



2024 EMPLOYEE BENEFIT GUIDE



INTENTIONALLY DIFFERENT

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WHAT YOU NEED TO KNOW

- ▶ All fulltime employees and those “part-time employees” who have worked 30 hours or more using the measurement period of 12 months are eligible to enroll themselves and their qualified dependents in employee benefits. Employees must be actively at work to enroll in benefits.

Checklist of what to bring for open enrollment for each dependent that you are enrolling in eligible benefits:

1. Social Security Number
2. Address
3. Date of Birth

Having these items will expedite the completion of all enrollment forms, beneficiary cards, etc.

If you are a current employee (not a new hire), please keep the following information in mind:

- You cannot make any changes until the annual “open enrollment period”, which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)
- However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:
 - » marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.

You might see these boxes on certain pages. Here’s what they mean:

ER

Employer Paid - your employer covers 100% of the cost of your product

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GLOSSARY OF INSURANCE TERMS



Annual Maximum - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

Benefit Year - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

Benefits - Items or services covered under an insurance plan.

Beneficiary - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

Broker - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

COBRA - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

Claim - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

Coinurance - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

Copayment (Copay) - A fixed amount that the insured is required to pay before receiving the service.

Deductible - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

Dependent - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

Elimination Period - A period of continuous disability which must be satisfied before you are eligible to receive benefits.

Evidence of Insurability (EOI) - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

Flexible Spending Account (FSA) - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

Guaranteed Issue - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

Limited Purpose FSA - A type of account to be used with an HSA. It is reserved for the payment of dental and vision expenses only.

Long-Term Care - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

Medically Necessary - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

Network - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

Non-Preferred Provider - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

Out-of-Pocket Maximum - The maximum amount of money you may pay for services in a benefit year.

Pre-Existing Condition - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

Premium/Rate - The amount you pay for your insurance premiums each month.

Qualifying Life Event (QLE) - A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in an insurance plan outside the yearly open enrollment period. (ex. Loss of coverage, getting married or divorced, having a baby/adopting a child, or a death in the family).

ENROLLMENT AND ELIGIBILITY

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure and maintain work/life balance. This enrollment guide has been designed to provide you with information about the benefit choices available to you. Remember, open enrollment is your only opportunity each year to make changes to your elections, unless you or your family members experience an eligible "change in status."

How to Enroll in the Plans

Read your materials and make sure you understand all of the options available.

- Make your benefit choices
- If you have questions or concerns, please contact your HR department.

Eligible:

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student or marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Domestic partners, unless your employer states otherwise
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

Change in Status

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a change in status. As with a new enrollee, you must submit your paperwork within 30 days of the change or you will be considered a late enrollee.

Examples of changes in status:

- You get married, divorced or legally separated
- You have a baby or adopt a child
- You or your spouse takes unpaid leave of absence
- You or your spouse has a change in employment status
- Your spouse dies
- You become ineligible for or lose Medicaid coverage
- Significant increase or decrease in plan benefits or cost

WORKERS COMPENSATION

1. When a work related injury occurs please notify Human Resources as soon as possible. If the injury occurs during the weekend, please notify Human Resources on Monday morning.
2. Human Resources will schedule you an appointment with the counties medical provider.
3. Please make sure that all workers compensation reporting forms are completed and submitted to Human Resources within 24-48 hours.
4. The forms are:
 - 1st Report of Injury
 - Employees Report of Accident
 - Supplement to Employees Report of Injury
5. Submit completed forms to HR prior to an appointment being made, unless it is an emergency.

FULL TIME/PART TIME ELIGIBLE EMPLOYEES RETIREMENT

APERS Information
124 West Capital Ave #400
Little Rock AR 72201

Ph: (501) 682-7800
Fax: (501) 682-7825
<https://www.apers.org/>

NON-UNIFORMED FULL TIME EMPLOYEE RETIREMENT:

- As a condition of employment with a participating public employer, you are a member of APERS.
- Members contribute 5.5% of their pre-tax salary to the system. Beginning July 1st, 2024 members can contribute 5.75%. Monies received are invested by the system to pay future benefits to members, beneficiaries and survivors.
- The Employer contributes 15.32% of the member's salary to fund the retirement benefit.
- Vested after 5 years.
- These contributions will remain on deposit in your name unless you leave your job and receive a refund of your contributions. These contributions are invested by professional money management firms hired by the Board of Trustees. In turn, for your contributions to the System, at retirement your benefit will be based on a specific multiplier established in the law.
- You will be sent a packet to your home within 30-60 days from your date of hire. This will provide further explanations of the plan.

RETIREMENT- ACA 24-12-128:

When any county official or county employee retires and either is age 55 + and vested in the County Division of APERS or has 30 years + of actual service or 35 years of credits service in the County Division regardless of age, the official or employee may continue to participate in the county health care plan as long as the official or employees pays both the employer and employee contributions to the health care plan.

457 Plan/Deferred Compensation-Security Benefit Group

Contact: Ed Tritschler
(312) 701.1100 ext. 268
etritschler@retirementplanadvisors.com
<https://securitybenefit.com/individuals>

LOGGING IN TO THE MEMBERS SELF SERVICE PORTAL

Log on for the first time

To log on to the Member's Self Service (MSS) portal, click on the Members button, located at the top of the APERS website home page (www.apers.org).

This will bring up the login screen. If this is the first time you log in, you will need to register your account first. Click on the Register link located below the Log In button.

You need to agree to the terms of service to proceed. Click on the Accept button to continue

For the Verify Identity screen you will need your APERS ID.

For active members, you can find your APERS ID on your Annual Statement

For retired members you can find your APERS ID on your Explanation of Benefits (EOB) Statement

Enter all the requested information and click on Validate.

This will take you to the Account Setup Screen.

Create your username and password.

Note and follow the password rules.

Set up your security questions and answers.

Finally provide a valid email address for future notifications.

Click the Submit button located at the bottom of the form.

If the registration is successful, you will receive a confirmation message.

You will be redirected back to the login screen. Enter your new user name and password and click on the Log In button to continue.

Once you have successfully logged in, you will see the Terms and Conditions screen. You must click on Accept to continue to your Home page.

Welcome to your Home page.

REGISTER FOR SEMINAR

To register for a retirement seminar, click the Register for Appointment/Seminar link on your Home screen menu.

This will take you to the New Meetings Registration screen where you can choose a seminar date and time.

You will probably want to expand one of the columns – Name, Description, or Seminar/Appointment – to help choose the correct program for your retirement timeline.

You can also use the Select Type or Location drop down menus to filter the results and see only those programs that fit the criteria you choose.

Once you have found the program you want, click the Actions link to the left and select Register.

You will receive an email confirming your registration. You can use the same process to Cancel a registration as well.



