POLICE & FIRE

CITY OF DES MOINES

BENEFITS ENROLLMENT

2026-2027

WHAT'S INSIDE

AT THE THE CITY OF DES MOINES, we are dedicated to supporting all aspects of your well-being—both at work and at home—and your benefits are a big part of that. We're committed to creating a culture that prioritizes the well-being of our employees and their families by providing a comprehensive and competitive benefits package.

As always, we continue to encourage you to prioritize your well-being by focusing on preventive care and the tools and resources available to help you live your best life.

Before you make your benefit elections, take the time to review this guide so you can make an informed decision on which plans are the right fit for you and your family. Remember to choose wisely; the choices you make during Open Enrollment and New Hire Enrollment cannot be changed until the following year unless you have a qualifying life event.

Thank you for all that you do.

GETTING STARTED

OUR BENEFITS PROGRAM HAS YOU COVERED

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he or she needs an extensive root canal. That's when the City of Des Moines benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. The City of Des Moines benefit plans allow you to choose the options that work best for your own needs—and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

BENEFITS AVAILABLE:

- Medical and Prescription Drug
- Dental Plan
- Employee Assistance Program
- Flexible Spending Accounts
- Parental Leave
- Volunteer Time Off
- Supplemental Health Insurance (Accident, Critical Illness and Hospital Indemnity)
- Basic Life
- Deferred Compensation
- Vision Plan
- Retirement
- Residency Incentive

WELCOME TO YOUR 2026 BENEFITS GUIDE

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

ELIGIBILITY

You are eligible to enroll in the City of Des Moines benefit plans if you are a permanent, active full-time employee scheduled to work at least 40 hours per week, or ¾ time employee (30-39 hours). You are eligible for benefits on the first day of employment.

COVERING YOUR DEPENDENTS

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children up to age 26 for medical and vision coverage; eligible children up to age 25 for dental coverage.
- Your eligible child who is an unmarried full-time student regardless of age. Transcripts required for verification.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

"Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.

WHEN COVERAGE BEGINS

INITIAL ENROLLMENT

When you first join the City of Des Moines, you have 30 days to enroll yourself and your dependents for benefits. Coverage begins on your first day of employment. If you do not enroll within 30 days of becoming eligible, you will automatically be enrolled in City-sponsored benefits, such as Basic Life Insurance, defined benefit plan with MFRPSI, and the Employee Assistance Program (EAP), but you must wait until the next annual Open Enrollment to enroll in other benefits or make changes to coverage.

ANNUAL OPEN ENROLLMENT

For most benefits, annual open enrollment takes place during the spring with coverage beginning on July 1. Flexible Spending Account (FSA) open enrollment occurs during the fall with coverage beginning January 1.

COVERAGE TERMINATION

When you become unemployed, your coverage will end on the last day of employment.

MAKING CHANGES TO COVERAGE

Once you make your benefit elections, these choices remain in effect until the end of the plan year unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by submitting the request through Employee Self-Service (ESS). If you do not complete the benefit change within 30 days, you will have to wait until the next Open Enrollment to make new elections.

For birth or adoption of a child, you have 60 days to make changes to your benefits.

Qualified status changes include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes you or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

For a more complete list of qualified status changes, refer to the Summary Plan Description.

SPECIAL ENROLLMENT RULES

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

MAKING CHANGES

Know the Rules!
You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

BODY AND MIND

When it comes to your health, it's important to care for your body and mind. The company offers a variety of benefits to help you focus on your whole well-being.

MEDICAL BENEFITS

The City's medical plan provides coverage such as doctor's office visits, preventive care, prescription drugs, and hospitalization.

Preventive Care: Your Key to Wellness

Identifying potential problems before they become major issues is key to your physical health.

The medical plan includes free in-network preventive care that includes annual physicals, mammograms, well child visits, immunizations, and more. So, stay on top of your wellness and schedule your in-network preventive visit today.

