



2023 BENEFIT GUIDE

DISCOVER YOUR BENEFITS



TABLE OF CONTENTS



3	Welcome
4	Benefits Eligibility and Enrollment
5	Explanation of Essential Benefit Terms
6	Change in Status & Section 125 (Pre-Tax Savings)
7	Medical Plans
9	Non-Tobacco User Affidavit
10	Pharmacy Benefits
11	Teladoc
12	Dental Benefits
13	Vision Benefits
14	Flexible Spending Account
15	Voluntary Disability Benefits
17	Voluntary Worksite Benefits
20	Employee Assistance Program
21	Additional Benefits
23	Key Contacts



Important Notice

City of Anniston has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. The City of Anniston reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and City of Anniston share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with City of Anniston

WELCOME



Open Enrollment dates are November 1, 2022 thru November 15, 2022

At City of Anniston, we truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a City of Anniston employee, you have access to a comprehensive, quality benefits package that offers flexibility and security.

Open Enrollment is the perfect time to evaluate the best benefit options for you and your family. Be sure to consider factors like plan costs and what type of services you anticipate needing for the upcoming year.

Open Enrollment for 2023 coverage – **your one chance to make changes to your benefits.** The benefits you choose will become effective on the first day of the next plan year which is January 1, 2023.

You must participate in Open Enrollment if you wish to do any or all of the following:

- Make changes to your medical, dental, or vision coverage for the upcoming plan year
- Contribute to a Health Care and/or Dependent Care Flexible Spending Account (FSA)
- Make changes to your income protection benefits (STD, LTD, Worksite Benefits)

If you don't enroll in benefits, you may default into the same or comparable coverage that you elected last year. However, you won't be automatically enrolled in any FSAs – you need to make an election to participate each year.

Please take the time to read and understand this guide so you can choose what's best for you. This guide provides an overview of the City of Anniston's benefit options to assist you with choosing your path in 2023.

OUR BENEFITS PACKETS

The City of Anniston cares about the financial well-being and health of all its employees and their families. For that reason, we have chosen benefit offerings that will help protect each of you against the financial disaster and hardship that could be brought about by premature death, disability, sickness, or accidental injury.

Benefits offered for 2023 Include:

- Medical
- Dental
- Vision
- Flexible Spending (FSA)
- Voluntary Short Term
- Voluntary Long Term Disability
- Worksite Benefits

Please see inside for more plan specifics concerning each of these benefit offerings.





ELIGIBILITY

Full time employees (working a minimum of 30 hours per week) and their eligible dependents can participate in the City of Anniston's benefits up to age 26 regardless of full-time student status on the medical, dental and vision plans.

Eligible dependents include:

- Your spouse
- Child(ren) up to age 26
- Children up to age 26 or older if disabled and incapable of self-support

If You're Covering Dependents...

Eligible dependents are defined as a lawful spouse (married or common law) and/or child(ren). "Child(ren)" include but are not limited to, natural child(ren), legally adopted child(ren), child(ren) for whom the employee is a court-appointed legal guardian, foster child(ren), and/or stepchild(ren) who permanently reside with the employee. Benefits for a dependent child(ren) will continue until the last day of the calendar month in which the limiting age is reached.

NOTE: When adding a lawful spouse, you must provide either a marriage certificate or any two of the additional documents listed below. Acceptable documents include:

- Income tax records showing married filing a joint return
- Utility bill indicating both names at the same address
- Joint bank statement indicating both names at the same address

Company Paid Benefits & Employee Discounts For Which No Enrollment Is Required:

- Vision - Employee Only
- Basic Life & Accidental Death & Dismemberment
- Free Aquatic & Fitness Center membership for City employees and dependents enrolled in the City's BCBSAL Health Plan.
- Special discounted rates for annual membership at the Anniston Museum of Natural History and Berman Museum (does not apply towards daily admissions).

Benefits That Can Be Selected As a New Hire Or During The Annual Open Enrollment Period:

- Medical /Dental
- Flexible Spending Accounts (Health Care)
- Vision (Family coverage option available)
- Voluntary Short Term Disability (Subject to Evidence of Insurability)
- Voluntary Long Term Disability (Subject to Evidence of Insurability)
- Voluntary Worksite Benefits

New Hire Benefits Waiting Period:

- All full-time employees will become eligible to participate in benefits upon the first day of the month following date of hire.

Open Enrollment Period:

- Each year, employees of the City of Anniston are given the opportunity to make benefit election changes. There are no restrictions for making election changes during open enrollment. Any eligible employee may add or drop dependents, add or drop coverage, or change current levels of coverage.

ESSENTIAL TERMS



Before reviewing your benefit choices for this year, here's a refresher on some key health insurance vocabulary that will help you better understand your options:

Premium	The amount of money that's paid for your health insurance every month. The City of Anniston pays a portion of this amount, and you pay the rest.
Deductible	The amount of money you will pay out of pocket prior to coinsurance kicking in and the insurance company begins contributing money to your health care costs.
Network	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.
Copayment (Copay)	A pre-determined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 40%, you would pay 40% of the cost of the service and your insurance would pay the remaining 60%.
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
Allowed Amount	This is the maximum payment the plan will pay for a covered health service. May also be called "eligible expense", "payment allowance", or "negotiated rate".
Appeal	A request that your health insurer or plan review a decision that denies a benefit or payment (either in whole or in part).
Claim	A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider to your health insurer or plan for items or services you think are covered.
Maximum Out-of-Pocket Limit	Yearly amount the federal government sets as the most each individual or family can be required to pay during the plan year for covered, in-network services.



CHANGE IN STATUS

Qualifying Event

GENERAL RULE

Unless one of the qualifying events summarized below applies, pre-tax benefit elections cannot be changed until next year's open enrollment.