2024 EMPLOYEE BENEFIT STATEMENT

Benefit Description:		Monthly Cost & Total Amount:	
		Employer	Employee
Medical - Arkansas Municipal League	\$1,200 Deductible Plan Saline County pays \$517.65 per employee per month toward an employee's insurance policy	\$517.65	Employee Only \$0 Employee+Child(ren) \$532.40 Family \$732.40
Dental - Delta Dental	The total cost of Delta Dental of Arkansas is \$26.75 employee per month and Family is \$78.97	\$26.75	Employee Only \$0 Family \$52.22
Vision- Delta Dental	Saline County provides dental on a voluntary basis	\$0.00	Employee Only \$7.42 Employee+Spouse\$14.10 Employee+ Child(ren)\$15.22 Family \$21.68

Benefit Description:		Monthly Cost & Total Amount:	
Employer-provided Basic Life & AD&D	The total cost of One America is \$2.00 per month per employee	\$2.00	\$0
APERS Retirement		15.32%	5.50% of gross pay per pay period pre-tax until June 30, 2024. 5.75% of gross pay per pay period pre-tax starting July 1, 2024
Total Benefits Cost per YEAR paid by the County in addition to your annual salary:		546.40 per month/ \$6,556.80 per employee per year	Dependent upon plan chosen for health & dental



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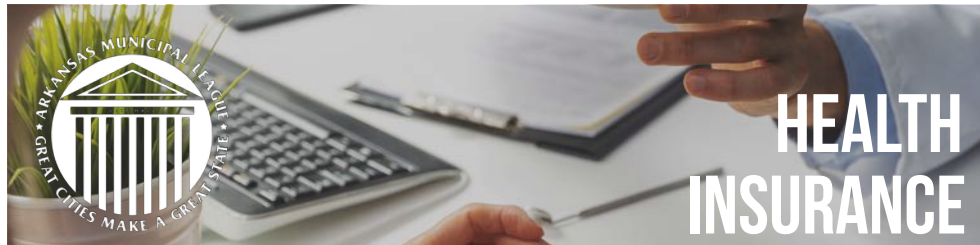
DISTRICT 12



KEITH KECK

DISTRICT 13

keithkeck@aol.com



▶ Arkansas Municipal League is our health insurance provider. Arkansas Municipal League provides health insurance plan benefits for office visits, preventive care, prescription drugs, and hospital services.

COPAY (ENHANCED PLAN)		IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
Individual	\$1,200		
Family	\$6,000		
OUT-OF-POCKET MAXIMUM			
Individual	\$4,000	N/A	
Family	\$8,000	N/A	
Coinsurance	80%	50%	
Lifetime Benefit Maximum	Unlimited	Unlimited	
COVERED SERVICES AND BENEFITS			
OFFICE VISITS			
Telemedicine 1-877-308-3362	\$0 Copay		
Primary Care Physician	\$20 copay	\$20 copay+ deductible+ Coinsurance	
Specialist	\$20 copay	\$20 copay+ deductible+ Coinsurance	
EMERGENCY MEDICAL CARE			
Emergency Room	\$250 copay + Deductible + 20% coinsurance		
Urgent Care Center	\$20 copay	\$20 copay + Coinsurance	
Ground Ambulance (\$1,000/ trip)	Limited to two trips per year		
Air Ambulance (\$10,000/trip)			
HOSPITAL SERVICES - REQUIRE PRE-CERTIFICATION			
Inpatient Services	Deductible + Coinsurance	Deductible + Coinsurance	
Outpatient Services	Deductible + Coinsurance	Deductible + Coinsurance	
PRESCRIPTIONS			
Generic Brand	\$10	N/A	
Preferred Brand	\$30	N/A	

COVERAGE TIER	SEMI-MONTHLY PREMIUMS
Employee	\$0.00
Employee + Child(ren)	\$266.20
Family	\$366.20

* Saline County pays for 100% Employee Only

*co-pay amounts cover all charges billed under CPT Codes 99201 through 99215. Any charges outside these ranges will be subject to deductible and co-insurance.



DENTAL INSURANCE

▶ Having dental insurance contributes to your over all well-being. Dental insurance provides coverage for preventative, basic, and major services.

DENTAL SERVICES		In-Network
PREVENTATIVE SERVICES (No Deductible) 100%	<ul style="list-style-type: none"> • Routine Periodic Exams/ Cleanings (2 times per year) • Sealants (to age 16; 1 per tooth per lifetime) • Topical Fluoride Application (to age 19; 1 time per year) • Bitewing X-rays (1 time per calendar year) • Full Mouth Series/Panoramic X-rays (1 time within any 60 consecutive month period) 	
BASIC SERVICES (Deductible Applies) 80%	<ul style="list-style-type: none"> • Fillings (once per surface, per tooth in a 24-month period) • Stainless Steel Crowns (to age 16) • Simple Extractions • Space Maintainers (to age 14; 1 time within any 60 consecutive month period) 	
MAJOR SERVICES (Deductible Applies) 12-month wait for late entrants 80% or 50%	<ul style="list-style-type: none"> • Oral Surgery (except TMJ surgery) • Root Canal Treatment (1 time per lifetime, per tooth, by the same Provider or Provider's office that performed the procedure) • Surgical & Non-Surgical Periodontics • Periodontal Maintenance (2 per calendar year) • Crowns, Inlays, Onlays, Veneers, including Replacement (Replacement covered after 60 months of previous prosthetic) • Prosthodontics • Endosteal Implants (1 time per lifetime per tooth) 	
ORTHODONTIC SERVICES (Deductible Applies) For children to age 19 50%	Pays 50% of charges up to \$1,000 maximum. You pay 50% and anything in excess of the lifetime max of \$1,000	
MAXIMUM CARRYOVER	If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year, and the total Benefit paid does not exceed \$749 in that Benefit Year, up to \$375 will carry over to the next Benefit Year Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,500.	
ANNUAL MAXIMUM	<u>\$1,500 per person</u>	
DEDUCTIBLE	\$50 per person / \$150 per family	

COVERAGE TIER	SEMI-MONTHLY PREMIUMS
Employee Only	\$0.00
Employee + One	\$26.11

Saline County pays \$26.75 towards the dental plan.



▶ Vision insurance is offered to help people see by providing affordable access to high-quality eye care and eyewear. An individual or family vision insurance plan saves you money on frames, lenses, contacts, eye exams and more.

