

It's Benefit Time for 2024!

CITY OF HASTINGS

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

<u>Life Insurance:</u>	Insure up to \$500,000 for the employee, \$250,000 for the spouse, and child life.
<u>Long Term Disability:</u>	Employer paid plan protecting your income after 3 months of a disability.
<u>Vision Insurance:</u>	Great Savings on Frames and Lenses using pre-tax dollars.
<u>Dental Insurance:</u>	Save on dental care using pre-tax dollars.
<u>Group Accident Plan:</u>	<i>New Coverage!</i> Financial protection in the case of an accident.
<u>Group Critical Illness:</u>	<i>New Coverage!</i> Financial protection in the case of a critical illness.
<u>Group Hospital Plan:</u>	<i>New Coverage!</i> 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.

HRconnection-Benefit Resource Site

Online Resource that allows you to print applications to increase or decrease your benefits, use calculators to determine your financial need, watch videos explaining coverages and much more.

Direct Link: <https://www.hrconnection.com?u=Hastings>

Or

Go to: www.hrconnection.com/guestlogin.aspx

Guest Key: **Hastings**

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 questions when applicable.**

Amounts of Insurance: Employee- Up to **\$500,000** in \$5,000 increments (not to exceed 8x salary when combined with Basic)
Spouse- Up to **\$250,000** in \$5,000 increments (not to exceed Employee's Optional Election amount)

<u>Age of Employee or Spouse</u>	<u>Your Monthly Cost Per \$1000</u>
Under 25	\$0.054
25 to 29	\$0.054
30 to 34	\$0.054
35 to 39	\$0.090
40 to 44	\$0.108
45 to 49	\$0.153
50 to 54	\$0.225
55 to 59	\$0.405
60 to 64	\$0.612
65 to 69	\$1.161
70 to 74	\$1.872

CHILD LIFE (\$1.17/month per family)

Term life insurance protecting your unmarried children for \$10,000 each is also available (not to exceed Employee's Optional Election amount). Children are eligible from live birth to age 26.

LONG TERM DISABILITY (LTD)

- This valuable benefit is employer paid and protects your income if you can't work because of a disability.
- The benefit can begin after 90 days, and the benefit can continue for up to your National Social Security Retirement Age.
- Maximum LTD benefit is 60% of your income up to a maximum benefit of \$6,000 month.
- **For additional information go online to the HRconnection website.**

VISION INSURANCE

The VSP Choice Materials-Only vision care program is available for employees and their dependents to help save on vision care costs using pre-tax dollars. **Find In-Network providers on the HRconnection site.**

	<u>Monthly Cost</u>
Employee	\$6.10
Employee + Spouse	\$12.20
Employee + Child(ren)	\$13.04
Family	\$20.86

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
PRESCRIPTION GLASSES		\$25	
FRAME	<ul style="list-style-type: none"> • \$170 featured frame brands allowance • \$150 frame allowance • 20% savings on the amount over your allowance • \$80 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every other plan year
LENSES	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every plan year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every plan year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$45	Every plan year
PRIMARY EYECARESM	<ul style="list-style-type: none"> • Retinal screening for members with diabetes • Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. • Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Plan year begins in July

- 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.

DENTAL INSURANCE

The MetLife Plan provides you coverage to help you save money at the dentist using pre-tax dollars. Employees and dependents who have previously refused coverage may enroll now during annual enrollment. No waiting periods apply. **Find In-Network providers on the HRconnection site.**

Monthly Rates

Employee	\$ 42.75
Employee + Spouse	\$ 85.50
Employee + Child(ren)	\$ 94.26
Family	\$ 122.69

<i>City of Hastings</i>	MetLife Dual Option
Monthly Rates	
Employee Only	\$42.75
Employee & Spouse	\$85.50
Employee & Child(ren)	\$94.26
Employee & Family	\$122.69
Annual Maximum Benefit	In-Network: \$2,000 / Out of Network: \$1,000
Deductible Per Person	In-Network: \$0 / Out of Network: \$25
Deductible Max Family	\$75
Deductible Waived on Preventative?	Yes
Percentile of Usual and Customary	90% U&C
Co-Insurance breakdown	In Network / Out of Network
Preventative/Diagnostic	100% / 100%
Basic Restorative	90% / 80%
Basic Oral Surgery	100% / 80%
Complex Surgical Extractions	80% / 80%
Basic Endodontic Therapy	80% / 50%
Basic Periodontal Services	80% / 50%
Complex Surgical Periodontal	80% / 50%
Major Restorative	50% / 50%
Prosthetic Services / Repairs	50% / 50%
Cleanings Frequency	2 per year
Xray Frequency	*Panoramic Xrays 1 in 60 months. *Bitewings 1 per 12 months
White Fillings	*Plan Pays for composite (white) Fillings (Back 50% and Front teeth 80%).
Waiting Period	No Waiting Periods

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

- If your out-of-network dentist charges more than the maximum allowable amount (90% U&C), you may be responsible for the difference.

GROUP ACCIDENT INSURANCE – New Plan Available! (Cigna)

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				
	Low Plan	High Plan	Low Plan	High Plan
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		
	Low Plan	High Plan
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		
	Low Plan	High Plan
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:		
	Low Plan	High Plan
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 – *New Plan Available! (Cigna)*

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 – *New Plan Available! (Cigna)*

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.)