If any of the qualifying events specified below occur, you may make a change to your current elections. Each of the following events constitutes a Change in Status (Qualifying Event):

- A change in your legal marital status (such as marriage, divorce, or death of spouse);
- A change in the number of dependents (such as birth, adoption of a child, or death of a dependent);
- A change in your or your spouse's employment status, (including commencement or termination of employment, a leave of absence, or a change from full-time to part-time status, and vice-versa);
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent;
- Change of address that limits or restricts network access;
- Loss of other coverage;
- As a benefits eligible employee, you or your dependent has lost coverage under Medicaid or a state child health plan and requests coverage under the group health plan within 60 days of the loss of coverage *; or
- As a benefits eligible employee, you or your dependent has become eligible for a premium assistance subsidy under the group health plan through Medicaid or a state child health plan and requests coverage under the group health plan within 60 days of becoming eligible for assistance. *

Note: The last two qualifying events were added with the April 2009 enactment of the Children's Health Insurance Program Reauthorization Act (CHIPRA).

A change in election is permitted only if it corresponds with the Change in Status that affects eligibility for coverage under a benefit Plan. For example, a change in residence will only entitle an individual to a change in election if, as a result of the change in residency, an affected individual is no longer eligible for a benefit for which they were previously enrolled.

If you experience a Change in Status/Qualifying Event and wish to make changes to your current elections, you must notify our company's benefit representative in writing within 31 days of the Change in Status.

SECTION 125: PRE-TAX SAVINGS

Our company provides you the opportunity to pay your contributions for medical, dental and vision with pre-tax dollars through the Section 125 Premium Only Plan.

A section 125 plan allows our company the ability to offer the option to purchase insurance with pre-tax dollars. The rules contained in section 125 of the Internal Revenue Code make this possible. (A section 125 plan is also commonly referred to as a premium plan only or a cafeteria plan.)

Participation:

Our company automatically enrolls everyone in this benefit. Should you decide not to participate in this benefit, the employee is responsible for notifying our company's benefit representative in writing.



MEDICAL PLANS

The next page is a summary of the Medical benefits. Please review this information carefully so that you can make the choice that best suits the needs for you and your family.

DEPENDENT ELIGIBILITY

All benefit eligible employees may elect medical plan coverage for themselves and their eligible dependents. Your eligible dependents are defined as your lawful spouse (marriage or common law) and child(ren). Your child(ren) are considered to be a dependent if they are less than 26 years old regardless of student status, tax dependent status, or marital status. *Please reference page 5 for details concerning lawful spouse enrollment.*

BLUE CROSS BLUE SHIELD OF ALABAMA

Please review the medical carrier website (www.BCBSAL.com) for more detailed information regarding the PPO plan being offered. In-network hospitals, physicians and other health care providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing health care services at a reduced fee.

MEDICAL PLAN HIGHLIGHTS

The medical plan gives you access to an extensive network of providers. For the most current provider listing, you may access the website at www.bcbsal.com

The medical plan includes preventive care services for the employee and all covered dependents. Below are a few examples of these covered benefits:

- Physicals
- Child immunizations
- Mammograms
- Preferred Dentist Care

For more details and to manage your plan visit www.bcbsal.com and be sure to register yourself and your dependents.

Once registered you will be able to:

- View your Explanation of Benefits and track deductibles for all members.
- Sort and explore possible causes of a specific symptom or condition and discover treatment options.
- Learn how doctors compare in terms of quality of care and efficiency.
- Find estimated cost information on over 400 procedures and services, including inpatient, doctor, diagnostic, imaging and pharmacy costs.
- Learn how to prepare for a doctor's visit including suggestions for questions to prepare for your visit.

ADDITIONAL ENROLLMENT DETAILS

- Retirees are eligible to retain health insurance if they meet the specified requirements.
- When adding a lawful spouse, you must provide either a marriage certificate or any two of the additional documents listed below. Acceptable documents are:
 - Income tax records showing married filing a joint return
 - Utility bill indicating both names at the same address
 - Joint bank statement indicating both names at the same address.

SUMMARY OF MEDICAL BENEFITS



Summary of Medical Benefits

Benefit		Blue Cross Blue Shield of Alabama PPO	
		In-Network	Out-of-Network
Deductibles and Maximums			
Annual Deductible	Individual	\$200	\$200
	Family	\$600	\$600
Admission Deductible	Individual	\$300	\$600
Coinsurance			
	You Pay	0%	20%
	Plan Pays	100%	80%
Annual Out-of-Pocket Maximum (Deductible Included)			
	Individual	\$1,000	
Physician Office Visits			
	Primary Care Physician	\$30 copay	Deductible + 20%
	Specialty Care	\$40 copay	Deductible + 20%
Inpatient Care		\$75 per day hospital copay days 3-6 + \$300 Admission Deductible	
		20% + Admission Deductible	
Outpatient Surgery *(In AL out-of-network Facility not covered)		\$150 copay	*Facility – 20% + Annual Deductible Provider – 50% + Annual Deductible
Emergency Room (In AL out-of-network Facility not covered)		\$150 copay	20% + Annual Deductible
Prescription Drugs			
Retail Pharmacy			
	Tier 1 – (Generic)	15% copay per script \$10 minimum and \$100 maximum	Not Covered
	Tier 2 – (Brand Preferred)	25% copay per script \$30 minimum or \$100 maximum	
	Tier 3 – (Brand Non-Preferred)	35% copay per script \$50 minimum or \$100 maximum	
	Tier 4 – (Specialty)	35% copay per script \$50 minimum or \$100 maximum	
Extended Supply Network (ESN)		90-day supply at a 3x retail copay, tied to maintenance list	Not Covered
Mail Order Pharmacy – Up to 90 days supply			
	Tier 1 – (Generic)	15% copay per script \$20 minimum or \$100 maximum	Not Covered
	Tier 2 & Tier 3 – (Brand Preferred)	25% copay per script \$60 minimum or \$100 maximum	
	Tier 4 – (Specialty)	\$100 copay per prescription	
Medical Deductions		Bi-Weekly Employee Cost No deductions will be taken for 3 rd payroll in a month	
		Non-Tobacco Bi-Weekly Cost	Tobacco Bi-Weekly Cost
	Employee Only	\$67.50	\$77.50
	Employee & Spouse	\$117.50	\$127.50
	Employee & Children	\$105.00	\$115.00
	Family	\$137.50	\$147.50