VISION SERVICES	In-Network	Out-of-Network Cost Reimbursement
Exam Copay	\$10	Up to \$30
Frames and/or Lenses	\$25	N/A
Contact Lens Fitting Copay	\$24	N/A
CONTACTS		
Elective Allowance	\$130 retail allowance	Up to \$65
Medically Necessary	Covered in full	Up to \$210
LENSES		
Frames	\$130 retail allowance	Up to \$70
Single Vision Allowance	Covered in full	Up to \$25
Bifocal Allowance	Covered in full	Up to \$40
Trifocal Allowance	Covered in full	Up to \$55
Lenticular Allowance	Covered in full	Up to \$55

SERVICES	FREQUENCY
Exam	12 months
Frames	24 months
Lenses	12 months
Contact Lenses	12 months
Contact Lens Fitting Exam	12 months

COVERAGE TIER	SEMI-MONTHLY PREMIUMS
Employee	\$3.71
Employee + Spouse	\$7.05
Employee + Child(ren)	\$7.61
Family	\$10.84

EMPLOYER PAID



GROUP TERM LIFE & AD&D

▶ One America is our group term life and accidental death and dismemberment provider. Term life coverage provides benefits to your designated beneficiary for loss of life. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

LIFE BENEFIT	EMPLOYEE	POLICE AND FIREFIGHTER
AMOUNT	\$10,000	\$20,000
AD&D BENEFIT	EMPLOYEE	POLICE AND FIREFIGHTER
AMOUNT	\$10,000	\$20,000
BENEFIT WILL REDUCE:	35% at age 65 and 50% at 70	35% at age 65 and 50% at 70



▶ One America is our short term disability provider. Disability insurance provides income protection in the event that you miss work due to an accident or illness.

BENEFIT	BENEFIT DETAILS
WEEKLY BENEFIT	66.7% of salary
GUARANTEED ISSUE	FOR NEW HIRES ONLY LATE ENTRANTS - REQUIRE EOI
BENEFITS BEGIN ON	Accident - 14th Day Illness - 14th Day
MAXIMUM BENEFIT DURATION	11 weeks
PRE-EXISTING CONDITION	3/12

CALCULATING YOUR COST

STEP 1: (YOUR ANNUAL SALARY) X .667 / 52 = YOUR WEEKLY BENEFIT AMOUNT

STEP 2: (YOUR WEEKLY BENEFIT AMOUNT) / 10 = VOLUME

STEP 3: (VOLUME) * RATE OF \$0.726= MONTHLY PREMIUM

STEP 4: (MONTHLY PREMIUM) * 12 / 24= BI-WEEKLY PREMIUM



▶ One America is our long term disability provider. Disability insurance provides income protection in the event that you miss work due to an accident or illness.

BENEFIT	BENEFIT DETAILS
LUMP SUM BENEFIT AMOUNT	Minimum \$10,000 to Maximum of \$30,000
GUARANTEED ISSUE	\$30,000
BENEFITS BEGIN ON	90th day
MAXIMUM BENEFIT DURATION	24 months
PRE-EXISTING CONDITION	3/12

RATE TABLE	
Age:	Rate per \$1,000 of coverage
Less than 24	\$0.08
25-29	\$0.12
30-34	\$0.18
35-39	\$0.26
40-44	\$0.37
45-49	\$0.57
50-54	\$0.84
55-59	\$1.20
60-70 +	\$2.28

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



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GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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- On-demand trainings
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VOLUNTARY GROUP TERM TERM LIFE & AD&D

▶ US Able is our voluntary group term life provider. This coverage provides you and your dependents with additional protection for those who depend on you financially.

Life Benefit	Employee	Spouse	Dependent
AMOUNT	5x annual salary, not to exceed \$500,000	50% of the approved employee benefit amount, not to exceed \$100,000	Maximum of \$10,000
Guaranteed Issue (For New Hires)	\$100,000	\$25,000	\$10,000
Guaranteed Issue (Increase of Coverage)	Increased by \$10,000 until \$100,000 is obtained	\$25,000	\$10,000
AD&D	Same as Life	Same as Life	Same as Life

EMPLOYEE/SPOUSE	
Age:	Rate per \$1,000 of coverage
Less than 30	\$0.072
30-34	\$0.096
35-39	\$0.108
40-44	\$0.155
45-49	\$0.238
50-54	\$0.383
55-59	\$0.588
60-64	\$0.884
65-69	\$1.524
70+	\$2.472
Children	\$0.16 per \$1,000 of coverage

► You are now offered a high/low hospital confinement indemnity policy through US Able. This policy helps offer you financial protection in the event that you or your dependents are admitted to the hospital. Benefits provide you with assistance in paying your deductible and

- Maternity Benefits Included - To add a newborn child, you must contact your HR within 30 days of birth
- No Medical Questions
- 12/12 Pre Ex
- Plan pays hospitalization benefit for injuries or sickness

BENEFIT DETAILS	HIGH PLAN	LOW PLAN
Daily Hospital Confinement	\$300 Up to 180 days	\$150 Up to 180 days
Critical Care Unit Confinement	\$450 Up to 15 days	\$225 Up to 15 days
Initial Confinement	\$1,500 Up to 10 per year	\$750 Up to 10 per year
Wellness (1 per person per cal. year) SEE HR FOR CLAIM FORM	\$30	\$30
Guaranteed Issue	For all FT employees	

SEMI-MONTHLY PREMIUM FOR HIGH PLAN

Age	Employee	Spouse	Child(ren)
Up to 49	\$17.91	\$17.76	\$9.70
50-54	\$26.39	\$26.33	\$8.49
55-59	\$31.67	\$31.46	\$7.41
60-64	\$39.08	\$38.87	\$6.45
65-69	\$65.96	\$65.87	\$5.28

SEMI-MONTHLY PREMIUMS FOR LOW PLAN

Age	Employee	Spouse	Child(ren)
Up to 49	\$9.21	\$9.14	\$4.85
50-54	\$13.45	\$13.42	\$4.25
55-59	\$16.09	\$15.98	\$3.71
60-64	\$19.79	\$19.69	\$3.23
65-69	\$33.23	\$33.19	\$2.64

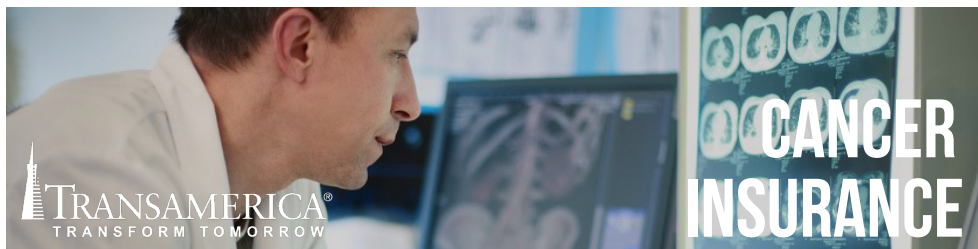
FOR A FAMILY RATE COMBINE THE APPLICABLE TIERS ABOUT TOGETHER

NOTE: THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT.

