

It's Benefit Time for 2024!

CITY OF ST. PETER

Employer sponsored benefit plans currently available for your consideration and enrollment:

<u>Life Insurance:</u>	Up to \$500,000 for employees, \$250,000 for spouses. \$10,000 for children.
<u>Short Term Disability:</u>	Protect your income during the first 3 months of a disability.
<u>Long Term Disability:</u>	Protect your income after 3 months of disability.
<u>Vision Insurance:</u>	Great savings on Frames and Lenses.
<u>Group Accident Plan:</u>	Financial protection in the case of an accident.
<u>Group Critical Illness:</u>	Financial protection in the case of a critical illness.
<u>Group Hospital Plan:</u>	Lump sum benefit if you go to the Hospital.

The following are brief benefit summaries. Please refer to the Certificates of Insurance for complete plan details.

EMPLOYER-PROVIDED BASIC LIFE INSURANCE:

New for 2024: \$20,000 Benefit (2023 Benefit is \$12,500)

VOLUNTARY EMPLOYEE AND SPOUSE LIFE INSURANCE

Benefit eligible employees may apply for additional life insurance for themselves and their spouse subject to proof of good health. Life insurance includes Accidental Death & Dismemberment. **Please complete the health questionnaire for any increase or if you want to join the plan. For additional information or forms go online to the *BenefitHub* site.**

Amounts of Insurance: Employee- Up to \$500,000 in \$5,000 increments
Spouse- Up to \$250,000 in \$5,000 increments

<u>Age of Employee or Spouse</u>	<u>Your Monthly Cost Per \$1000</u>
Under 25	\$0.053
25 to 29	\$0.053
30 to 34	\$0.053
35 to 39	\$0.097
40 to 44	\$0.108
45 to 49	\$0.152
50 to 54	\$0.229
55 to 59	\$0.416
60 to 64	\$0.636
65 to 69	\$1.208
70 to 74	\$1.945

CHILD LIFE (\$1.30 /month per family)

Coverage provides term life insurance protecting your unmarried children for \$10,000 each. You can cover your dependent children from live birth to age 26. **Please complete the health questionnaire if you want to join the plan. For additional information or forms go online to the *BenefitHub* site.**

SHORT TERM DISABILITY (STD)

- Protect your income for the first 3 months of a disability with Short Term Disability insurance.
- Benefits begin on the 1st day of an accident and the 8th day of an illness and can be payable up to 13 weeks.
- You may **select your level of coverage** from weekly benefits of \$100 to \$2,000 in \$100 increments, not to exceed 60% of weekly gross earnings.
- **OPEN ENROLLMENT** – Employees may sign up or increase **without providing proof of good health**. The amount of benefit is subject to the normal 6/6/12 pre-existing condition limitation.
- Benefit + sick leave cannot exceed 100% of pre disability earnings.
- **Forms and additional information may be found on the *BenefitHub* site.**

