provides scheduled benefits for the treatment of Cancer. Benefits included First Occurrence which is a lump sum payment upon diagnosis. Other benefits include; Chemotherapy and Radiation Treatment, hospitalization, surgery, travel, lodging, etc.

Universal Life Insurance is a permanent life coverage in which premiums remain the same throughout the life of the policy and plan does not terminate after the "term" expires. This plan allows you to choose coverage amounts up to \$150,000.

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.



The Lincoln National Life Insurance Company
P.O. Box 2616, Omaha, NE 68103-2616
Phone: (800) 423-2765 Fax: (877) 573-6177

SCHEDULE OF INSURANCES

BASIC INSURANCE:

- LIFE and AD&D

** Insured Persons are not required to make contributions for Basic Personal Life Insurance and AD&D Insurance. This coverage is provided by the City for all Employees.

	Amount of Personal Life Insurance	AD&D Insurance Principal Sum
Class 1	\$20,000	\$20,000
Class 2	\$10,000	\$10,000

CLASSIFICATION

- Class 1 Elected Officials, All Full-Time Department Heads, Uniformed Police and Fire Employees
- Class 2 All Other Full-Time Employees

Personal Life and AD&D Insurance will be reduced as follows:

- At age 65, benefits will reduce by 35% of the original amount;
- At age 70, benefits will reduce by an additional 25% of the original amount;
- At age 75, benefits will reduce by an additional 15% of the original amount;

Benefits will terminate when the Insured Person retires.

If the Insured Person first enrolls for Personal Life and AD&D Insurance at age 65 or older, the above reductions will apply to:

- Any Guarantee Issue Amount available without evidence of insurability; and
- The maximum amount of insurance for which he or she is eligible.

AD&D BENEFIT. If an Insured Person sustains an accidental bodily injury, and the injury directly causes one of the following losses within 90 days of the date of that injury; then he/she will receive the following benefit:

<u>LOSS</u>	<u>BENEFIT</u>
One hand by severance at or above the wrist	½ of the Principal Sum
One foot by severance at or above the ankle	½ of the Principal Sum
Irrecoverable loss of sight in one eye	½ of the Principal Sum
Any combination of 2 or more of the losses listed above	Principal Sum
Loss of Life	Principal Sum

DEPENDENT INSURANCE:

<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 years if student)	\$2,500

- Spouse Life Insurance will terminate when the Spouse attains age 70.
- Dependent's 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 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 & over	\$2.17