BENEFITS*	EMPLOYEE	SPOUSE	CHILD
Initial Treatment (once per accident, within 7 days after the accident, not payable for telemedicine services) ER/Urgent Care ER/Urgent Care with X-ray Doctor's Office Doctor's Office with X-ray	\$200 \$250 \$100 \$150	\$200 \$250 \$100 \$150	\$200 \$250 \$100 \$150
Accident Follow-Up Treatment (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)	\$50	\$50	\$50
Major Diagnostic Testing (once per accident, within 6 months after the accident)	\$200	\$200	\$200
Ambulance (within 90 days after the accident) Ground Air	\$400 \$1,200	\$400 \$1,200	\$400 \$1,200
Emergency Room Observation (within 7 days after the accident) Short Observation Period (4-24 hrs) Long Observation Period (24+ hrs)	\$50 \$100	\$50 \$100	\$50 \$100
Paralysis (once per accident, diagnosed by a doctor within six months after the accident) Paraplegia Quadriplegia	\$2,500 \$5,000	\$2,500 \$5,000	\$2,500 \$5,000
Dismemberment (once per accident, within 6 months after the accident) Single Loss Double Loss Loss of one or more fingers or toes Partial Dismemberment	\$6,250 \$12,500 \$625 \$62.50	\$2,500 \$5,000 \$250 \$62.50	\$1,250 \$2,500 \$125 \$62.50
Burns (once per accident, within 6 months after the accident) <u>Second Degree Burns</u> Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more <u>Third Degree Burns</u> Less than 10% At least 10%, but less than 25% At least 25%, but less than 35% 35% or more	\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000	\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000	\$100 \$200 \$500 \$1,000 \$1,000 \$5,000 \$10,000 \$20,000
Lacerations (once per accident, within 7 days after the accident) <u>Lacerations requiring stitches</u> Under 5 cm 5 to 15 cm Over 15 cm <u>Lacerations not requiring stitches</u>	\$100 \$400 \$800 \$50	\$100 \$400 \$800 \$50	\$100 \$400 \$800 \$50

BENEFITS*	EMPLOYEE	SPOUSE	CHILD
Prosthesis (once per accident, up to 2 prosthetic devices and one replacement per device per insured)*	\$1,500	\$1,500	\$1,500
Concussion (once per accident, within 6 months after the accident)	\$500	\$500	\$500
Traumatic Brain Injury (once per accident, within 6 months after the accident)	\$5,000	\$5,000	\$5,000
Coma (once/accident)	\$10,000	\$10,000	\$10,000
Eye Injury	\$400	\$400	\$400
Emergency Dental Work (once per accident, within 6 months after the accident) Repair with Crown Extraction	\$200 \$50	\$200 \$50	\$200 \$50
Outpatient Surgery and Anesthesia (per day / within one year after the accident) Performed in a Hospital or Surgical Center	\$400	\$400	\$400
Performed in a Doctor's Office, Urgent Care Facility, or Emergency Room (per day / maximum of two procedures per accident)	\$50	\$50	\$50
Dislocations Open Reduction Closed Reduction	Up to \$6,000 Up to \$3,000	Up to \$6,000 Up to \$3,000	Up to \$6,000 Up to \$3,000
Fractures Open Reduction Closed Reduction	Up to \$8,000 Up to \$4,000	Up to \$8,000 Up to \$4,000	Up to \$8,000 Up to \$4,000
Facilities Fee for Outpatient Surgery (surgery performed in hospital or ambulatory surgical center, within one year after the accident)	\$100	\$100	\$100
Inpatient Surgery and Anesthesia (per day / within one year after the accident)	\$1,000	\$1,000	\$1,000
Hospital Admission (once per accident, within 6 months after the accident)	\$1,250	\$1,250	\$1,250
Hospital Confinement (maximum of 365 days per accident, within 6 months after the accident)	\$300	\$300	\$300
Hospital Intensive Care (maximum of 30 days per accident, within 6 months after the accident)	\$400	\$400	\$400
Transportation (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident) Plane Any Ground	\$500 \$200	\$500 \$200	\$500 \$200
Wellness SEE HR FOR CLAIM FORM	\$100	\$100	\$100

SEMI-MONTHLY PREMIUMS	
COVERAGE TIER	
Employee	\$9.16
Employee & Spouse	\$16.25
Employee & Child(ren)	\$22.68
Family	\$29.77



- Transamerica is our cancer insurance provider. Cancer insurance helps those diagnosed with cancer to stay focused on recovery by alleviating some of the financial burden associated with the cost of cancer treatment.

RADIATION & CHEMOTHERAPY	Low Plan	High Plan
Radiation & Chemotherapy	\$10,000	\$20,000
Blood, Plasma, Blood Components, Bone Marrow & Stem Cell Transplant	\$10,000	\$20,000
New or Experimental Treatment (must be approved by FDA & NCI)	\$10,000	\$20,000
FIRST OCCURRENCE RIDER	Amount	
Initial Diagnosis Benefit	\$2,000	\$5,000
WELLNESS & NON-MEDICAL BENEFITS	Amount	
Wellness Benefit SEE HR FOR CLAIM FORM	\$100	\$100
Magnetic Resonance Imaging (MRI) Scans (used for diagnosis of breast cancer)	\$100	\$100
Lodging (for family member OR outpatient lodging; up to 50 days per year)	\$100	\$100
Non-Local Transportation (per mile if over 50 miles)	\$0.40 per mile	\$0.40 per mile
Waiver of Premium	after 60 days	after 60 days
HOSPITAL BENEFITS	Amount	
Hospital Confinement (1 - 90 days)	\$100	\$100
Extended Benefits (91st Day+)	\$200	\$200
Inpatient Drugs & Medicines	\$15	\$15
Private Duty Nurse	\$100	\$100
At Home Nurse (per day if within 14 days of discharge; # of days matches hospitalized days)	\$100	\$100
Ambulance	\$100	\$100
Hospice Care (up to 100 days)	\$100	\$100

SEMI-MONTHLY PREMIUM		
COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee	\$9.23	\$17.66
Employee + Child	\$10.68	\$19.96
Family	\$17.03	\$31.81



WHY BUY UNIVERSAL LIFE AT WORK?

1. Portability - Take your coverage with you and pay the same premium if you change jobs or retire.
2. Payroll deduction - No bills. No checks to mail. A direct bill option is available when you change jobs or retire.
3. One-on-One guidance - You'll get personalized benefit advice and assistance with the application process.

FEATURES YOU'LL APPRECIATE

- Accelerated Death Benefit for Terminal Illness included
- Family Coverage - Apply for your spouse, children, and grandchildren, even if you choose not to participate.
- Guaranteed renewable - Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class changes.