MEDICAL PLAN OPTION

When it comes to medical coverage the City offers the following plan through Wellmark Blue Cross & Blue Shield:

- Blue Access (HMO)
- Blue Choice Option 1 (POS)

BLUE ACCESS HMO

With an HMO, the plan only covers those services you receive from HMO network providers. This means you and your covered dependents must use HMO providers to receive plan benefits (the only exception is if you have an emergency and are away from home). If you receive care outside of the HMO network, your care will not be covered.

BLUE CHOICE PLAN

The Blue Choice plan offer in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network or an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because network providers discount their fees. With in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

DOCTOR ON DEMAND

Virtual visits are available through Doctor on Demand through your Wellmark health plan. Simply download the Doctor on Demand app on your camera enabled smart phone, tablet or computer and enter your health insurance card information and payment method (credit card, debit card or FSA debit card). When you're ready to visit a doctor, pay your applicable co-pay and enter the virtual waiting room through the app and a board-certified doctor will be with you in minutes. If necessary, the doctor will prescribe a medication and will send in the prescription to the pharmacy of your choice. Some examples of a virtual visit include cold, flu, strep throat, pink eye, allergies, and mental health.

Medical Plan - Wellmark Blue Cross and Blue Shield

	Blue Access (HMO)		Blue Choice Option 1 (POS)	
Plan Feature	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Deductible	$0 individual $0 family		$250 individual $500 family	
Annual Out-of-Pocket Maximum	$500 individual $1,000 family		$750 individual $1,500 family	
Preventive Care	$5 copay	Not covered	$10 copay	Deductible, 30% coinsurance
Primary Care Physician Visit	$5 copay	Not covered	$10 copay	Deductible, 30% coinsurance
Specialty Visits	$5 copay	Not covered	$10 copay	Deductible, 30% coinsurance
Doctor on Demand	$5 copay	Not covered	$10 copay	Not covered
Mental Health / Substance Abuse Services	$5 copay	Not covered	$10 copay	Deductible, 30% coinsurance
Urgent Care	$5 copay	Not covered	$10 copay	Deductible, 30% coinsurance
Emergency Room	$25 copay	$25 copay	$50 copay, 10% coinsurance	$50 copay, 10% coinsurance
Facility Services	0% coinsurance	Not covered	0% coinsurance	0% coinsurance
Outpatient Services	0% coinsurance	Not covered	Deductible , 10% coinsurance	Deductible, 30% coinsurance

For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.

PRESCRIPTIONS

If you enroll in the medical plan, you will automatically receive prescription drug coverage. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 3-month supply of medication for the cost of 3x your copay. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available on the CVS/Caremark website at www.caremark.com.

Specialty Prescription Program

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy which provides the best available pricing and additional support. If you have a prescription that meets this requirement, Wellmark will contact you and provide you with the necessary information to fill your prescription.

	Blue Access Plan (HMO)	Blue Choice Option 1 (POS)
	Retail Prescriptions (30-day supply)	
Tier 1	Greater of $5 or 25% Coinsurance	$5 copay
Tier 2, 3, & 4	Greater of $5 or 25% Coinsurance	$15 copay
	Retail & Mail Order Prescriptions (90-day supply)	
Tier 1	Greater of $15 or 25% Coinsurance	$15 copay
Tier 2, 3, & 4	Greater of $15 or 25% Coinsurance	$45 copay

Note: When members purchase prescriptions from a non-participating pharmacy, they may be required to manually file the claim with the carrier; plus, may incur additional costs above the maximum allowed amount.

SUPPLEMENTAL HEALTH INSURANCE

ACCIDENT, CRITICAL ILLNESS, AND HOSPITAL INDEMNITY INSURANCE

Supplemental Health Insurance products provide benefits for specific covered events and illnesses and are offered by Lincoln Financial. The benefits can help cover out-of-pocket medical expenses, mortgage/rent expenses, medical deductibles, home health care costs, childcare costs or any expense you wish to cover. They are designed to complement your medical coverage but not replace your medical coverage. Benefits you receive are payable directly to you, regardless of your medical coverage.

Accident Coverage

When an injury happens, Accident Insurance can help. Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in – directly to you – to be used however you'd like. If the accident happens while participating in an organized sporting activity mentioned in the certificate of coverage, the benefit payment will be increased by 25%.