NON-TOBACCO USER AFFIDAVIT

City of Anniston

AFFIDAVIT OF NON-TOBACCO USER FOR REDUCED MEDICAL CONTRIBUTIONS

To qualify for Non-Tobacco reduced medical contributions, you must submit this form or request an alternative standard. Any alternative standard will accommodate the recommendation of your personal physician.

I, _____, recognize and acknowledge that, City of Anniston is dedicated to promoting a healthy lifestyle for our employees. Our reasons for focusing our efforts on tobacco use and smoking cessation are simple:

1. Economics

- Employers spend an average of \$3,391 per year more in medical costs for a tobacco user than for a non- tobacco user. Additionally, \$68 billion in medical costs are spent in the United States for tobacco deaths alone.

2. Productivity

- Tobacco users miss an average of two more workdays per year than their non-user colleagues do.
- Tobacco users account for a total annual value of lost productivity and disability time worth \$47 billion per year in the United States.

3. Prevention and Objectives

- It is important that we demonstrate healthy behaviors by our actions and through our policies. Beginning in 2022, we determined that tobacco users will be charged the Tobacco User Rates.

AFFIDAVIT

A \$10 per pay period (\$20 per month) tobacco surcharge will be applied if an employee or any enrolled family member uses or has used any tobacco product during the last 12 months. Tobacco products are defined as any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, chewing tobacco, snuff, and other tobacco products as well as Non-Food and Drug Administration (FDA) approved nicotine-based products such as e-cigarettes, nicotine gels, and dissolvable tobacco.

Tobacco products do not include FDA approved tobacco cessation aids such as skin patches, chewing gum, lozenges, and prescription nicotine replacement products (Nicotrol, Chantix, or Zyban). City of Anniston encourages employees to qualify for non-tobacco user rates. If you or a family member are interested in becoming tobacco free, please contact your doctor and/or Blue Cross Blue Shield of Alabama for assistance. See your ID card for BCBSAL contact information.

As such, I, and/or any covered dependents will be expected as one condition of eligibility for the Non-Tobacco User Reduced Contribution Rates, to be tobacco-free upon Enrollment and to remain tobacco-free throughout the duration of the year to maintain this Eligibility Requirement.

My signature below acknowledges that I am tobacco-free as set forth in this document. I further acknowledge and understand that the Benefits Program and my enrollment in the program is entirely voluntary.

I acknowledge that as an employee of the City of Anniston, I am expected to adhere to city policies. This document is deemed to be an official record, falsifying official records or documents may be cause for disciplinary action, up to and including termination. I understand that any breach of this Agreement, intentional or unintentional, may result in disciplinary action, including immediate termination of my employment with City of Anniston. Finally, this Agreement is not an expressed or implied contract of employment or a guarantee of my continued employment with City of Anniston for any definite duration.

My signature below certifies that all of the above requirements have been explained to me, that I was afforded the opportunity to ask questions about such requirements, and that I agree to be bound by the terms of the Agreement.

Signature

Date

PHARMACY BENEFIT PROGRAM



The following is a summary of your Pharmacy/Prescription benefits. Blue Cross Blue Shield of Alabama has a very comprehensive nationwide retail network with approximately 60,000 pharmacies. This represents approximately 90% of all pharmacies in the United States. Most national pharmacy, grocery and pharmacy chains participate in our Plan as well as many regional and dependent pharmacies.

PHARMACY BENEFIT PROGRAM

All prescription drugs for the plan are divided into three groups. Generic, Brand Preferred, and Brand Non-Preferred. The group your prescription falls into will determine your copayment. Generic substitutions are mandatory when available.

You can obtain information regarding prescription plan benefits, locate a participating pharmacy, and access drug information by visiting the Prescription Drug Guide at www.bcbsal.com/pharmacy or by calling 1-800-292-8868 for more assistance.

MAIL ORDER PROGRAM

If you take maintenance drugs that are required on an ongoing basis, we recommend that you have them refilled through the mail order program. Using the mail order program can save both you and the Plan time and money. Those savings are passed to you through lower co-pays for a greater quantity of medication. You also have the added convenience of timely delivery to your home. All mail order prescriptions are filled by registered pharmacists and are processed and shipped via UPS or US Mail.

Ordering and refill procedures are easy to follow through your choice of internet access or toll-free telephone assistance. To access online mail order services, visit www.bcbsal.com/pharmacy or call 1-877-579-7627 to get started with ordering your home delivery prescription.

HELPFUL HINTS:

When starting a new mail order prescription, remember that processing and delivery time may take up to ten days. You may want to ask your doctor to write two prescriptions – one for a one-month supply to fill retail and one for a three-month supply with refills for mail order.

Remember, you will need your BCBSAL ID number (listed on your ID card), medication, doctor's name and your credit card information when submitting your request.

PrimeMail services this BCBSAL PPO Prescription Program.

Prior authorization will be required for specific drugs.

Extended Supply Network (ESN) - 90-day supply at a 3x retail copay, tied to the maintenance list.



So many reasons to use Teladoc®

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.
It's an affordable option for quality medical care.



GET THE CARE YOU NEED


Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink Eye
- Respiratory infection
- Sinus problems
- Skin problems
- And more!

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician

Talk to a doctor anytime!