Coverage up to \$125,000	Guaranteed 3% Interest Rate	Terminal Illness Benefit
No Physicals or Blood work	Cash Value	

Life Benefit	Employee	Spouse	Dependent
Life Amount Max	\$500,000 (SI)	\$100,000 (SI)	\$25,000 (SI)
*Guarantee Issue	\$150,000	\$25,000	\$25,000
Accelerated Death Benefit for Terminal Illness	75% or \$100,000, whichever is less		

NOTE: Rates will be provided by JTS Financial Representatives during Open Enrollment.

This is a brief summary of TransELITE™, Universal Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa. Limitations and Exclusions apply. Refer to the policy, certificate and riders for complete details.

UNIVERSAL LIFE W/ LONG TERM CARE

ELIGIBILITY

<p>EMPLOYEE - \$150,000 (NEWLY ELIGIBLE)</p>	<p>To be eligible for insurance, an employee must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> • be of age 16 through 80. • be on active service, performing in the usual manner all of the regular duties of his or her occupation at one of the places of business where he or she normally works or at some location directed by the employer; and • be continuously employed for the amount of time and working the minimum number of hours per week as you require to be eligible for benefits. These requirements will be defined on the Life and Health Group application and Agreement.
<p>SPOUSE - \$25,000</p>	<p>To be eligible for insurance, a spouse (or equivalent as defined by state law or otherwise agreed upon between you and us) must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> • must be age 16 through 65 • must be legally married to the employee as determined by the laws of the state in which the employee resides or meet the eligibility requirements required by the group to be benefit eligible. • must not be disabled • must not be eligible as an employee under the group policy
<p>CHILD - \$25,000</p>	<p>To be eligible for universal life insurance, a child must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> • must be 15 days through age 25 • must be an employee's natural or stepchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian • must not be disabled • must not be eligible as an employee under the group policy
<p>CHILD TERM RIDER- \$10,000</p>	<p>To be eligible under this rider, a child must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> • must be 15 days through age 25 • must be an employee's natural child or stepchild, legally adopted or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian • must not be eligible as an employee under the group policy



➤ Critical Illness benefits can help meet the needs your family by offering financial support when it is needed the most. Critical Illness Insurance supplements any existing medical benefits you may already have.

BENEFIT DETAILS			
	EMPLOYEE	SPOUSE	CHILD
BENEFIT AMOUNT	Choice of \$5,000 increments up to \$50,000	Up to 50% of the face amount elected by the employee	Up to 50% of the face amount elected by the employee
GUARANTEE ISSUE Not Subject to Pre-Ex!	Up to \$35,000	Up to \$17,500	N/A
BASE BENEFITS		WITHOUT CANCER	
Heart Attack		100%	
Sudden Cardiac Arrest		100%	
Coronary Artery Bypass Surgery		25%	
Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)		100%	
Bone Marrow Transplant (Stem Cell Transplant)		100%	
Kidney Failure (End Stage Renal Failure)		100%	
Stroke (Ischemic or Hemorrhagic)		100%	
ADDITIONAL BENEFITS		WITHOUT CANCER	
Coma **		100%	
Severe Burns*		100%	
Paralysis**		100%	
Loss of Sight, Speech, or Hearing**		100%	
Advanced Alzheimer's Disease		100%	
Advance Parkison's Disease		100%	
Benign Brain Tumor		100%	
Amyotrophic Lateral Sclerosis (ALS)		100%	
Multiple Sclerosis (MS)		100%	
Health Screening Benefit (payable for employee & spouse only) SEE HR FOR CLAIM FORM		\$100 per calendar year	
CHILDHOOD CONDITION BENEFITS			
Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida, Type 1 Diabetes			
Autism Spectrum Disorder		\$3,000	



Employee Non-Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.51	\$6.01	\$7.52	\$9.02	\$10.53	\$12.03	\$13.54	\$15.04	\$16.55	\$18.05
30-39	\$5.34	\$7.69	\$10.03	\$12.37	\$14.71	\$17.06	\$19.40	\$21.74	\$24.08	\$26.43
40-49	\$7.16	\$11.31	\$15.47	\$19.63	\$23.78	\$27.94	\$32.09	\$36.25	\$40.41	\$44.56
50-59	\$10.41	\$17.83	\$25.24	\$32.65	\$40.07	\$47.48	\$54.89	\$62.31	\$69.72	\$77.14
60+	\$15.45	\$27.89	\$40.34	\$52.78	\$65.23	\$77.67	\$90.12	\$102.56	\$115.01	\$127.45

Spouse Non-Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$4.07	\$4.61	\$5.14	\$5.68	\$6.21	\$6.75	\$7.29	\$7.82	\$8.36
30-39	\$4.91	\$5.86	\$6.82	\$7.77	\$8.73	\$9.68	\$10.63	\$11.59	\$12.54
40-49	\$6.72	\$8.58	\$10.45	\$12.31	\$14.17	\$16.03	\$17.89	\$19.75	\$21.61
50-59	\$9.98	\$13.47	\$16.96	\$20.45	\$23.94	\$27.43	\$30.92	\$34.41	\$37.90
60+	\$15.01	\$21.02	\$27.02	\$33.03	\$39.03	\$45.04	\$51.05	\$57.05	\$63.06

Employee Tobacco Monthly Premiums

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.47	\$7.95	\$10.42	\$12.90	\$15.37	\$17.85	\$20.32	\$22.80	\$25.27	\$27.75
30-39	\$7.69	\$12.38	\$17.06	\$21.75	\$26.44	\$31.13	\$35.82	\$40.51	\$45.19	\$49.88
40-49	\$11.11	\$19.22	\$27.32	\$35.43	\$43.54	\$51.65	\$59.76	\$67.87	\$75.97	\$84.08
50-59	\$16.24	\$29.48	\$42.72	\$55.95	\$69.19	\$82.43	\$95.67	\$108.91	\$122.15	\$135.39
60+	\$24.56	\$46.12	\$67.68	\$89.24	\$110.80	\$132.37	\$153.93	\$175.49	\$197.05	\$218.61

Spouse Tobacco Monthly Premiums

Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$5.04	\$6.06	\$7.08	\$8.10	\$9.12	\$10.14	\$11.16	\$12.18	\$13.21
30-39	\$7.25	\$9.38	\$11.51	\$13.64	\$15.76	\$17.89	\$20.02	\$22.15	\$24.27
40-49	\$10.67	\$14.51	\$18.35	\$22.19	\$26.02	\$29.86	\$33.70	\$37.54	\$41.37
50-59	\$15.80	\$22.21	\$28.61	\$35.01	\$41.41	\$47.82	\$54.22	\$60.62	\$67.02
60+	\$24.13	\$34.69	\$45.25	\$55.82	\$66.38	\$76.94	\$87.51	\$98.07	\$108.64

If you are interested in benefits exceeding the guaranteed issue amount please seek rates from JTS enroller or HR dept.