Accident Wellness Benefit - Receive a cash benefit of $50 every year you and any of your covered family members each complete a single covered assessment.

Critical Illness

The Critical Illness Insurance pays a lump-sum benefit if you or your covered dependents are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose $10,000, $20,000 or $30,000 in coverage for yourself and up to 50% of your election for spouse and/or child(ren) coverage.

Critical Illness Wellness Benefit - Receive a cash benefit of $50 every year you and any of your covered family members each complete a single covered assessment.

Hospital Indemnity Insurance

Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility after your coverage effective date. You and your covered dependents can receive $1,000 for each hospital admission and $100 per day ($200 for critical care unit).

Hospital Indemnity Wellness Benefit - Receive a cash benefit of $50 every year you and any of your covered family members each complete a single covered assessment.

DENTAL

The City Dental Plan is administered through Delta Dental and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia. The Dental PPO allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of Delta's participating dentists, you'll pay less for your care. If you choose a non-participating dentist, your share of costs will generally be higher and you may need to file your own claims.

For a list of Delta's participating dentists, go to http://www.deltadentalia.com/.

Plan Features	Base Plan
Deductible	**$25** individual / **$75** family
Annual Benefit Maximum (includes orthodontia)	**$1,250** / per person
Preventive Services	**100% covered**
Basic Services (fillings, simple tooth extractions, root canals, gum treatment)	**Deductible, then 20% coinsurance**
Major Services (crowns, inlays, bridges)	**Deductible, then 20% coinsurance**
Prosthetics (dentures, bridges)	**Deductible, then 50% coinsurance**
Orthodontia (adult and child)	**Deductible, then 50% coinsurance**

VISION

The City's Health Insurance Plan promotes preventive care through regular eye exams (applicable co-pay applies). Should you or your dependents need corrective materials, such as glasses and contact lenses, the City offers a "materials only" vision plan administered through Avesis.

If you enroll in vision coverage, you can go to any Avesis participating provider. To find a network provider, go to www.avesis.com.

Plan Feature	In-Network You Pay
Prescription Glasses • Lenses (one set every 12 months) • Frames (one set every 24 months)	**$10** copay **$65** allowance up to **$175**
Contact Lenses (one set every 12 months in lieu of lenses)	**$150** allowance

LIFE INSURANCE

The City offers life insurance coverage to provide financial protection in the event you or your dependents pass away while you are still working. This coverage is administered through Lincoln Financial.

BASIC LIFE INSURANCE

The City automatically provides Basic Life Insurance for all eligible employees at no cost. Fire: Basic Life Insurance is equal to 2 times your annual base salary, up to a maximum benefit of $700,000. Police: Basic Life Insurance is equal to 1 times your annual base salary, up to a maximum benefit of $700,000.

IRS RULES ABOUT BASIC LIFE COVERAGE

If your Basic Life Insurance coverage is more than $50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over $50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds $50,000 will be reported to the IRS as imputed income on your W-2 form.

"Annual base earnings" includes your base salary. It does not include overtime or bonuses.

BENEFITS REDUCE AT AGE 65

When you or a covered dependent reaches age 65, Basic and Voluntary Life Insurance benefits are reduced. For more information, refer to your Group Life Insurance booklet.

Beneficiary Designation

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your Life coverage in the event of your death. You are always the beneficiary of any Dependent Life Insurance you elect. You can change your beneficiaries for your Basic Life Insurance at any time during the year in ESS. For Voluntary Life Insurance, you can update your beneficiary during open enrollment, or you will need to contact the HR department. If you do not name a beneficiary, or if your beneficiary dies before you, your Life benefits will be paid to your estate.

FLEXIBLE SPENDING ACCOUNTS

The City allows you to contribute to one or both Flexible Spending Accounts (FSAs), which allow you to save taxes on certain out-of-pocket health care and dependent care expenses. The FSA plan is administered by iSolved Benefit Services.