 Teladoc.com/Alabama

 1-855-477-4549



DENTAL BENEFITS



Our dental plan includes benefits for both preventive and basic care. If you choose to receive treatment from a non-network provider, it could result in increased expenses and balance billing. Your out-of-pocket expenses will be reduced when using an in-network provider. For your convenience, In-network benefits are listed below.

Summary of Dental Benefits

Benefit

Blue Cross Blue Shield of Alabama Dental Plan In-Network

Deductibles and Maximums

Deductibles and Out-of-Pocket Maximums run on a Calendar Year

Annual Deductible – Maximum 3 deductibles per family each calendar year

(Restorative, Supplemental, Prosthetic & Periodontics Services Only)

Individual	\$50
Family	\$150

Annual Benefit Maximum

Per Person	\$1,000
------------	---------

Diagnostic & Preventive Services (Not subject to Deductible)

(Exams, X-rays, Cleanings, along with Sealants, Fluoride and Space Maintainers for Children)

You Pay	0%
Plan Pays	100%

Restorative & Supplemental Services (These services are subject to the deductible)

(Fillings, Extractions, Root Canal Treatment, Most Oral Surgeries, Pain Management, General Anesthesia)

You Pay	0%
Plan Pays	100%

Prosthetic (These services are subject to the deductible)

(Full or partial dentures, fixed or removable bridges, Inlays, onlays, or crown to restore diseased or accidentally broken teeth)

You Pay	50%
Plan Pays	50%

Periodontics (These services are subject to the deductible)

(Removal of diseased gum tissue and reconstructing gums, removal of diseased bone, reconstruction of gums and mucous membranes, removing plaque below gum line for periodontal disease)

You Pay	20%
Plan Pays	80%

Orthodontics (For dependents up to age 19) – Lifetime Max \$1,000

You Pay	50%
Plan Pays	50%



This benefit is included as part of the BCBSAL Medical Plan. Participation in the Medical benefit is required to allow utilization of these dental services.

VISION BENEFITS



The City of Anniston offers a voluntary vision plan through Humana Vision. Humana provides in-network access to more than 58,000 optometrists, ophthalmologists and licensed opticians at more than 25,000 locations throughout the country.

VISION PLAN SUMMARY

Summary of Vision Benefits		
Benefit	Humana Vision Care	
	In-Network	Out-of-Network
Routine Eye Exam (per person) Once every twelve (12) months		
With Dilation as Necessary	\$10 Co-Pay	Up to \$30
Contact Lens Exam (Fit & Follow-up)	Up to \$55	Not Covered
*Contacts Lenses: Elective (Conventional & Disposal) Medically Necessary	\$130 Allowance – 15% off balance over \$130	\$104 Allowance
	Plan pays 100%	\$200 Allowance
Eyeglass Frames Every two years you may select any eyeglass frame		
Per Person	\$130 Allowance /20% off balance over \$130	\$65 Retail Allowance
Eyeglass Lenses Every two years you may select any lenses		
Standard Plastic Single (1 pair)	\$15 Co-Pay	\$25 Allowance
Standard Plastic Bifocal or Trifocal (1 pair)	\$15 Co-Pay	\$40 Allowance (bifocal) \$60 Allowance (trifocal)
Vision Deductions	Bi-Weekly Employee Cost	
Employee	No deductions will be taken for 3 rd payroll in a month	
Family	"Employee Only" is offered as Employer Paid	
	\$3.50	

Additional Plan Discounts

- Members receive additional fixed co-payments on lens options including anti-reflective & scratch-resistant coatings.
- Members also receive a 20% retail discount on a second pair of eyeglasses. This discount is available for 12 months after the covered eye exam and available through the VCP network provider who sold the initial pair of eyeglasses.
- After co-pay, standard polycarbonate available at no charge for dependents less than 19 years old.

To locate a provider or for questions please visit HumanaVisionCare.com; or call 1-866-537-0229





FLEXIBLE SPENDING ACCOUNTS (FSAs)

A Flexible Spending Account (also known as a flexible spending arrangement) is a special account you put money into that you use to pay for eligible health care and/or dependent care expenses. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. You can use your FSA for your own medical expenses, or expenses incurred by your spouse or any dependents you claim on your taxes. ***The FSA plan being offered is managed through Medcom.***

- **Health Care FSA:** You may use the Health Care FSA to be reimbursed for eligible medical, dental, and vision out-of-pocket expenses. Including deductibles, co-payments, coinsurance, and prescription drugs as well as other qualified medical expenses that aren't covered by your health plans.

2023 CONTRIBUTION LIMIT

- **Health Care FSA - \$2,550**

HOW DOES AN FSA WORK?

- Estimate your eligible expenses for the upcoming year (health care and/or dependent care).
- Determine how much money you want set aside from your pay to go into your FSA to pay for your eligible expenses for the coming year (this amount is called your "election").
- The money you elect for your FSA will be automatically deducted from your paycheck on a pretax basis and credited to your FSA over the course of the year through payroll deduction.
- When you have an eligible expense, you can submit a claim to be reimbursed from your FSA.
- For health care FSA claims, you can be reimbursed even if your FSA balance does not have enough to cover your claim at the time of submission (up to your annual election amount).

RUN-OUT-PERIOD

Your FSA plans include a run-out-period. A run-out period is a pre-determined period after the plan year ends that allows you to file claims for expenses incurred for health care expenses during the plan year. You will have 2 months once the plan year ends to submit any claims incurred for the previous plan year. Once the run-out period is over any unused funds will be forfeited as stated in the IRS "use-it-or-lose-it" rule.

INCOME PROTECTION BENEFITS



Voluntary Short Term Disability Insurance

The City of Anniston offers you the opportunity to purchase Voluntary Short Term Disability coverage at group rates through payroll deductions. Voluntary Short Term Disability insurance helps replace lost income due to a disabling injury or illness. The Plan is provided through the Hartford Life Insurance Company.