WHY AN FSA?

An FSA allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars. Offering an FSA as part of an employee benefits program provides valuable benefits to both employers and their eligible employees:

EMPLOYEE BENEFITS

- Reduces income tax (Federal, State, and FICA): pre-tax payroll contributions result in a lower taxable salary.
- Saves on the cost of eligible healthcare and/or dependent care expenses: using pre-tax dollars spells out a savings of nearly 30%.
- Offers immediate access to elected healthcare FSA funds.
- Covers common types of expenses: medical, dental, ortho, vision, prescription drugs, day care, individually purchased health or dental insurance and more.

HOW IT WORKS

An employee who participates in the FlexSystem FSA must place a certain dollar amount into the FSA each year. This "election" amount is automatically deducted from the employee's check (for that amount divided by the number of payroll periods). For every dollar you put into these accounts, the more money you save by paying less in taxes. As you incur eligible expenses, you simply submit a request for reimbursement to Consolidated Admin to receive reimbursement from your FSA, up to the amount of your annual contribution. For additional convenience, your employer has provided you with a Consolidated Admin card to purchase eligible medical and dependent care expenses with your FSA funds at the point of purchase, eliminating the need for reimbursement.

FOR EMPLOYEES/PARTICIPANTS:

- Convenient CAS Card
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator

MAXIMUM CONTRIBUTION AMOUNTS:

- \$3,050 - Medical Reimbursement
- \$610- Rollover

IS AN FSA RIGHT FOR ME?

An FSA is a great way to pay for expenses with pre-tax dollars.

A HEALTHCARE FSA could save you money if you or your dependents:

- Have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision plans.
- Have a health condition that requires the purchase of prescription medications on an ongoing basis.
- Wear glasses or contact lenses or are planning LASIK surgery.
- Need orthodontia care, such as braces, or have dental expenses not covered by your insurance.

HEALTHCARE FSA IRS LIMIT IS \$3,050
CARRY OVER MAXIMUM AMOUNT IS \$610

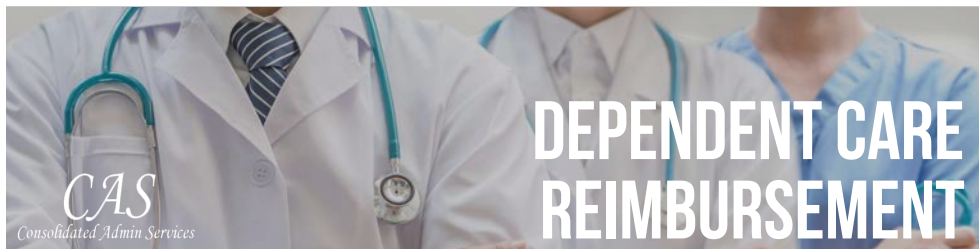
These limits are subject to change, and some employers may set a lower limit. Please check your plan details for how much you can contribute.

WITH AN FSA YOU CAN:

- **ENJOY SIGNIFICANT TAX SAVINGS** with pre-tax deductible contributions and tax-free reimbursements for qualified plan expenses.
- **QUICKLY AND EASILY ACCESS FUNDS** using the prepaid card at point of sale, or request to have funds directly deposited to your bank account via your online web portal or mobile app.
- **ENJOY SECURE ACCESS** to accounts using a convenient consumer web portal available anytime.
- **MANAGE YOUR FSA "ON THE GO"** with an easy-to-use mobile app.
- **FILE CLAIMS EASILY ONLINE** (when required) and check availability of funds.
- **STAY UP TO DATE ON BALANCES** and action required with automated email alert and convenient portal and mobile home page messages.

PRE-TAX SAVINGS EXAMPLE:

GROSS MONTHLY PAY	WITHOUT FSA	WITH FSA
	\$3,500	\$3,500
Pre-Tax Contributions		
Medical/Dental Premiums	\$0	-\$300
Medical Expenses	\$0	-\$100
Dependent Care Expenses	\$0	-\$400
TOTAL	\$0	-\$800
TAXABLE MONTHLY INCOME	\$3,500	\$2,700
Taxes(federal,state,FICA)	-\$968	-\$747
Out-of-pocket Expenses:	-\$800	\$0



A section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

A) The dependent care expenses must be work related. The care must be necessary for the employee and the employee’s spouse to work, to look for work, to attend school full-time or are physically unable to care for their children.

B) The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500.

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.

B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.

C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

ELIGIBLE AND INELIGIBLE EXPENSES FOR FSA DEPENDENT CARE (PARTIAL LIST):

- FICA/FUTA taxes of dependent care provider
- Nanny expenses attributed to dependent care
- Nursery school (pre-school)
- Late pick up fees
- Day Camp—primary purpose must be custodial care and not educational in nature
- Day care when one parent is working and the other is sleeping during daytime hours

INELIGIBLE EXPENSES

- Kindergarten
- Activity fees/supplies
- Late payment/charges
- Overnight camp
- Transportation



MEDICAL TRANSPORT SOLUTIONS

▶ The high cost of emergent and non-emergent transportation results in unexpected out of pocket expenses. MASA protects members from these expenses related to emergency air transportation and ground ambulance charges.

ANY GROUND. ANY AIR. ANYWHERE.™

BENEFITS	EMERGENT PLUS	PLATINUM
Emergency Air Ambulance Coverage	Yes	Yes
Emergency Ground Ambulance Coverage	Yes	Yes
Hospital to Hospital Ambulance Coverage	Yes	Yes
Repatriation Near Home Coverage	Yes	Yes
Hospital to Rehab, Skilled Nursing, Long Term Care, or Home Coverage	No	No
Pandemic Quarantine Expense Protection	No	No
Minor Return Transportation Coverage	No	Yes
Pet Return Transportation Coverage	No	Yes
Companion Transportation Coverage	No	Yes
Hospital Visitor Transportation Coverage	No	Yes
Patient Return Transportation Coverage	No	Yes
Mortal Remains Transportation Coverage	No	Yes
Vehicle & RV Return Coverage	No	Yes
Organ Retrieval & Organ Recipient Transportation Coverage	No	Yes



DID YOU KNOW?

28M

Emergency transports are dispatched by 911 annually

21,000

Licensed ground ambulance providers in the U.S.

300

Air medical providers in the U.S.