HOW THE FSAS WORK

The City offers two types of FSAs:

- Health Care FSA
- Dependent Care FSA

If you elect to contribute to one or both FSAs, you choose an annual amount to be taken from each biweekly paycheck and deposited into your account throughout the year. Your contributions are taken out of your paycheck before you pay taxes, so you save money. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself, up to the amount you have elected to contribute to your account for the year.

FSA at a Glance

	Health Care FSA	Dependent Care FSA
Eligibility	Any benefits-eligible employee	Any benefits-eligible employee
Contribution Limits*	$3,400 per employee	$7,500 per household ($3,750 if married, filing taxes separately)
Fund Availability	January 1 (front loaded)	January 1 (not front loaded)
Eligible Use	Qualified medical, prescription, dental, and vision expenses, copays, and deductibles	Eligible day care expenses from licensed daycare providers for children under age 13 or disabled dependents of any age

*FSA contributions cannot be changed during the plan year unless you have a qualifying life event.

FLEXIBLE SPENDING ACCOUNTS

DEADLINE TO SUBMIT CLAIMS

Health Care FSA & Dependent Care FSA:

The 2026 Medical FSA plan year runs from January 1, 2026, to December 31, 2026, with a grace period through March 15, 2027. Keep in mind that any election you make but do not use by March 15, 2027, will be forfeited if claims for eligible expenses incurred on or before March 15, 2027 are not submitted for reimbursement by May 15, 2027.

Claims can be submitted via a debit card, mobile app or by logging in to your iSolved Benefit Services account.

For a full list of FSA eligible expenses click here.

IMPORTANT FSA CONSIDERATIONS

- Any money left in your FSAs after May 15, 2027 may not be rolled over to pay for future expenses in another plan year. Any unused funds will be forfeited, per IRS rules.
- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit. (For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year — even if you have not yet contributed that much to your account.)
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

DEFERRED COMPENSATION

You are eligible to defer a portion of your income into a 457 Deferred Compensation Plan with Nationwide Retirement Solutions. Participation in the Deferred Compensation program is voluntary. Participation in this plan allows you to set income aside for retirement and shelters the deferred income from federal and state income tax. The Plan can help bridge the gap between what you have in your pension and Social Security, and how much you'll need in retirement.

Employees are eligible for a matching contribution by the City of 100% of the employee's first 2.5% contribution from the employee's gross salary. Matching contributions are deferred to the 457 Pre-tax plan.

Contributions into the 457 Plan cannot exceed an amount allowed by the IRS. The deferral reduces your amount of gross taxable income. Federal and state income tax on the contribution, and the interest earned on its investment, will be deferred until the time benefits are paid. The amount deferred is subject to IPERS, Social Security and Medicare tax at the time the deferred income is earned.

The City offers two options for the 457 Plan: Pre-Tax and Roth. With the Pre-Tax option, your contributions are deducted from your paycheck before income taxes are withheld, and taxes are paid upon withdrawal. With the Roth option, your contributions are deducted from your paycheck after taxes have been paid. You'll then enjoy tax-free withdrawals, as long as you are at least age 59½ and do not take withdrawals for at least five years after your first Roth contribution.

457 Plan assets are typically only payable upon your retirement, termination of employment, or death. The only exception is for an unforeseeable, severe financial hardship or loan.

To enroll or for more information, please contact Human Resources at (515) 283-4213 or visit http://www.desmoinesdcp.org.

DEFERRED COMPENSATION

RETIREMENT

Planning for the future is just as important as making certain that you have benefits that will serve your needs today. All permanent City employees are required to participate in plans which have been designed to provide you with the financial base for a comfortable retirement when you complete your career. The Municipal Fire and Police Retirement System of Iowa (MFPRSI) covers employees under Chapter 411 of the Iowa Code.

Benefit: The purpose of the 411 Chapter is to provide for the payment of pensions to retired members and members incurring disabilities, and to the surviving spouses and dependents of deceased members. Any member age 55, serving 22 years or more, may retire upon written application to the system at least 30 days prior to the desired retirement date. Contact MFPRSI at 254-9200 for more information.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You and your covered dependents have free access to the City's Employee Assistance Program (EAP) provided by Employee & Family Resources (EFR). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides a certain number of free face-to-face counseling sessions for both you and your covered dependents.

