

# 2021-22 EMPLOYEE BENEFITS AT A GLANCE



## A WORD ABOUT OUR BENEFITS

If you would like to make any changes to your elections or coverage, you will need to do so during the Open Enrollment period. Any changes outside of this time will require a Qualifying Life Event (QLE) – getting married or divorced, having a baby, the death of a dependent, turning 26 and being removed from a parent’s insurance, a dependent losing coverage due to turning 26, or change in employment status.

Waiting period is first of the month following 30 days of employment and eligibility is based on 38 hours per week.

This document is intended to be a brief highlight of the 2021-22 plan year benefits.

PLAN	MONTHLY COST	BENEFIT SUMMARY (IN-NETWORK)									
<b>MEDICAL HEALTH PLAN</b> United Healthcare UHC River Valley Network <a href="http://myuhc.com">myuhc.com</a> 844-234-7916	Shared with City of Lowell <table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Lowell</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$25.00</td> <td>\$405.45</td> </tr> <tr> <td>Family:</td> <td>\$212.00</td> <td>\$762.15</td> </tr> </tbody> </table>		Employee	Lowell	Employee:	\$25.00	\$405.45	Family:	\$212.00	\$762.15	<ul style="list-style-type: none"> <li>• <b>Medical calendar year deductible</b> <ul style="list-style-type: none"> <li>- \$2,500 per person; \$5,000 family</li> </ul> </li> <li>• <b>Coinsurance</b> (amount you pay after annual deductible is met)                             <ul style="list-style-type: none"> <li>- 20% In-Network</li> </ul> </li> <li>• <b>Medical calendar year out-of-pocket maximum</b> <ul style="list-style-type: none"> <li>- \$5,000 individual; \$10,000 family</li> </ul> </li> <li>• <b>Physician visits</b> <ul style="list-style-type: none"> <li>- Primary care: \$25 copay</li> <li>- Specialist: \$50 copay</li> </ul> </li> <li>• <b>Urgent care</b> <ul style="list-style-type: none"> <li>- \$50 copay</li> </ul> </li> <li>• <b>Emergency room</b> <ul style="list-style-type: none"> <li>- \$350 copay</li> </ul> </li> <li>• <b>Preventive care</b> <ul style="list-style-type: none"> <li>- No charge</li> </ul> </li> </ul>
	Employee	Lowell									
Employee:	\$25.00	\$405.45									
Family:	\$212.00	\$762.15									
<b>DENTAL CARE PLAN</b> Arkansas Blue Cross Arkansas Blue Cross Network <a href="http://arkansasbluecross.com">arkansasbluecross.com</a> 888-223-4999	Shared with City of Lowell <table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Lowell</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$5.00</td> <td>\$18.96</td> </tr> <tr> <td>Family:</td> <td>\$30.00</td> <td>\$51.96</td> </tr> </tbody> </table>		Employee	Lowell	Employee:	\$5.00	\$18.96	Family:	\$30.00	\$51.96	<ul style="list-style-type: none"> <li>• <b>Calendar year deductible</b> <ul style="list-style-type: none"> <li>- \$50 per person</li> </ul> </li> <li>• <b>Calendar year maximum benefit</b> <ul style="list-style-type: none"> <li>- \$1,000 per person</li> </ul> </li> <li>• <b>Preventive services</b> <ul style="list-style-type: none"> <li>- No charge</li> </ul> </li> <li>• <b>Minor/Basic services</b> <ul style="list-style-type: none"> <li>- 20% coinsurance</li> </ul> </li> <li>• <b>Major services</b> <ul style="list-style-type: none"> <li>- 50% coinsurance</li> </ul> </li> <li>• <b>Orthodontic services</b> (children through 19 years of age)                             <ul style="list-style-type: none"> <li>- 50% coinsurance</li> <li>- \$1,000 lifetime maximum</li> </ul> </li> </ul>
	Employee	Lowell									
Employee:	\$5.00	\$18.96									
Family:	\$30.00	\$51.96									
<b>VISION CARE PLAN</b> Superior Vision Superior Vision Network <a href="http://superiorvision.com">superiorvision.com</a> 800-507-3800	Shared with City of Lowell <table border="1"> <thead> <tr> <th></th> <th>Employee</th> <th>Lowell</th> </tr> </thead> <tbody> <tr> <td>Employee:</td> <td>\$2.00</td> <td>\$3.18</td> </tr> <tr> <td>Family:</td> <td>\$4.00</td> <td>\$9.00</td> </tr> </tbody> </table>		Employee	Lowell	Employee:	\$2.00	\$3.18	Family:	\$4.00	\$9.00	<ul style="list-style-type: none"> <li>• <b>Annual eye exam</b> <ul style="list-style-type: none"> <li>- \$10 copay</li> </ul> </li> <li>• <b>Materials</b> <ul style="list-style-type: none"> <li>- <b>In-Network Providers:</b> \$25 copay</li> </ul> </li> <li>• <b>Frames</b> (every 24 months)                             <ul style="list-style-type: none"> <li>- <b>In-Network Providers:</b> Up to \$130</li> </ul> </li> <li>• <b>Lenses</b> (every 12 months)                             <ul style="list-style-type: none"> <li>- <b>In-Network Providers:</b> \$25 copay</li> </ul> </li> <li>• <b>Contact lenses</b> (every 12 months)                             <ul style="list-style-type: none"> <li>- \$120 allowance in lieu of glasses</li> <li>- Fitting Fee: \$25 copay</li> </ul> </li> </ul>
	Employee	Lowell									
Employee:	\$2.00	\$3.18									
Family:	\$4.00	\$9.00									
<b>GROUP LIFE AND ACCIDENTAL DEATH &amp; DISMEMBERMENT</b> United Healthcare	Paid by City of Lowell	<ul style="list-style-type: none"> <li>• Employee benefit is <b>\$15,000</b>; doubles for Accidental Death</li> <li>• Benefit amount reduces to 65% at age 65 and to 50% at age 70</li> <li>• Only employees enrolled in Medical Plan are eligible for this plan.</li> </ul>									

