# **BENEFITS CHOICES INFORMATION**

Insurance coverage begins on the first of the month after 30 days of employment

## HEALTH INSURANCE:

Provider: Medica (plan options effective December 1, 2022 – December 31, 2023)

| 4 plans available, either a PPO plan with \$2,000 deductible (National Network) |                       |                       |               |
|---|-----------------------|-----------------------|---------------|
|   | Total premium (monthl | l <u>y) City pays</u> | Employee pays |
| PPO Single  | \$ 918.60             | \$ 845.11             | \$89.13       |
| PPO 2-party   | \$1883.13             | \$1568.51             | \$352.33      |
| PPO Emp/ch  | \$1607.55             | \$1359.57             | \$277.13      |
| PPO Family  | \$2663.94             | \$2154.11             | \$565.41      |

|             | PPO plan with \$2,000 deductible (CHI Network) |           |               |
|-------------|--|-----------|---------------|
|             | Total premium (monthly) City pays              |           | Employee pays |
| PPO Single  | \$ 918.60                                      | \$ 845.11 | \$71.30       |
| PPO 2-party | \$1883.13                                      | \$1568.51 | \$281.87      |
| PPO Emp/ch  | \$1607.55                                      | \$1359.57 | \$221.71      |
| PPO Family  | \$2663.94                                      | \$2154.11 | \$452.32      |

OR a high-deductible HSA-qualified plan with \$3,000 per person deductible (National Network)

|             | Total premium (monthly) City pays |           | Employee pays |
|-------------|-----------------------------------|-----------|---------------|
| HSA Single  | \$ 878.98                         | \$ 808.66 | \$83.61       |
| HSA 2-party | \$1801.91                         | \$1500.86 | \$330.51      |
| HSA Emp/ch  | \$1538.22                         | \$1303.09 | \$259.97      |
| HSA Family  | \$2549.04                         | \$2061.20 | \$530.39      |

## HSA-qualified plan with \$3,000 per person deductible (CHI Network)

|             | <u>Total premium (monthly) City pays</u> |           | Employee pays |
|-------------|--|-----------|---------------|
| HSA Single  | \$ 878.98                                | \$808.66  | \$66.89       |
| HSA 2-party | \$1801.91                                | \$1500.86 | \$264.41      |
| HSA Emp/ch  | \$1538.22                                | \$1303.09 | \$207.97      |
| HSA Family  | \$2549.04                                | \$2061.20 | \$424.31      |

Employees who select the high-deductible plan (HSA can request a payroll deduction to be deposited in their HSA bank account. The City currently will also contribute monthly to the HSA account.

A waiver of coverage can be requested if an employee can provide evidence of coverage under another group plan such as through a parent or spouse. If waiver is approved the City will provide a health insurance stipend of \$480.75 per month (1/2 single coverage).

### **DENTAL INSURANCE:**

| Provider: Principal (plan options effective through January 1, 2022 – December 31, 2022) |                      |                       |    |                    |
|--|----------------------|-----------------------|----|--------------------|
|  | <u>Total premium</u> | n (monthly) City pays | Em | <u>ployee pays</u> |
| Single   | \$ 36.87             | \$ 36.87              | \$ | 0                  |
| 2-party  | \$ 70.18             | \$ 61.85              | \$ | 8.33               |
| Family   | \$ 111.27            | \$ 92.67              | \$ | 18.60              |

## **VISION INSURANCE:**

Provider: Principal (plan options effective through January 1, 2022 – December 31, 2022)

Premium Total (Employee Pays) \$ 7.69

 Single
 \$ 7.69

 2-party/Emp-Ch
 \$ 16.85

 Family
 \$ 29.18

#### LONG TERM DISABILITY INSURANCE:

Principal: City pays the entire premium

#### **LIFE INSURANCE:**

Provider: Principal:

\$20,000 life insurance policy on employee; \$10,000 policy on spouse, \$5,000 on child City pays the entire premium.

#### **VOLUNTARY LIFE INSURANCE:**

Provider: Principal Up to \$300,000 of coverage offered to employee. Employees can add Spouse and children to the plan. Premium is based on age. This is a limited life plan. Employee pays the entire premium.

#### **RETIREMENT PLAN:**

Eligible to participate in the Retirement plan after six months of employment (provided employee has reached eligible age).

# CAFETERIA PLAN—FLEX ACCOUNT:

First Concord Benefits Group

Participation in the cafeteria plan allows:

- Premiums for certain types of insurance to be taken through a pre-tax payroll deduction;
- Putting funds in a medical spending account for unreimbursed medical expenses (on a calendar year basis expenses must occur during that calendar year);
- Putting funds in a dependent care spending account for child care expenses (on a calendar year basis)

If you do not participate in the cafeteria plan, insurance premiums are deducted after taxes. Contributions to medical and dependent care spending accounts are optional.

# **SUPPLEMENTAL INSURANCE POLICIES:**

The City provides payroll deduction for employee premiums for American Family Life Insurance (AFLAC) and Colonial Life Insurance, for a variety of supplemental policies (accident, cancer, hospital, etc.), and Principal (VSP Vision Insurance). These are optional. If you would like to learn more, the office can get your contact information for agents for these companies.