79%

All ground ambulance rides could result in and out-of-network bill

\$2,000

Average ground ambulance charge

MASA SOLUTION:

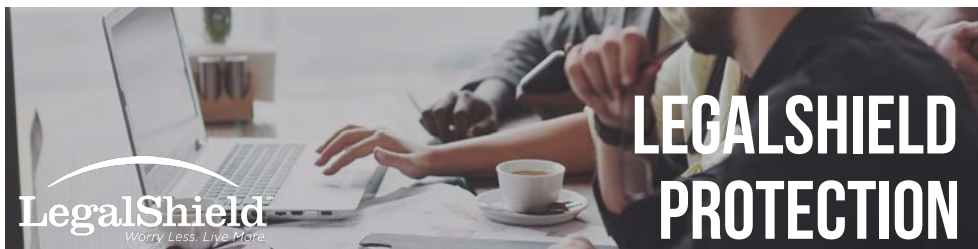
100%

U.S. ambulance provider coverage

50

Years industry pioneer

RATES		
EMPLOYEE/FAMILY	EMERGENT PLUS	PLATINUM
PER PAY PERIOD	\$7.00	\$19.50



▶ With LegalShield, you can have peace of mind with identity theft protection for as little as \$20/month.

EVERYONE DESERVES LEGAL PROTECTION

At LegalShield, we've been offering legal plans to our members for over 40 years, creating a world where everyone can access legal protection—and everyone can afford it. Unexpected legal questions arise every day and with LegalShield on your side, you'll have access to a quality law firm 24/7, for covered personal situations.

WHY LEGALSHIELD?

For as little as \$20 a month, LegalShield gives you the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs. That's why, under the protection of LegalShield, you or your family can live your lives worry free.

Membership includes unlimited same-day access to our local network of attorneys for assistance with ANY legal issue, no matter how trivial or traumatic it may be.

Unlimited same-day access to our network of attorneys for an entire year for less than the average cost of one hour of legal representation by non-network attorneys. Would you rather pay \$300 an hour, or \$240 per year?

WHY IDSHIELD?

If you experience ID Theft you will receive unlimited service- we will do whatever it takes for as long as it takes.

Membership includes \$1 million ID Fraud Protection. This covers costs incurred as a result of ID Theft- such as; lost wages, travel expenses etc. You will also receive TransUnion Credit monitoring for delinquent accounts, lost or stolen cards, etc. ID Shield also monitors for changes or updates found on your credit report- real time. We pull data from over 200 million files- that's nearly every credit active consumer in the US.

SEMI-MONTHLY PREMIUMS	EMPLOYEE PLAN	FAMILY PLAN
ID Shield	\$6.48	\$11.48
LegalShield	\$10.98	\$10.98
Combo	\$17.45	\$20.95



2024 PAY SCHEDULE

Pay Period	Beginning Date	Pay Period	Ending Date	Check Date
	12/23/2022		01/05/2024	01/11/2024
	01/06/2024		01/19/2024	01/25/2024
	01/20/2024		02/02/2024	02/08/2024
	02/03/2024		02/16/2024	02/22/2024
	02/17/2024		03/01/2024	03/07/2024
	03/02/2024		03/15/2024	03/21/2024
	03/16/2024		03/29/2024	04/04/2024
	03/30/2024		04/12/2024	04/18/2024
	04/13/2024		04/26/2024	05/02/2024
	04/27/2024		05/10/2024	05/16/2024
	05/11/2024		05/24/2024	05/30/2024
	05/25/2024		06/07/2024	06/13/2024
	06/08/2024		06/21/2024	06/27/2024
	06/22/2024		07/05/2024	07/11/2024
	07/06/2024		07/19/2024	07/25/2024
	07/20/2024		08/02/2024	08/08/2024
	08/03/2024		08/16/2024	08/22/2024
	08/17/2024		08/30/2024	09/05/2024
	08/31/2024		09/13/2024	09/19/2024
	09/14/2024		09/27/2024	10/03/2024
	09/28/2024		10/11/2024	10/17/2024
	10/12/2024		10/25/2024	10/31/2024
	10/26/2024		11/08/2024	11/14/2024
	11/09/2024		11/22/2024	11/28/2024
	11/23/2024		12/06/2024	12/12/2024
	12/07/2024		12/20/2024	12/26/2024

Green denotes 3rd check of month-no deductions taken



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution may be based on your household income.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Saline County		4. Employer Identification Number (EIN) 71-6000760	
5. Employer address 200 N Main		6. Employer phone number 501-303-5638 or 501-303-5701	
7. City Benton		8. State AR	9. ZIP code 72015
10. Who can we contact about employee health coverage at this job? Christy Peterson or Audrey Villegas			
11. Phone number (if different from above)		12. Email address christy.peterson@salinecounty.org or audrey.villegas@salinecounty.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:
All employees. Eligible employees are:

☒ Some employees. Eligible employees are:
All full-time employees working a minimum average of 30 hours per week. All variable-hour employees determined to have met ACA full-time status in the applicable tracking period by working a minimum average of 30 hours per week.

•With respect to dependents:
☒ We do offer coverage. Eligible dependents are:
Legal dependents by marriage, birth, adoption or guardianship. Dependents are covered through end of 26th birth month.

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](#) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](#) to find out if you can get a tax credit to lower your monthly premiums.

MEDICARE PART D CREDIBLE COVERAGE NOTICE

Important Notice from Saline County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with [Insert Name of Entity] and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Saline County has determined that the prescription drug coverage offered by the Saline County Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Saline County coverage will be affected. Plan Participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group plan will coordinate with the Medicare Part D prescription drug coverage. If plan participants drop the group health plan, they can get it back during the next open enrollment.

If you do decide to join a Medicare drug plan and drop your current Saline County coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Saline County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about Medicare prescription drug coverage:

- ✓ Visit www.medicare.gov
- ✓ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- ✓ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Contact: Christy Peterson or Audrey Villegas -Human Resources Department

Address: 200 North Main Room #112 Benton AR 72015

Phone Number/E-Mail: (501) 303-5658 or (501) 303-5701 or via christy.peterson@salinecounty.org or audrey.villegas@salinecounty.org



YOUR RIGHTS UNDER USERRA

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.



U.S. Department of Labor
1-866-487-2365



U.S. Department of Justice



Office of Special Counsel



1-800-336-4590

Publication Date — April 1977

HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

Prescription Discount Card

JTS FINANCIAL

INTENTIONALLY DIFFERENT.

Make sure you're always getting the best deal on your prescriptions with deep discounts through New Benefits Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide and through home delivery.

Download My Benefits Work

Search for "**My Benefits Work**" in either the Apple or Google Play Store and download the mobile app

Even if you have insurance, you can still use this card to save on prescriptions.

Simply present both cards at the pharmacy to receive the lowest price.

How to Register

Open the My Benefits Work app, tap "Register" and "Click here to register your free pharmacy card"

Add Group ID JTS002 and Member ID 142407524 and complete the form

Search for Savings

Tap the New Benefits Rx icon then "Check Prices & Pharmacies" to search for the best medication prices

Card for You



Prescription Discount Card

Group # JTS002
Member # 142407524

Questions? **800.800.7616** or **RxPrice.NewBenefits.com**
Pharmacists Help Desk: 866.520.5985



This is NOT insurance.
Payment must be made at the time of service.