**Embedded Deductible:** All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

**Prescriptions:**

- **Retail (30-day supply)**
  - Tier 1 (Generic): \$10 copay
  - Tier 2 (Preferred Brand): \$35 copay
  - Tier 3 (Non-preferred Brand): \$60 copay
- **Mail Order (90-day supply)**
  - 2½ x copay

**Rollover Benefit:** If at least one covered service is applied toward your maximum benefit in a benefit year and the total benefit paid does not exceed \$500 in that benefit year, up to \$350 will carry over to the next benefit year's maximum payment. This rollover amount will accumulate from one benefit year to the next, but will not exceed \$1,000.



Below are *brief* highlights of the Aflac plans listed. Additional benefits are outlined in the Aflac flyers. Rates will be provided by Cheryl Hayes Aranda. Her information is listed at the bottom of this page. She can also answer any questions that you may have.

AFLAC PLANS	BENEFIT HIGHLIGHTS
<b>ACCIDENT ADVANTAGE</b> Aflac <a href="http://aflac.com">aflac.com</a> 855-239-4048	<ul style="list-style-type: none"><li>● Accident Treatment Benefit: Payable once per 24 hour period and only once per covered accident, per covered person<ul style="list-style-type: none"><li>- Hospital ER with x-ray: \$200</li><li>- Hospital ER without x-ray: \$170</li><li>- Office or facility (other than hospital ER) with x-ray: \$150</li><li>- Office or facility (other than hospital ER) without x-ray: \$120</li></ul></li><li>● Initial Accident Hospitalization: \$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person</li><li>● Hospital Confinement: \$250 per day, up to 365 days per covered accident, per covered person</li><li>● Wellness Benefit: \$60 once per calendar year</li></ul>
<b>HOSPITAL INDEMNITY</b> Aflac <a href="http://aflac.com">aflac.com</a> 855-239-4048	<ul style="list-style-type: none"><li>● Hospital Confinement: Pays \$500, \$1000, \$1500 or \$2000 depending on which plan you enroll in. Payable once per calendar year, per covered person</li><li>● Rehab Facility: Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person</li><li>● ER: Pays \$100 for treatment in hospital ER; limited to 2 payments per calendar year, per covered person.</li></ul>
<b>CANCER PROTECTION</b> <a href="http://aflac.com">aflac.com</a> 855-239-4048	<ul style="list-style-type: none"><li>● Cancer screening: 1 \$75 benefit per calendar year, per covered person</li><li>● Initial Diagnosis: Named insured or spouse - \$4000; dependent child - \$8000; payable once per covered person, per lifetime</li><li>● Additional opinion: \$300 per covered person, per lifetime</li></ul>
<b>TERM LIFE INSURANCE</b> Aflac <a href="http://aflac.com">aflac.com</a> 855-239-4048	<ul style="list-style-type: none"><li>● Terms available for 10 years, 20 years or 30 years (depending on age)</li><li>● Spouse coverage available</li><li>● If you're age 50 or under, you may apply for up to \$500,000 in coverage.</li><li>● If you're between ages of 51 and 68, you may be eligible for up to \$200,000 in life insurance protection.</li></ul>
<b>SHORT-TERM DISABILITY</b> <a href="http://aflac.com">aflac.com</a> 855-239-4048	<ul style="list-style-type: none"><li>● Monthly Benefit Payment: You can choose from \$500 to \$6,000 (subject to income requirements)</li><li>● Total Disability Benefit Periods: You can choose from 6, 12, 18 or 24 months</li><li>● Elimination Periods (Injury/Sickness): 0/7, 0/14, 7/7, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180</li></ul>

For more information on Aflac plans, please contact:

**Cheryl Hayes Aranda**

Benefits Advisor

Cell: (479) 957-4089

Email: [Cheryl\\_hayes@us.aflac.com](mailto:Cheryl_hayes@us.aflac.com)

