



# CITY OF MARSHALLTOWN

## Benefits Effective January 1, 2017

This summary is not intended to be a complete description of your benefits. Please consult your summary plan description and/or insurance certificate for additional details including plan limitations and exclusions. In the event of an error in this summary, the plan documents will apply.

The City of Marshalltown offers you a comprehensive program of employee benefits. These plans are intended to protect you from financial hardship while controlling health care costs.

You are eligible for the Employee Assistance Program (EAP) benefit on your date of employment. You are eligible for the remaining plans listed below on the first day of the month after hire.

### Special Enrollment

If you did not enroll in the medical and dental program when you were first eligible, you may enroll if you have a qualifying event – get married, have a child, adopt a child, or lose your other coverage during the plan year. You have 30 days from the date of the qualifying event to elect coverage. There is also an annual open enrollment period for January 1st coverage.

### For Your Information

<b>Contacts</b>	
For answers to your questions, please contact:	
Medical/Dental	<p><b>Jill Petermeier</b>            City of Marshalltown            Human Resource Director            (641) 754-5704  <a href="mailto:jpetermeier@ci.marshalltown.ia.us">jpetermeier@ci.marshalltown.ia.us</a></p> <p><b>Wellmark BC/BS</b>            www.wellmark.com            (800)524-9242</p> <p><b>Bernie Lowe &amp; Associates (Consultant)</b>            (800)942-4718            Skip Lowe or Jane Underwood  <a href="mailto:skiplowe@bernielowe.com">skiplowe@bernielowe.com</a>  <a href="mailto:junderwood@bernielowe.com">junderwood@bernielowe.com</a></p>
Flexible Spending Accounts	<p>TASC - Total Admin Services Corp            www.tasconline.com            (800)422-4661</p>

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# MEDICAL BENEFITS

## Participating Providers

This is a PPO plan. If you use PPO providers, you will receive greater benefits. See your medical plan ID card for the name of your PPO. A list of PPO providers is available upon request or to locate a preferred provider:

[www.wellmark.com](http://www.wellmark.com)  
Member Quick Links – Find a doctor or hospital

## Certification Requirements

You are required to call Wellmark at (800) 344-5822 for the following services:

- Home health
- Skilled nursing
- Acute rehabilitation
- Inpatient behavioral health/chemical dependency depending on member contract; always verify benefits with Wellmark
- Hospital inpatient care outside Iowa and South Dakota (except maternity)

\*SEE ADDITIONAL PROCEDURE LIST ON WELLMARK’S WEBSITE or call (800)524-9242.

\*\*If you choose to receive services subject to precertification, and Wellmark determines that the procedure was not medically necessary, you will be responsible for 100% of the charges.

## Filing Your Claims

Participating providers should file your claims for you. Other claims should be sent to:

Mail Station 1E238  
PO Box 9291  
Des Moines, IA 50306-9291

All claims must be received within 1 year of the date of service, or they will be denied.

## Monthly Medical/Dental Cost

<b>2017</b>	City Paid 85%	Employee 15%	Total Cost
Single Plan	\$438.60	\$77.40	\$516.00
Family Plan	\$1035.50	\$182.74	\$1218.24
24 of 26 pay periods			

## The Cost of Care

Health care costs continue to increase at a rate that is much higher than the rate of inflation. These cost increases affect all of us.

Not only do you pay for your coverage each paycheck, you must pay deductibles, coinsurance and copayments when you use the plan. It is important to remember that our claims determine our future premiums.

Using the plan costs you money today and later in the form of increased premiums. Consider the following tips to help keep plan costs down for everyone:

- Schedule annual physical
- Use PPO providers
- Use the doctor’s office instead of the ER
- Ask for generic drugs
- Ask about alternatives to surgery and other treatment
- Eat a healthy diet
- Exercise regularly
- Avoid illegal drugs and tobacco
- Drink alcohol in moderation if you drink
- Practice safety (use seatbelt, helmets...)

