



# Employee Benefits At-A-Glance

July 1, 2022

The City is pleased to offer employees a choice between two different deductible options. Coverage between the plans is identical, with the deductibles being the only difference.

To locate an In-Network provider visit [https://www.arml.org/provider\\_search/index.php](https://www.arml.org/provider_search/index.php)

Medical Summary of Coverage	\$500 Deductible	\$1,200 Deductible
<b>Single Deductible</b>		
In-Network	\$500	\$1,200
Out-of-Network	\$500	\$1,200
<b>Family Deductible</b>		
In-Network	\$6,000	\$6,000
Out-of-Network	\$6,000	\$6,000
<b>PCP Copay</b>		
In-Network	\$20 + 20%	\$20 + 20%
Out-of-Network	Deductible + 50%	Deductible + 50%
<b>Specialist Copay</b>		
In-Network	\$20 + 20%	\$20 + 20%
Out-of-Network	Deductible + 50%	Deductible + 50%
<b>Preventive Care Copay</b>		
In-Network	Covered at 100%	Covered at 100%
Out-of-Network	Deductible + 50%	Deductible + 50%
<b>Urgent Care Copay</b>		
In-Network	\$20 + 20%	\$20 + 20%
Out-of-Network	Deductible + 50%	Deductible + 50%
<b>Emergency Room Copay</b>		
In-Network	\$250 + 20%	\$250 + 20%
Out of Network	Deductible does not apply	Deductible does not apply
<b>Inpatient Hospital</b>		
In-Network	Deductible + 20%	Deductible + 20%
Out of Network	Deductible + 40%	Deductible + 50%
<b>Outpatient Hospital</b>		
In-Network	Deductible + 20%	Deductible + 20%
Out of Network	Deductible + 50%	Deductible + 50%
<b>Coinsurance</b>		
In-Network	20%	20%
Out-of-Network	50%	50%
<b>Single Out-of-Pocket Maximum</b>		
In-Network	\$4,000	\$4,000
Out-of-Network	Unlimited	Unlimited
<b>Family Out-of-Pocket Maximum</b>		
In-Network	\$8,000	\$8,000
Out-of-Network	Unlimited	Unlimited
<b>Pharmacy</b>		
Generic	\$10	\$10
Preferred Brand	\$30	\$30
Non-preferred Brand	\$50	\$50
Specialty Rx	\$100 / \$200	\$100 / \$200
<b>Per Pay Period Deductions - Medical / Dental</b>		
Employee	\$27.38	\$0
Family	\$125.25	\$91.25

## Dental—Arkansas Municipal League

<b>Deductible</b> —per covered person	\$50
<b>Calendar Year Maximum</b>	\$1,200 per person
<b>In-Network</b>	Plan pays 80%
<b>Out-of-Network</b>	Plan pays 50%
<b>Orthodontics</b> (lifetime max)	50% up to \$1,000

Dental enrollment is matched to the medical plan so if you have family medical, you will be enrolled in family dental.

## Life and AD&D - AUL One America

The City provides employees with basic term life insurance. Full-Time employees receive \$25,000. If you have eligible family members covered under the medical plan then they also receive basic life coverage. Spouses under age 70 receive \$10,000 and children under age 19 have \$7,500 of coverage. There are age reductions to the benefits at ages 70, 75, 80, 85 and 90.

Employees can purchase additional life insurance for themselves, their spouse, and children.

## Voluntary Life and AD&D - AUL One America

<b>Employee Benefit</b>	\$10,000—\$500,000 Not to exceed 5 x salary Guarantee Issue—\$150,000
<b>Spouse Benefit</b>	\$5,000—\$250,000 Max of 50% of employee benefit Guarantee Issue—\$30,000 Must be under age 70
<b>Dependent Benefit</b>	
Live birth to 6 months	\$1,000
6 months to 19 yrs	\$5,000 or \$10,000 (up to age 25 if FT student)
<b>Employee Contribution</b>	100%

Evidence of insurability is required for amounts requested over the guarantee issue limit. Age reductions will apply.

### An eligible dependent is defined in the contract and criteria include but are not limited to:

- Child is unmarried
- Not in the military
- Dependent upon you for support and claimed as de-pendent on your Federal tax return
- Registered and attending as a full time student  
*Refer to certificate for full details.*

## Short Term Disability – AUL One America

**Eligible after completing one year of service**

<b>Benefit Percentage</b>	66.67%
<b>Weekly Benefit Max</b>	\$100, \$200, \$350, \$500 or 66.67% of salary to max of \$1,384 weekly
<b>Employee contribution</b>	100%
<b>Benefit Waiting Period</b>	
Accidents	8th day
Sickness	8th day
<b>Maximum Benefit Period</b>	12 weeks

Benefits are paid directly to you and are in addition to any sick leave benefits you receive.

## Flexible Spending Account— Consolidated Admin Services

<b>Healthcare FSA</b>	\$2,850
<b>Dependent FSA</b>	\$5,000
<b>Healthcare FSA Rollover Amount</b>	\$570
<b>Employee Contribution</b>	100%

## Long Term Disability – The Hartford

*The City provides this coverage for Non-Uniformed Employees.*

<b>Monthly Benefit</b>	60% of salary Max monthly benefit \$5,000
<b>Benefit Waiting Period</b>	90 days
<b>Maximum Benefit Period</b>	Social Security retirement age
<b>Employer Contribution</b>	100%

## AFLAC

There are several AFLAC products offered through payroll deduction. An AFLAC representative will review those with you and enroll you in the plans you select.

Some plans offered are:

- Critical Illness
- Hospital Indemnity Insurance
- Accident Coverage
- Cancer Plan
- Group Vision Plan

This is not intended to be a complete summary of benefits. Please refer to plan documents and summaries available from Human Resources for full plan details.