		Monthly Premium Cost									
		Age on January 1									
If your annual salary is at least	You may select a weekly benefit of	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$8,667	\$100	\$2.44	\$4.84	\$6.78	\$3.19	\$4.35	\$4.74	\$6.11	\$7.55	\$8.62	\$10.91
\$17,333	\$200	\$4.88	\$9.68	\$13.56	\$6.38	\$8.70	\$9.48	\$12.22	\$15.10	\$17.24	\$21.82
\$26,000	\$300	\$7.32	\$14.52	\$20.34	\$9.57	\$13.05	\$14.22	\$18.33	\$22.65	\$25.86	\$32.73
\$34,667	\$400	\$9.76	\$19.36	\$27.12	\$12.76	\$17.40	\$18.96	\$24.44	\$30.20	\$34.48	\$43.64
\$43,333	\$500	\$12.20	\$24.20	\$33.90	\$15.95	\$21.75	\$23.70	\$30.55	\$37.75	\$43.10	\$54.55
\$52,000	\$600	\$14.64	\$29.04	\$40.68	\$19.14	\$26.10	\$28.44	\$36.66	\$45.30	\$51.72	\$65.46
\$60,667	\$700	\$17.08	\$33.88	\$47.46	\$22.33	\$30.45	\$33.18	\$42.77	\$52.85	\$60.34	\$76.37
\$69,333	\$800	\$19.52	\$38.72	\$54.24	\$25.52	\$34.80	\$37.92	\$48.88	\$60.40	\$68.96	\$87.28
\$78,000	\$900	\$21.96	\$43.56	\$61.02	\$28.71	\$39.15	\$42.66	\$54.99	\$67.95	\$77.58	\$98.19
\$86,667	\$1,000	\$24.40	\$48.40	\$67.80	\$31.90	\$43.50	\$47.40	\$61.10	\$75.50	\$86.20	\$109.10
\$95,333	\$1,100	\$26.84	\$53.24	\$74.58	\$35.09	\$47.85	\$52.14	\$67.21	\$83.05	\$94.82	\$120.01
\$104,000	\$1,200	\$29.28	\$58.08	\$81.36	\$38.28	\$52.20	\$56.88	\$73.32	\$90.60	\$103.44	\$130.92
\$112,667	\$1,300	\$31.72	\$62.92	\$88.14	\$41.47	\$56.55	\$61.62	\$79.43	\$98.15	\$112.06	\$141.83
\$121,333	\$1,400	\$34.16	\$67.76	\$94.92	\$44.66	\$60.90	\$66.36	\$85.54	\$105.70	\$120.68	\$152.74
\$130,000	\$1,500	\$36.60	\$72.60	\$101.70	\$47.85	\$65.25	\$71.10	\$91.65	\$113.25	\$129.30	\$163.65
\$138,667	\$1,600	\$39.04	\$77.44	\$108.48	\$51.04	\$69.60	\$75.84	\$97.76	\$120.80	\$137.92	\$174.56
\$147,333	\$1,700	\$41.48	\$82.28	\$115.26	\$54.23	\$73.95	\$80.58	\$103.87	\$128.35	\$146.54	\$185.47
\$156,000	\$1,800	\$43.92	\$87.12	\$122.04	\$57.42	\$78.30	\$85.32	\$109.98	\$135.90	\$155.16	\$196.38
\$164,667	\$1,900	\$46.36	\$91.96	\$128.82	\$60.61	\$82.65	\$90.06	\$116.09	\$143.45	\$163.78	\$207.29
\$173,333	\$2,000	\$48.80	\$96.80	\$135.60	\$63.80	\$87.00	\$94.80	\$122.20	\$151.00	\$172.40	\$218.20

LONG TERM DISABILITY (LTD)

- Benefits begin on the **91st day** of a disability and are payable for injury, sickness or pregnancy up to your normal retirement age, as defined by Social Security.
- You may elect any level of coverage, in increments of \$100 between \$500 and \$5,000 per month, provided you don't insure more than 60% of your monthly income.
- Employees currently insured for \$500 or more monthly benefit have the opportunity to increase their Long Term Disability without having to provide a Health Questionnaire. The amount of increase is subject to the normal 6/6/24 pre-existing condition limitation.
- Employees not currently participating in the plan may apply for Long Term Disability by providing proof of good health. Please complete the health questions.
- **For additional information or forms go online to the *BenefitHub* site.**

LTD Monthly Rates

AGE	Rate Per Month per \$100 of LTD Benefit
0-24	\$.26
25-29	\$.27
30-34	\$.35
35-39	\$.41
40-44	\$.61
45-49	\$1.05
50-54	\$1.28
55-59	\$1.60
60-64	\$1.71
65-69	\$1.71

For example: An employee at age 33 would pay \$3.50 per month for \$1,000 per month in benefits.

VISION CARE

The VSP Choice Materials Only vision care program is available for employees and their dependents to help save money on Vision care. See below for a description of the plan. **Find In-Network providers, forms and additional information on the *BenefitHub* site.**

	<u>Monthly Rates</u>
Employee	\$6.10
Employee + Spouse	\$12.20
Employee + Children	\$13.04
Family	\$20.86

In-Network:

Frame Allowance is \$150 once every 24 months

Standard Progressive Eyeglass Lenses are covered in full once every 12 months

Or, in lieu of Frames and Eyeglass Lenses:

Elective Contact Lens Allowance is \$150 once every 12 months

\$25 Materials Copay

Benefits through a VSP Network Provider

Lenses

- Glass or plastic single vision, lined bifocal, lined trifocal, lenticular, or standard progressive lenses are covered in full*

Lens Enhancements

- Most popular lens enhancements are covered after a copay, saving our members an average of 20-25%

<i>Lens Enhancement</i>	<i>Single Vision</i>	<i>Multifocal</i>
Anti-reflective coating	\$41	\$41
Polycarbonate - Adult	\$31	\$35
Polycarbonate - Children	Covered	Covered
Standard Progressive	N/A	Covered
Photochromic	\$75	\$75
Scratch-resistant coating	\$17	\$17

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.