<b>MEDICAL</b>		<b>Wellmark BC/BS</b> All Participants PPO/NonPPO/OOA*
<b>Deductible <sup>1</sup> per cal year</b> Individual (Family)	\$500 (\$1,000) / \$1,000 (\$2,000) / \$500 (\$1,000)	
<b>Coinsurance <sup>2</sup></b>	90% / 70% / 80%	
<b>Out-of-Pocket Maximum<sup>3</sup></b> Individual (Family Max) (Includes deductible, co pays excluded)	\$1,250 (\$2,500) / \$2,500 (\$5,000) / \$1,875 (\$3,750)	
<b>Lifetime Maximum</b>	No Maximum	
<b>Physician Office Services</b>	\$20 copay <sup>4</sup> , exceptions are listed in the Benefit Plan. Copay does not apply to the calendar year deductible or out-of-pocket maximum / Non-PPO providers 70%/80% coinsurance after deductible	
<b>Well Child Care</b> Preventive care under age 7 Immunizations under age 7	100%; \$500 lifetime REQUIRES MATERNITY CARE CERTIFICATION (SEE PAGE 2)  100%	
<b>Inpatient Hospital</b>	90%/70%/80% after deductible	
<b>Outpatient Hospital</b>	90%/70%/80% after deductible	
<b>Emergency Room</b>	90%/70%/80% after deductible	
<b>Chiropractic Care</b>	\$20 copay for included services for first \$400 – you pay deductible plus 10% after first \$400/deductible plus 30%/deductible plus 20%	
<b>Mental Health/Substance Abuse</b> Inpatient & Outpatient	No lifetime maximum 90%/70%/80% after deductible	
<b>Preventive Care</b> Includes vision exams	100%	
<b>Smoking Cessation Prescriptions</b>	100%	
<b>Prescription Drugs</b> Retail	80% after deductible and discount. Up to 90 day supply.	
Mail Order	Generic \$30 copay, Brand \$60 copay Up to 90 day supply.	

## Understanding Your Medical Benefits

### <sup>1</sup> Deductible

You must satisfy a calendar year deductible before benefits are payable.

### <sup>2</sup> Coinsurance

This is the percentage the plan pays after the deductible is met.

### <sup>3</sup> Out-of-Pocket Maximum

This is the maximum amount of deductible and coinsurance you must pay in a calendar year.

### <sup>4</sup> Copayment (Copay)

A copay is a flat dollar amount you must pay for certain services.

<sup>5</sup> Age 26-39: 1 baseline; Age 40-49: 1 every 2 years; Age 50+: 1 every year

<sup>6</sup> Age 40-49: 1 every 2 years; Age 50+: 1 every year

\* OOA - Out-of-area

## DENTAL BENEFITS

### Filing Your Claims

Most providers file your claims for you. Other claims should be sent to:

Wellmark BC/BS – Blue Dental  
PO Box 9354  
Des Moines, IA 50306-9354

All claims must be received within 1 year of the date of service, or they will be denied.

<b>DENTAL BENEFIT SUMMARY</b>	
<b>Deductible per year (waived for Preventive Services)</b>	
Individual	\$50
Family maximum	\$100
<b>Preventive Services</b> Includes cleanings, exams, x-rays	100% Adults 1 every 12 months  100% Dependent children 2 every 12 months
<b>Basic</b> Includes fillings, root canals, and periodontic treatment	80% paid after deductible
<b>Major</b> Includes bridges, crowns, dentures	50% paid after deductible
<b>Orthodontia</b> \$1,500 lifetime	50%
<b>Annual Benefit Maximum</b>	\$1,500
<b>Orthodontia Lifetime Benefit</b>	\$1,500

## **LONG-TERM DISABILITY BENEFITS - Hartford**

<b>Waiting Period</b>	180 days This is the period of time you must be disabled before long-term disability benefits are payable.
<b>Monthly Benefit</b>	60% of base earnings with a maximum of \$6,000 This is the amount you will receive in the event you are disabled. Benefits are reduced by other income benefits including, but not limited to, Social Security, Workers' Compensation, retirement benefits, group insurance benefits, salary continuation, and sick leave benefits.
<b>Maximum Benefit</b>	To Social Security Normal Retirement Age This is the maximum period that disability benefits will be payable. Extended benefits may be available for individuals disabled after age 62.

## **LIFE INSURANCE BENEFITS – Hartford**

	<b>BASIC LIFE &amp; AD&amp;D</b> 100% of premium paid by the City	<b>VOLUNTARY LIFE AND AD&amp;D</b>
<b>For Employee</b>	100% of annual earnings up to \$125,000	\$10,000 to \$300,000, in multiples of \$10,000
<b>For Spouse</b>	None	\$10,000 to \$150,000, in multiples of \$10,000, up to 50% of employee amount
<b>For Eligible Children</b>	None	\$2,000, \$5,000, \$7,500 or \$10,000
<b>Guarantee Issue</b>	Covered	New Hires Only \$100,000 under age 60
<b>Coverage Reduction</b>	Upon retirement, benefits reduce by 35% at age 65; to 50% at age 70.	Conversion available upon retirement

<b>Monthly Voluntary Life and AD&amp;D Costs</b>	
<b>Cost is based on the age of the employee.</b>	
Age	Per participant (per \$10,000)
Under 25	\$1.00
25-29	\$1.00
30-34	\$1.20
35-39	\$1.60
40-44	\$2.20
45-49	\$3.60
50-54	\$6.10
55-59	\$9.70
60-64	\$14.50
65-69	\$14.50
70 +	\$42.10
For Your Children	
\$2,000=\$0.42 - \$5,000=\$0.84 - \$7,500= \$1.26 –	
\$10,00= \$1.68	

**VISION INSURANCE – Avesis (24 of 26 pay periods)**

Voluntary vision plan where employees and family members receive an annual allowance towards contact lenses or glasses/frames. Discounts for Lasik Surgery are also available.