If you enroll in the plan after your initial eligibility, coverage is subject to review of evidence of insurability by the insurance carrier.

Since you pay 100% of the Voluntary Short Term Disability premium, your Short-Term Disability benefit payment will not have taxes deducted.

VOLUNTARY SHORT TERM DISABILITY PLAN	
Eligibility	Full-time employees working 30+ hours a week
Benefit	60% of your weekly income
Maximum Weekly Benefit	\$1,800
Maximum Benefit Period	11 Weeks
Benefits Begin	
• Accident	After 15 Days
• Illness	After 15 Days
Pre-Existing Condition Limitation	3/12 Months

Maximum Benefit Period: If you become disabled, STD benefits may continue during disability up to 11 weeks. This is the maximum period for which STD benefits are payable for any one period of continuous disability.

Pre-Existing Condition Limitations: The plan doesn't pay a short-term disability benefit for an illness, injury or pregnancy for which you received medical care or treatment, including prescription drugs, during the 90 days leading up to your coverage effective date. Eligibility for coverage for a disability related to this illness, injury or pregnancy begins once you've been covered under the plan for 12 consecutive months and have been actively at work.

Age	Monthly Rate per \$10 of Weekly Benefit
<25	\$0.399
25-29	\$0.371
30-34	\$0.456
35-39	\$0.450
40-44	\$0.495
45-49	\$0.561
50-54	\$0.720
55-59	\$0.885
60-64	\$1.05
65-70+	\$1.15

How to calculate your Short-Term Disability premium:

1. Enter your weekly salary: \$ _____
2. Multiple by .60 – enter that amount: \$ _____
3. Divide by 10 – enter that amount: \$ _____
4. Enter the rate for your age: \$ _____
5. Multiply the number in (3.) by the rate in (4.) \$ _____ Monthly premium
6. Multiply the monthly premium by 12 \$ _____ Annual premium
7. Divide the annual premium by 24 \$ _____ per pay period (24 pay periods)

*** Special Note regarding work related injuries**

All work-related injuries must be filed under the City of Anniston's Workers Compensation Policy. The Short-Term Disability will not cover work related injuries. (Please review your Certificate of Coverage for more detailed information.)

For Example Purposes Only

Based upon A 40-year old earning \$450 in weekly salary

- Weekly salary \$450 x .60 = \$270
- \$270 / 10 = 27
- \$0.495
- 27 x \$0.495 = \$13.36 Monthly Premium
- \$13.36 x 12 = \$160.38 Annually
- \$160.38 / 24 = \$6.68 Per Pay Period Deduction

INCOME PROTECTION BENEFITS



Voluntary Long Term Disability Insurance

Our company offers you the opportunity to purchase Voluntary Long Term Disability coverage at group rates through payroll deductions. Voluntary Long Term Disability insurance helps replace income when you are prevented from working for an extensive period of time due to disabling illness or injury. The Plan is provided by Hartford Life Insurance Company.

Since you pay 100% of the voluntary long term disability premium, your long-term disability benefit payment will not have taxes deducted.

VOLUNTARY LONG TERM DISABILITY PLAN	
Eligibility	Full-time employees 30+ hours a week
Benefit	60% of your monthly income
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$7,500
Maximum Benefit Period	Social Security Normal Retirement Age
Elimination Period	90 Days
BENEFIT LIMITATIONS	
Own Occupation	2 years
Pre-Existing Condition	3/12 Months

3 out of every 10 workers between the ages of 25 and 65 will experience an accident or illness that keeps them out of work for 3 months or longer, with nearly 60% of these injuries occurring off the job.

Age	Monthly Rate per \$100 of Covered Salary
>25	\$0.162
25-29	\$0.180
30-34	\$0.279
35-39	\$0.522
40-44	\$0.738
45-49	\$1.152
50-54	\$1.602
55-59	\$1.782

For Example Purposes Only:

Based upon \$48,000 annually at age 30

How to determine the amount of the monthly benefit and per pay period premium:

- $\$48,000 / 12 = \$4,000$ (Monthly Income)
- $\$4,000 / 100 = 40$
- $40 \times \$0.279$ (Rate Age 30 - 34) = \$11.16 (Monthly Premium)
- $\$11.16 \times 12 = \133.92 (Annual Premium)
- $\$133.92 / 24 = \5.58 Per Pay Period (24 pay periods)
- $\$2,400 = 60\%$ of actual monthly benefit

Elimination Period: It is the period of time that must elapse from the onset of a disability, before you are eligible to receive monthly benefits.

Own Occupation: The inability to perform the material and substantial duties of your regular occupation, the insurance company will consider your occupation to be the occupation you are engaged in at the time you become disabled, they will pay the claim even if you are working in some other capacity.

Pre-Existing Condition Limitations: The plan doesn't pay a long-term disability benefit for an illness, injury or pregnancy for which you received medical care or treatment, including prescription drugs, during the 90 days leading up to your coverage effective date. Eligibility for coverage for a disability related to this illness, injury or pregnancy begins once you've covered under the plan for 12 consecutive months and have been actively at work.

INCOME PROTECTION BENEFITS

Voluntary Term Life Insurance



How It Works

It offers life insurance protection that remains level for the period of time you select – 10, 20, 30 years. At the end of the selected period, without evidence of insurability, the policy may be continued on a yearly renewable basis.