MENTAL WELL-BEING

Licensed counselors can help with issues such as:


Mental health concerns


Emotional difficulties


Domestic abuse


Substance abuse


Financial services


Grief and loss


Relationship support


Self-esteem and personal development


Stress management


Work-life balance

To contact EFR, call (515) 244-6090, 24 hours a day, seven days a week, to talk to a professional counselor. You can also get more information online at www.efr.org.

WORK-LIFE ASSISTANCE

Employee and Family Resources also provides a wide variety of work-life support, with some services at no cost. A few of the services include:


Daily life assistance: Resources for child, elder, or pet care, and household services


Legal support: Wills and estate planning, family, civil, criminal, and real estate


Financial services: Budgeting, mortgages, college funding, and issues


Identity theft services: Fraud resolution and credit restoration coaching

RESIDENCY INCENTIVE

The purpose of this program is to incentivize City of Des Moines employees to live where they work – in the City of Des Moines – by providing financial assistance for down payment and related home purchase costs and/or rent related expenses for employees to reside in the City of Des Moines. This program applies to full-time employees.

The City will provide assistance in the form of a $15,000 one-time forgivable loan to qualified employees who agree to purchase a home in the City of Des Moines and to maintain the home as their primary residence for at least five (5) years. For rental agreements, the City will provide two (2) separate incentive payments of $1,000 each, to qualified employees entering into, or currently under, a 12-month (or greater) lease agreement for a residence in the City of Des Moines.

TIME OFF

The City of Des Moines recognizes that employees cannot be at their best on the job unless they have time away from work to relax, recover from illness, or tend to personal business. Accordingly, the City has developed several leave policies addressing these various needs. For more information regarding time away from work, please reference the Employee Handbook or Bargaining Unit Agreement.

The City's Paid Parental Leave Policy provides 100% of covered base pay for 8 weeks for the birthing parent and 6 weeks for the non-birthing parent. This applies to employees eligible to take leave under the City's Family and Medical Leave Policy or state law as applicable.

TRANSIT SUBSIDY

Active employees and retirees may ride the Des Moines Area Regional Transit Authority (DART) busses without charge using DART's mobile app. This includes essentially all DART services with the exception of carpools/vanpools and special event shuttles (State Fair, Arts Festival, etc.).

TUITION REIMBURSEMENT

Refer to the Employee Handbook for more information regarding tuition reimbursement.

VOLUNTEER PAID TIME OFF

This policy encourages a culture of employee community involvement by supporting employee engagement in activities that serve the community in which employees live and work. This is accomplished by providing employee paid time to volunteer for non-profit organizations or causes within the City of Des Moines that enhance the community and enrich the lives of employees.

Up to eight (8) hours of paid leave per calendar year.

CONTACTS

Plan	Carrier	Phone	Website
Medical & Prescription	Wellmark Blue Cross Blue Shield	(800) 524-9242	http://www.wellmark.com
Dental	Delta Dental	(800) 544-0718	http://www.deltadentalia.com
Vision	Avesis	(800) 828-9341	http://www.avesis.com
Employee Assistance	Employee and Family Resources	(515) 244-6090	http://www.efr.org
Life Insurance / Supplemental Health Insurance	Lincoln Financial	(800) 423-2765	http://www.lincolnfinancial.com Registration code: CityDSM
Flexible Spending Accounts	iSolved Benefit Services	(800) 300-9691	www.isolvedbenefitservices.com
Deferred Compensation	Nationwide Retirement Services Bryan Jimmerson (Nationwide Retirement Specialist)	(712) 297-4511	www.desmoinesdcp.org jimmeb1@nationwide.com
Pension	Municipal Fire and Police Retirement System of Iowa (MFPRSI)	(515) 254-9200	https://www.mfprsi/org

For more information regarding the above benefits, contact Human Resources at (515) 283-4213 or humanresources@dmgov.org.

City of Des Moines
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1200 Locust St
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NOTES

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