Frame

- Frames covered in full* up to the retail allowance of **\$150**.
- Members who select a featured frame brand, including Anne Klein, bebe®, Calvin Klein, Flexon, Lacoste, Nike, Nine West and more, will receive an extra \$20 toward their frame allowance.
Featured frame brands subject to change.
- 20% off any amount above the retail allowance
- Members can choose from virtually any frame on the market

Additional Pairs of Glasses

- Within 12 months of exam:** 20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses from any VSP doctor

Elective Contact Lenses

- Contact lens exam (fitting and evaluation):** Standard and Premium fits are covered in full after copay. Member receives 15% off contact lens exam services and member's copay will never exceed **\$45**
- Prescription contact lens materials are covered in full up to the retail allowance of **\$150** (in lieu of frame & lenses)
- Members can choose from any available prescription contact lens materials

Out-of-Network Schedule

We offer a generous reimbursement schedule for services from other providers

Lenses:	
Single Vision	\$30.00
Lined Bifocal	\$50.00
Lined Trifocal	\$65.00
Frame	\$70.00
Elective Contact Lenses (in lieu of lenses and frame)	\$105.00

- Because vision premiums are deducted on a pre-tax basis, your cost may be reduced on average between 27% and 39%; depending on your tax bracket.

GROUP ACCIDENT INSURANCE

Protect your finances in the event you, or a family member, suffer an accidental injury. Benefits from this plan supplement you with a lump sum, tax-free cash payment to help you bridge the gap with out-of-pocket medical expenses. **Forms and additional information may be found on the *HRconnection* website.**

The Accident plan includes:

- All coverage is Guaranteed Issue.
- On/Off the job accidents covered.
- Coverage is portable; you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Monthly Premium Rates

	<u>Low Option</u>	<u>High Option</u>
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Sampling of Covered Accidents/Conditions Benefit Payout Schedule:

Fractures	Low Plan		High Plan	
	Non-surgical	Surgical	Non-surgical	Surgical
Skull	\$1,000	\$2,000	\$2,000	\$4,000
Hip or Thigh	\$1,000	\$2,000	\$2,000	\$4,000
Vertebrae or Pelvis	\$1,000	\$2,000	\$1,500	\$3,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200
Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib	\$100	\$200	\$200	\$400

Dislocations				
Hip Joint	\$1,000	\$2,000	\$2,000	\$4,000
Knee Joint	\$500	\$1,000	\$1,000	\$2,000
Bones of Foot	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe	\$50	\$100	\$100	\$200

Additional benefits for broken fingers, toes, sternum, heel, chip fractures, multiple fractures, etc

	Low Plan	High Plan
Initial Care and Emergency Care		
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam	\$10	\$25
Ground/Water Ambulance	\$100	\$200
Air Ambulance	\$300	\$600

Hospital Care		
Hospital Admission	\$500	\$1,500
Hospital Stay	\$100 per day	\$300 per day
Intensive Care Unit Stay	\$200 per day	\$400 per day

Follow Up Care		
Follow Up Physician Office Visits*	\$50 per visit	\$100 per visit
Follow Up Physical Therapy Visits*	\$25 per visit	\$50 per visit

*Limit of 10 treatments per Accident

Additional Benefit Riders for:		
Small Burns	\$100	\$300
Large Burns	\$300	\$900
Small Lacerations	\$50	\$100
Large Lacerations	\$100	\$200
General Anesthesia	\$100	\$200
Abdominal or Thoracic Surgery	\$1,000	\$1,500
Tendon/Ligament/Rotator Cuff	\$100/\$200	\$200/\$400
Ruptured Disc Surgery	\$500	\$750
Eye Injury Surgery	\$200	\$400
Eye Injury - Foreign Object Removal	\$100	\$200
Emergency Dental - Chip/Removal	\$50/\$100	\$75/\$150