Card for Family or Friend



Prescription Discount Card

Group # JTS002
Member # 142407524

Questions? **800.800.7616** or **RxPrice.NewBenefits.com**
Pharmacists Help Desk: 866.520.5985



This is NOT insurance.
Payment must be made at the time of service.

Pharmacy discounts are not insurance, not intended as a substitute for insurance, and only available at participating pharmacies. Administrator: New Benefits, Dallas, TX.


Answers you need from professionals who know...

From simple health questions to a needed prescription, we are here to meet all of your telemedicine needs



FREE Online and Telephone Access to Medical Professionals

No Co-pay Telemedicine

 **1-877-308-3362**

In the State of Arkansas, it is currently law that the first consultation with a licensed telemedicine physician must be a live video consultation. This will require the patient to be logged into the eDocAmerica telemedicine portal where the video consultation will take place.

Once a patient has been through the first initial video consultation, the patient can choose to have future telemedicine consultations by phone or by video. If you are out of state, your first consultation can be by telephone.

- Call the toll-free number to schedule your confidential telephone or video consultation.
- Use it when you travel, available in all 50 states.
- If the physician writes a prescription, it will be called into your pharmacy of choice.
- Treat common ailments like colds, flu, allergies, pink eye, UTIs, sinus infections, headaches, sore throats, nausea, etc.

FREE Online Medical Team

 **eDocAmerica.com**

Emailing a specialist is perfect for all your non-urgent, everyday life questions and needs. Ask anything, anytime and get a personal response on average within three hours.

- Go to www.eDocAmerica.com
- Click the "Sign In" button (top right corner)
- Either sign in or register your account
- In the center of the screen you will see the "Message A Specialist" option - click the "Start A Conversation Now"
- Choose the specialist and send in your question

Specialists available include primary care, psychologists, pharmacists, dentists, dietitians, trainers, pediatricians, dermatologists, women's health, and more...

Services are unlimited and for the entire family. All interactions are completely private and confidential.



Online



Smartphone



Telephone



YOUR ONLINE BENEFITS CENTER

With the new MHBP member portal, you can easily manage your healthcare and plan benefits online.

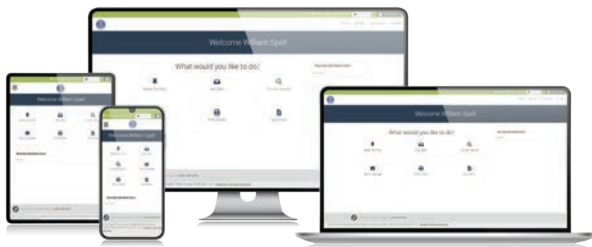
- **Mobile Access:** No app needed! Just log in from the browser on your mobile device and the portal will resize to fit your screen. Scan the QR code below to get started.
- **User-Friendly Design:** The engaging design makes it easier to navigate our portal and find claims, benefits and other important plan information.
- **Print ID Card:** Whether it's printing or showing your ID card from your phone, this feature will save you time and space in your wallet.
- **Email Us:** Save yourself a phone call and send us a message in our secure, HIPAA-compliant portal.

The MHBP member portal is your go-to for important benefit-related tasks and information, including:

- Claims
- Benefit Plan Details
- Prescription Info
- Explanations of Benefits
- Search for a Doctor

<https://mhbp.arml.org>

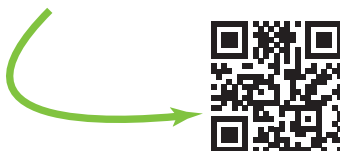
Municipal Health Benefit Program Member Portal



CREATE YOUR ACCOUNT TODAY!

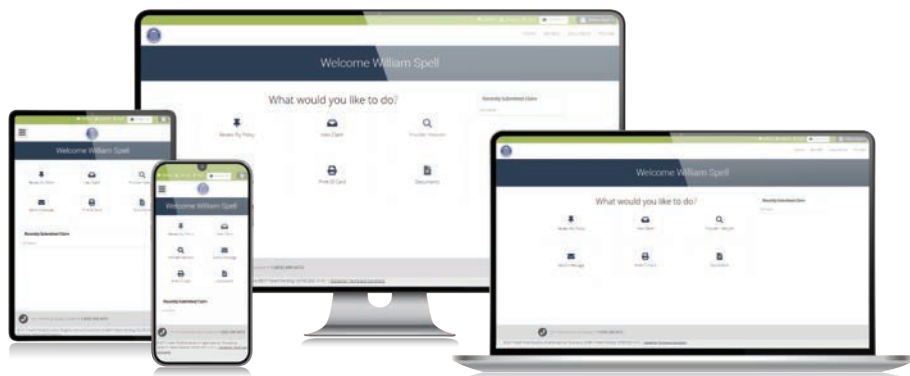
1. Go to <https://mhbp.arml.org>, or scan the QR code below with your phone to get started. Click "Create New Account" and select the "Member" option.
2. On the registration form, fill out your personal details as they appear on your ID card. The email address you use will also be your portal username.
3. Next, set your security questions, time zone and location settings.
4. Agree to the web confidentiality agreement for our portal.
5. At this point, you'll see a confirmation page and get a confirmation email with a link. Click the link to confirm and complete your registration. If you can't find this email, check your Junk folder.
6. Verify your username and answer your security questions.
7. Then, create your password using the password guidelines. Your registration is complete!

Use your phone's camera app to scan the QR code to get started!



Portal Registration FAQ

Got a question about creating your member portal account?
Below are answers to the most frequently asked questions about portal registration.



Q: Do I need to use my middle name when I register?

A: No, unless your ID card shows an initial in your first name. If that's the case, use the initial and your first name as shown in the example.

First Name*

L John

Q: If my employee ID has a dash, do I need to put the dash in the registration form?

A: No, just enter the ID number without the dash.

Last Name*

Doe

Q: What do I do if I can't read the security code?

A: Click the button that says "Generate new Security Code" and you'll get a different one.

Security Code*

hgmue

Generate new Security Code

Q: What is the best browser to access the portal?

A: The portal can be used on any browser but works best on Google Chrome and Microsoft Edge.

Enter Security Code displayed above

Q: How do I log in once I've created my account?

A: Simply go to <https://mhbp.arml.org> to log in to your account.

Need additional assistance? Call 1-855-490-6673



CUSTOMER SERVICE

Alyssa Poindexter
1 (501) 441.3154 | alyssa@jtsfs.com

Jennifer Padgett
1 (479) 385.7596 | jpadgett@jtsfs.com

Breezy Green
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1 (501) 690.2532 | charles.angel@jtsfs.com