Colonial Term Life	
BENEFITS	DESCRIPTION
10-year level term 20-year level term 30-year level term	<ul style="list-style-type: none"> Face amounts range from a minimum of \$10,000 to an unlimited maximum, based on underwriting. Provides coverage for 10, 20 or 30 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability.
Accelerated Death Benefit Provision	<ul style="list-style-type: none"> Automatically included in the base policy at no additional premium. If the insured is diagnosed with a terminal illness and has less than 12 months to live, he can request up to 75 percent of the death benefit, to a maximum of \$150,000 (in most states).
Issuing Ages 10 Year Term 20 Year Term 30 Year Term	<ul style="list-style-type: none"> Ages 15 up to age 75 Ages 15 up to age 65 Ages 15 up to age 45
Spousal Coverage	<ul style="list-style-type: none"> The spouse term life insurance policy offers guaranteed premiums and level death benefits equivalent to those available to employees – whether or not the employee buys a policy.
Convertible to Cash Value Plan	<ul style="list-style-type: none"> The policy can be converted to a Life Cash Value life insurance policy any time through age 75 (unless the Accelerated Death Benefit Provider or Waiver of Premium Benefit Rider has been used) with no EOI.

Term Life Per Pay Period Rates											
Non-Tobacco Employee Rates											
10 Year Term Base Plan				20 Year Term Base Plan				30 Year Term Base Plan			
Age	\$25,000	\$50,000	\$100,000	Age	\$25,000	\$50,000	\$100,000	Age	\$25,000	\$50,000	\$100,000
15	\$3.42	\$4.84	\$7.67	15	\$3.52	\$5.04	\$8.09	15	\$3.94	\$5.88	\$9.75
25	\$3.42	\$4.84	\$7.67	25	\$3.52	\$5.04	\$8.09	25	\$3.94	\$5.88	\$9.75
35	\$3.42	\$4.84	\$7.67	35	\$3.91	\$5.81	\$9.63	35	\$4.87	\$7.73	\$13.46
45	\$5.11	\$8.21	\$14.42	45	\$6.58	\$11.15	\$20.29	45	\$9.31	\$16.63	\$31.25
55	\$9.29	\$16.59	\$31.17	55	\$13.55	\$25.11	\$48.21				
65	\$21.48	\$40.96	\$79.92	65	\$33.18	\$64.35	\$126.71				



INCOME PROTECTION BENEFITS



Critical Illness Benefit

Critical Care coverage helps provide a financial cushion with a lump-sum benefit if you are diagnosed with a covered critical illness: Heart Attack, Stroke, Cancer, Major Organ Transplant, End Stage Renal Failure, Permanent Paralysis due to a Covered Accident, Blindness, Coma, Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, Carcinoma in Situ (25%) or Coronary Artery Bypass Surgery (25%). If you are diagnosed with cancer and continue to receive care, you'll receive an additional Cancer Treatment & Care Benefit that pays \$500/month for 12 months. This plan includes an annual \$50 Health Screening Benefit and a one-time \$500 Skin Cancer Diagnosis Benefit. Payment for subsequent diagnosis of each specified critical illness is also included.

Wellness claims can be filed, no paperwork needed, by calling 800-325-4368 or going online www.coloniallife.com. Information needed is type of test, date of test, doctor's name and telephone number. The website contains all the necessary claims forms.

Colonial Life GROUP CRITICAL ILLNESS	
COVERED SPECIFIC CRITICAL ILLNESSES	AMOUNT
Heart Attack	100%
Cancer	100%
Stroke	100%
Renal Failure (End Stage)	100%
Major Organ Transplant	100%
Carcinoma In Situ	25%
Coronary Artery Bypass Surgery	25%
Permanent Paralysis (due to covered accident)	100%
Coma	100%
Blindness	100%
Occupational Infectious Hepatitis B,C or D	100%
Occupational Infectious HIV	100%
OTHER BENEFIT	AMOUNT
Initial Skin Cancer Diagnosis	\$500
Cancer Vaccine	\$50
Cancer Care and Treatment (Per month for 12 months)	\$500
Pre-Existing Condition	12 month / 12 month
Waiting Period	No waiting period
Spouse & Children Coverage	Yes – 50% of Employee
Portability Option	Yes
ADDITIONAL PROVISIONS	
Additional Occurrence Benefit	Yes
Re-Occurrence Benefit	25%
Health Screening Benefit	\$50 per insured

Group Critical Care Per Pay Period

Non-Tobacco Employee Only				Tobacco Employee Only			
Age	\$5,000	\$10,000	\$15,000	Age	\$5,000	\$10,000	\$15,000
16-29	\$4.63	\$5.53	\$6.43	16-29	\$5.62	\$7.07	\$8.52
30-39	\$5.51	\$7.28	\$9.06	30-39	\$6.95	\$9.72	\$12.50
40-49	\$7.41	\$11.08	\$14.76	40-49	\$9.97	\$15.77	\$21.57
50-59	\$10.46	\$17.18	\$23.91	50-59	\$14.82	\$25.47	\$36.12
60-74	\$14.56	\$25.38	\$36.21	60-74	\$21.67	\$39.17	\$56.67
Non-Tobacco Employee & Spouse				Tobacco Employee & Spouse			
Age	\$5,000	\$10,000	\$15,000	Age	\$5,000	\$10,000	\$15,000
16-29	\$8.16	\$9.51	\$10.86	16-29	\$9.86	\$12.03	\$14.21
30-39	\$9.46	\$12.11	\$14.76	30-39	\$11.81	\$15.93	\$20.06
40-49	\$12.31	\$17.81	\$23.31	40-49	\$16.38	\$25.08	\$33.78
50-59	\$17.06	\$27.31	\$37.56	50-59	\$24.01	\$40.33	\$56.66
60-74	\$23.31	\$39.81	\$56.31	60-74	\$34.43	\$61.18	\$87.93
Non-Tobacco 1-Parent Family				Tobacco 1-Parent Family			
Age	\$5,000	\$10,000	\$15,000	Age	\$5,000	\$10,000	\$15,000
16-29	\$4.88	\$5.90	\$6.93	16-29	\$5.89	\$7.49	\$9.09
30-39	\$5.75	\$7.65	\$9.55	30-39	\$7.19	\$10.09	\$12.99
40-49	\$7.68	\$11.50	\$15.33	40-49	\$10.24	\$16.19	\$22.14
50-59	\$10.73	\$17.60	\$24.48	50-59	\$15.09	\$25.89	\$36.69
60-74	\$14.83	\$25.80	\$36.78	60-74	\$21.94	\$39.59	\$57.24
Non-Tobacco Family				Tobacco Family			
Age	\$5,000	\$10,000	\$15,000	Age	\$5,000	\$10,000	\$15,000
16-29	\$8.41	\$9.88	\$11.36	17-29	\$10.10	\$12.40	\$14.70
30-39	\$9.71	\$12.48	\$15.26	30-39	\$12.05	\$16.30	\$20.55
40-49	\$12.58	\$18.23	\$23.88	40-49	\$16.65	\$25.50	\$34.35
50-59	\$17.33	\$27.73	\$38.13	50-59	\$24.28	\$40.75	\$57.23
60-74	\$23.58	\$40.23	\$56.88	60-74	\$34.73	\$61.65	\$88.58