Note: additional benefit types exist (this is not the complete list of covered benefit types)

As an example, if an individual who is covered under the “High Option” suffers an accident in which they fracture their upper arm (surgical) and dislocate their elbow (non-surgical), they would receive \$2,000 for the fracture and \$600 for the dislocation. Additionally, there would likely be an ER visit in this situation (\$200 on the High Plan), an X-Ray (\$25), and general anesthesia (\$200), for a total payout of \$3,025. Furthermore, the individual would qualify for the Follow-Up Care benefit, which is an additional \$100 per visit to their Physician’s Office or \$50 per visit for Physical Therapy (limited to 10 treatments per accident).

GROUP CRITICAL ILLNESS INSURANCE

Cigna's Group Critical Illness insurance helps employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as invasive cancer, heart attack, stroke, kidney disease or major organ failure. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses associated with a critical illness.

The benefit is \$15,000 for Employee; \$7,500 for Spouse; \$3,750 for Child(ren)

The Critical Illness plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation (see below for Invasive Cancer Exclusion).
- Invasive Cancer Exclusion: 12-month treatment-free lookback period.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$75 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Age	Monthly Rates			
	Employee Only	Employee & Spouse	Employee & Children	Family
18-24	\$5.82	\$10.39	\$6.19	\$10.76
25-29	\$6.59	\$11.55	\$6.97	\$11.92
30-34	\$8.52	\$14.30	\$8.90	\$14.68
35-39	\$11.73	\$19.18	\$12.10	\$19.55
40-44	\$15.00	\$24.18	\$15.37	\$24.55
45-49	\$21.57	\$34.27	\$21.94	\$34.64
50-54	\$29.49	\$47.60	\$29.87	\$47.97
55-59	\$39.41	\$64.34	\$39.79	\$64.72
60-64	\$50.53	\$82.90	\$50.90	\$83.27
65-69	\$62.42	\$100.39	\$62.79	\$100.76
70-74	\$87.29	\$138.29	\$87.66	\$138.67
75-79	\$121.61	\$182.09	\$121.99	\$182.46
80-84	\$153.67	\$223.14	\$154.04	\$223.51
85+	\$189.66	\$293.71	\$190.04	\$294.09

GROUP HOSPITAL CARE INSURANCE

Cigna's Group Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness (pregnancy included). See below for the benefit payout schedule. **Forms and additional information may be found on *HRconnection*.**

The Hospital plan includes:

- All coverage is Guaranteed Issue - no health history and no pre-existing condition limitation.
- This includes no pre-existing condition limitation for pregnancies or scheduled surgeries.
- Coverage is portable, you can keep the coverage if you leave your employer.
- Wellness Benefit: \$50 benefit annually for each person covered under the plan who participates in a qualifying health screening/wellness visit.

Hospitalization Benefit Type	Benefit Amount	Hospitalization Benefit Type (cont'd)	Benefit Amount	Monthly Rates
Hospital Admission No elimination period. Limited to 1 day, 1 benefit every 90 days. <i>To qualify, you must be:</i> 1) Admitted to the hospital as an in-patient. 2) Charged at least a 24-hr Room & Board charge on your medical bill.	\$1,000	Hospital Intensive Care Unit Stay No elimination period. Limited to 30 days, 1 benefit every 90 days.	\$200	
Hospital Stay No elimination period. Limited to 30 days, 1 benefit every 90 days.	\$100	Hospital Chronic Condition Admission No elimination period. Limited to 1 day, 1 benefit every 90 days.	\$50	Employee + Spouse \$40.87
		Hospital Observation Day 1 hr elimination period. Limited to 72 hours.	\$100 / 24 hr	Employee + Child(ren) \$35.30
		Newborn Admission	\$100	Family \$56.39

Rates and open amounts of coverage are effective January 1, 2024. Note: rate calculations are based upon your attained age as of that date. For those benefits subject to proof of good health, coverage will become effective upon approval. (Employees must be actively at work on the effective date of coverage.)

Integrity
Employee Benefits, LLC



For additional information call
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