



2017-2018
Benefits Highlight Guide

MY FUTURE
MY WELL-BEING



At The City of Fayetteville, we're proud of our dedicated, hardworking employees that have allowed us to be a valuable part of our community – and we're glad that you're joining our staff. As you settle in, we'd like to offer you the tools you need to establish and best use your employee benefit options.

ELIGIBILITY

Full-time employees (working a minimum of 24 hours per week) and their eligible dependents can participate in City of Fayetteville benefits. Eligible dependents include:

- Your spouse
- Child(ren) up to age 26
- Child(ren) of any age if you support the child and he or she is incapable of self-support due to disability

PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. Note that attempting to enroll an ineligible dependent could lead to discipline and possible termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact Human Resource within 30 days. Failure to provide notification may lead to discipline and possible termination of employment.

Important Notice

City of Fayetteville has made every attempt to ensure the accuracy of the information described in this document. Any discrepancy between this document and the insurance contracts or other legal documents that govern the plans will be resolved according to the insurance contracts and legal documents. This document creates neither an employment agreement of any kind nor a guarantee of continued employment with City of Fayetteville.

MEDICAL & PRESCRIPTION DRUG BENEFITS

Key Features	BCBS Open Access POS	
	In-Network	Out-of-Network
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
Individual (includes deductible)	\$6,600	\$13,100
Family (includes deductible)	\$13,200	\$26,200
Lifetime Maximum	Unlimited	Unlimited
Coinsurance (portion you pay)	20%	30%
Office Visit	\$30	30% after deductible
Specialist Visit	\$60	30% after deductible
Preventive Care	No cost share	30% after deductible
Retail Health Clinic	\$30	30% after deductible
Inpatient (per admission)	20% after deductible	30% after deductible
Urgent Care Copay	\$60	30%
Emergency Room Copay (waived if admitted)	\$150 copay per visit And then 10% coinsurance	
Deductible	\$300 Individual \$600 Family	
Generic	\$10	Member pays 100%
Preferred Brand	\$45 , after deductible	Member pays 100%
Non-preferred Brand	\$70, after deductible	Member pays 100%
Generic	\$20	Member pays 100%
Preferred Brand	\$90, after deductible	Member pays 100%
Non-preferred Brand	\$140, after deductible	Member pays 100%
Employee Bi-Weekly Contributions		
Employee Only	\$24.28	
Employee + Spouse	\$48.56	
Employee + Children	\$43.70	
Employee + Family	\$77.70	

DENTAL BENEFITS

Standard	Low Plan	High Plan
Annual Maximum Benefit	\$1,000	\$1,500
Individual Deductible	\$50	\$50
Family Maximum Deductible	\$150	\$150
Deductible Applies	Type 1, 2 and 3	Type 2 & 3
Max Builder	Included	Included
Dental Plan Benefits		
Type 1 - Diagnostic & Preventive	100%	100%
Type 2 - Restorative (Basic)	80%	80%
Type 3 - Major	50%	50%
Orthodontics (Child up to age 19)	N/A	\$1,500
Lifetime maximum		
Employee Bi-Weekly Contributions		
Employee Only	\$11.87	\$15.30
Employee + Spouse	\$24.39	\$31.42
Employee + Children	\$29.07	\$40.48
Employee + Family	\$41.58	\$56.60

VISION BENEFITS

Standard	Balanced Care Vision	
	In Network	Out of Network
Eye Examinations		
Deductibles	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in Full	Up to \$45
Frames		
Allowance	\$130**	Up to \$70
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocals	Covered in full	Up to \$50
Trifocals	Covered in full	Up to \$65
Contact Lenses		
Fit & follow up exams	Up to \$60	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frequency (based on date of service)		
Examinations	12	12
Frames	24	24
Lenses	12	12
Contact Lenses	12	12
Employee Bi-Weekly Contributions		
Employee Only		\$3.81
Employee + Spouse		\$7.62
Employee + Children		\$6.96
Employee + Family		\$10.76

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

OTHER VALUABLE BENEFITS

VOLUNTARY BASIC LIFE / AD&D BENEFITS

Standard		Guaranteed Issue
Employee Coverage	\$10,000 - \$500,000 in increments of \$10,000 <i>Cannot Exceed 5 x Annual Earnings</i>	\$100,000
Spouse Coverage	\$5,000 - \$250,000 in increments of \$5,000 <i>Up to 100% of Employee Election</i>	\$25,000
Child Coverage	\$1,000, \$5,000 or \$10,000	
Employee Paid		

VOLUNTARY SHORT-TERM DISABILITY (STD) BENEFITS

Standard	
Weekly Percentage	60%
Maximum Weekly Benefit	\$1,000
Waiting Period	7 days
Maximum Benefit Period	90 days
Employee Paid	

LONG-TERM DISABILITY (LTD) BENEFITS

Standard	
Monthly Percentage	60%
Maximum Monthly Benefit	\$10,000
Waiting Period	90 days
Maximum Benefit Period	SSNRA
Employer Paid	

HEALTH REIMBURSEMENT ACCOUNT (HRA)

If you enroll in the Medical plan, the City will help cover the cost of your In Network medical deductible expenses through an HRA. This plan is administered through Chard Snyder.

What amount is eligible for reimbursement?

The HRA will reimburse deductible expenses *after* the first **\$500** per eligible participant, for a total of **\$4,500** per participant. The maximum reimbursement amount is **\$9,000 per family**.

There is not cost to participate in the HRA, and your enrollment is automatic with participation in the Medical Plan.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

All benefits-eligible employees and their dependents (as well as non-benefits-eligible employees and all employees' household members, depending on your specific plan) are automatically enrolled in **One Source** at no cost to you. Through **One Source**, you may receive confidential personal assessment and referral services.

RETIREMENT SAVINGS PLANS

The City of Fayetteville's provides a number of great ways to start planning for retirement.

1. **Pension Plan** | Enrollment is automatic for any employee who works 30 hours or more per week
2. **457b Plan** | Enrollment is Voluntary.
3. **401A Plan** | Enrollment is available after 1 year of employment. The City will match ½ up to 2% of salary.
4. **Police and Fire Retirement Plan**

FLEXIBLE SPENDING ACCOUNTS (FSAs)

These accounts can be paired with BCBS Open Access POS medical plan. It allows you to pay for certain qualifying health care and dependent care expenses with pre-tax dollars and can reduce your out-of-pocket expenses. The FSA is offered through Chard Snyder.

Maximum annual employee contributions are as follows:

- **General Health Care FSA:** \$2,550
- **Dependent Care FSA:** \$5,000

ADDITIONAL BENEFIT OFFERINGS

Other valuable voluntary benefits are available and contributions can be covered with payroll deductions.

- **Aflac** – Voluntary Individual Benefits
- **LegalSheild** - Identity Protection, Will Preparation Services

Prepared by



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