INCOME PROTECTION BENEFITS



Group Accident Coverage

Colonial Life	
GROUP ACCIDENT COVERAGE	
ACCIDENTAL DEATH	
Named Insured	\$25,000
Spouse	\$25,000
Children	\$5,000
INITIAL CARE	
Ambulance	\$200
Air Ambulance	\$1,500
Emergency Room Treatment	\$125
Surgery – Hernia	\$200
Surgery – Exploratory and Arthroscopic	\$150
Hospital Admission	\$1,000
Hospital Confinement (up to 365 days)	\$200 per day
Hospital Intensive Care Admission	\$1,500
Hospital Intensive Care (up to 15 days)	\$400
Coma (duration at least 14 days)	Up to \$10,000
Lodging (up to 30 days)	\$150
COMMON ACCIDENTAL INJURY	
Open Fractures	Up to \$7500
Closed Fractures	Up to \$3750
Open Dislocations	Up to \$6000
Closed Dislocations	Up to \$3000
Other Benefits	
Blood and Plasma	\$300
Physical Therapy (up to 15 days per covered accident – OT, PT, Speech)	\$25 per visit
Transportation	\$500 per round trip
Guaranteed Renewable	Yes
Wellness Benefit	\$50

Offered Benefits

Accident Coverage

How It Works

Accident insurance helps offset unexpected medical expenses, which can result from a fracture, dislocation, burn or other covered accidental injury that occurs off the job. Surgical care, hospitalization, transportation and lodging assistance are among the benefits covered. We've also included an annual \$50 health screening benefit.

Wellness Benefit

Wellness claims can be filed, no paperwork needed, by calling 800-325-4368 or going online, www.coloniallife.com. Information needed is type of test, date of test, doctor's name and telephone number. The website contains all the necessary claims forms.

Group Accident Per Pay Period	
Employee	\$8.60
Employee + Spouse	\$14.49
One-Parent Family	\$15.35
Two-Parent Family	\$21.24

EMPLOYEE ASSISTANCE PROGRAM

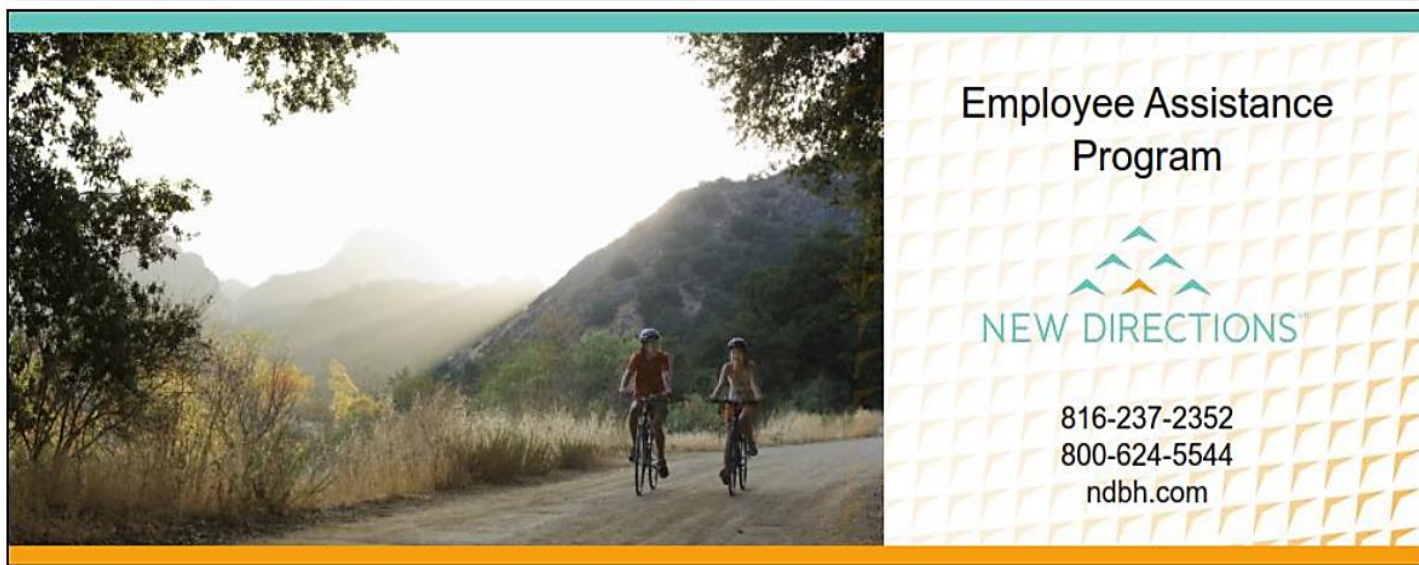


The Employee Assistance Program is a company-paid benefit. The program provides you the opportunity to speak to a professional counselor confidentially about any type of personal concern that may be affecting your work or personal life.