**EMPLOYEE ASSISTANCE PROGRAM (EAP) - Ceridian Lifeworks**

The EAP is available to help you and your family with:

- Alcohol and drug problems
- Anxiety and depression
- Career and employment issues
- Financial problems
- Legal issues
- Marriage and family problems
- Personal relationship issues
- Stress management

Visit the EAP website for more information: [www.lifeworks.com](http://www.lifeworks.com).

Call for confidential assessment and referral:

**Ceridian Lifeworks Services**  
(888) 267-8126

**FLEXIBLE SPENDING ACCOUNT – TASC (24 of 26 pay periods)**

Flexible spending plans allow you to pay certain expenses before Federal, Social Security, and State income taxes.

**Medical Spending Account.** You may set aside from \$0.00 to \$2,600 on a pre-tax basis through payroll deductions to pay non-covered, qualifying health care expenses. Examples include your deductibles, copays, coinsurance, and other out-of-pocket costs.

**Dependent Care Spending Account.** You may set aside from \$0.00 to \$5,000 on a pre-tax basis through payroll deductions for qualifying dependent care expenses. This includes care for your dependents under the age of 13 or dependent adults, while you and your spouse are working and/or attending school full-time.

**Debit Card.** All enrollees in the Flexible Spending plan will receive one free debit card for themselves and their spouse.

## **Vacation**

Generally, the vacation schedule is as follows: 1 week after 1 year, 2 wks after 2 yrs, 3 wks after 5 yrs, 4 wks after 12 yrs

## **Paid Holidays & Personal Days**

For non union employees there are 9 paid holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Friday after Thanksgiving, Christmas Day, and a Floating Holiday for Christmas and 2 personal days granted on employees anniversary date.

## **Sick Leave**

Sick leave is earned from the first pay period of employment. A full-time employee will earn four hours per each two-week pay period, to a maximum accumulation of 1,040 hours.

## **Retirement plan**

Employees are required by state law to contribute to the Iowa Public Employees' Retirement System (IPERS) or the Municipal Fire & Police Retirement System of Iowa. (MFPRSI).

## **Continuation of health/dental insurance when no longer employed by the City**

City employees who are covered by the City's group medical/dental plan and life insurance on the day prior to a defined "normal" retirement with IPERS or MFPRSI or termination of their employment due to a disability are eligible to continue their existing group coverage. The City pays 50% of the premium for non-union employees (including spouse and eligible dependents covered by the plan) who have at least 15 years of continuous service in a position that was eligible for insurance benefits.

## **Retirement Health Savings Plan**

Upon separation of employment or retirement with the City, all unused and accrued vacation time and any eligible sick time payout (25% payout for employees who have a normal retirement and have 15 years of service or more) will be converted into a RHS account on a tax deferred basis. These RHS account dollars can be used to pay for medical expenses such as: health insurance premiums, Medicare premiums, COBRA premiums, co-pays, deductibles, prescriptions, and other qualified expenses defined by the IRS.

## **Deferred Compensation and Individual Retirement Accounts (IRAs) (Policy 3.14)**

Deferred compensation (Section 457 of the IRS code) is a method to enable public employees to defer federal and state income taxes on a portion of their savings. Taxes are paid on the savings and earnings when withdrawn, usually during retirement, when the employee is presumably in a lower tax bracket.

ICMA (International City/County Management Association) administers the City's deferred compensation plans and both traditional and Roth IRAs. These plans are available for regular employees who are regularly scheduled to work at least 520 hours per year. Employees may elect to contribute to these plans through payroll deductions.

## **Collective Bargaining Agreements**

Employees who are covered by a collective bargaining agreement should review their contract for vacation, holidays, personal days, sick leave, as they may be different from what is printed within this benefit summary.

## **City Employee Intranet**

Employee portal to department web pages, committee meeting minutes, monthly newsletter, etc.

Inside City network: <http://webserver/static/intranet/emenu.php>

Outside of City network: <http://www.ci.marshalltown.ia.us/static/intranet/emenu.php>