To reach a professional counselor, simply contact New Directions at 1-800-624-5544 or online at www.ndbh.com for quick easy access to experts who can immediately point you to the right resources. EAP resources include Assessment and Referral, Short-term Counseling, Relationship Support, Legal and Financial Services, Health Resource Library and much more. Upon calling in an EAP representative will get some background information from you and arrange for a counselor to talk to you in depth about your concerns to get you to the right resources for your situation. You will have access to up to three (3) face-to-face visits. Your confidentiality is protected under Federal and State laws.

You may also browse for information yourself by accessing the EAP website at www.ndbh.com.

Life is tricky enough – don't try to tackle it alone. Request an EAP session online or call and get started with the support you need to find your best self.



ADDITIONAL BENEFITS AND SERVICES



Aquatic & Fitness Center

Free Membership for City Employees and dependents enrolled in the City's Blue Cross Blue Shield Health Plan



Our Anniston Aquatic & Fitness Center is home to our very own **Anniston Barracudas Swim Team**. The aquatic area features an eight-lane, 25-yard pool with a depth ranging from 4ft to 7ft. We offer aquatic group fitness classes throughout each day, from low impact for those with arthritis to aqua groove, a dance party in the water. Swim lessons are offered at various times during the year. The pool is also available for pool parties from 5 p.m. to 7 p.m. on Friday, and from 9:30 a.m. to 11:30 a.m., 12 p.m. to 2 p.m., and 2:30 p.m. to 4:30 p.m. on Saturday.

130 Summerall Gate Road
Anniston, Alabama 36205
(256) 847-7349

Hours Of Operation:

Monday – Thursday - 5:30 a.m. - 9:00 p.m.
Friday - 5:30 a.m. - 7:00 p.m.
Saturday - 7:00 a.m. - 5:00 p.m.
Sunday - 1:00 p.m. - 5:00 p.m.

Anniston Museum of Natural History, Berman Museum & Lingleaf Botanical Gardens

Special City Employee Annual All-Inclusive Membership Rate

Gain access to all three exciting exhibits for a one-time annual fee of \$45.00.



Additional Membership Benefits for Anniston Museum Members:

All Members Receive:

- Anniston Museum (\$30 individual/\$45 family level) exhibits, and half price admission to special blockbuster exhibits.
- Free or lowered admission to 200+ Assoc. of Science & Tech Centers (ASTC) & museums.
- Newsletters subscription to biologica, our award-winning newsletter & events calendar.
- Discounts on jewelry, toys, minerals, books, candy, t-shirts, & gifts from Museum Store, on most ticketed workshops, trips and events.
- Visit Voucher option when you join or renew.
- E-mail updates of Museum happenings.
- Option to join Smithsonian Institute at a lower price.
- Volunteer opportunities ... Share your talents & interest to help the Museum; call Community Services Coordinator or e-mail gmorey@annistonmuseum.org
- PLUS ... your dollars support natural history exhibits, gardens, & unending museum needs

ADDITIONAL BENEFITS AND SERVICES



All Active Employees and dependents (**ages 12 and older**) who are currently enrolled in the City of Anniston's health plan with Blue Cross Blue Shield of Alabama are eligible to seek medical services through The Regional Medical Center for Health & Wellness with no out of pocket expense.



RMC

Regional Medical Center

RMC Center for Health & Wellness
731 Leighton Avenue
Anniston, AL 36207
(256) 231-2727



Hours of Operation: Monday – Friday 8:00 a.m. – 5:00 p.m.

- Call and schedule an appointment (walk-ins accepted)
- Present your BCBS health insurance card when signing in for treatment
- No co-pay
- Services include, but not limited to treatment for: *colds, flu, glucose screening, flu shots, conjunctivitis/pink eye, high blood pressure, minor sprains and strains, simple lacerations, acute skin conditions.*

**For emergencies and life-threatening illnesses, please visit the nearest emergency room. These services are available as a benefit and not meant to replace your primary care physician.*

KEY CONTACTS



For Questions About	Carrier	Phone Number	Website/Email
Medical	BCBSAL	1.800.292.8868	www.bcbsal.com
Prescriptions	BCBSAL	1.800.810.2583	www.alabamablue.com/pharmacy
Prescription Mail Order	Prime Mail	1.877.579.7627	www.alabamablue.com/pharmacy
Teladoc	Teladoc	1.855.477.4549	www.teladoc.com/Alabama
Dental	BCBSAL	1.800.292.8868	www.alabamablue.com
Vision	Humana	1.866.537.0229	www.humana.com
Flexible Spending Accounts (FSAs)	Medcom	1.800.523.7542	www.medcom
Life and AD&D Insurance	Hartford	1.888.747.8819	www.hartfordlife.com
Short-Term Disability (STD)	Hartford	1.888.747.8819	www.hartfordlife.com
Long-Term Disability (LTD)	Hartford	1.888.747.8819	www.hartfordlife.com
Worksite Benefits	Colonial	1.800.325.4368	www.colonial.com
Employee Assistance Program (EAP)	New Directions	1.800.624.5544	www.ndbh.com
Bersheba Austin	The City of Anniston	PO Box 2168, Anniston, AL 36202	baustin@anniston.al.gov
EPIC Brokers Support Team	EPIC	678-205-1470	www.supportteam@epicbrokers.com
Artie Scott – Claims Director	EPIC	678-475-5744	artie.scott@epicbrokers.com
James Ford – Account Executive	EPIC	678.475.5717	james.ford@epicbrokers.com
Sharon Matthews – Account Manager	EPIC	678-939-4905	sharon.matthews@epicbrokers.com



