

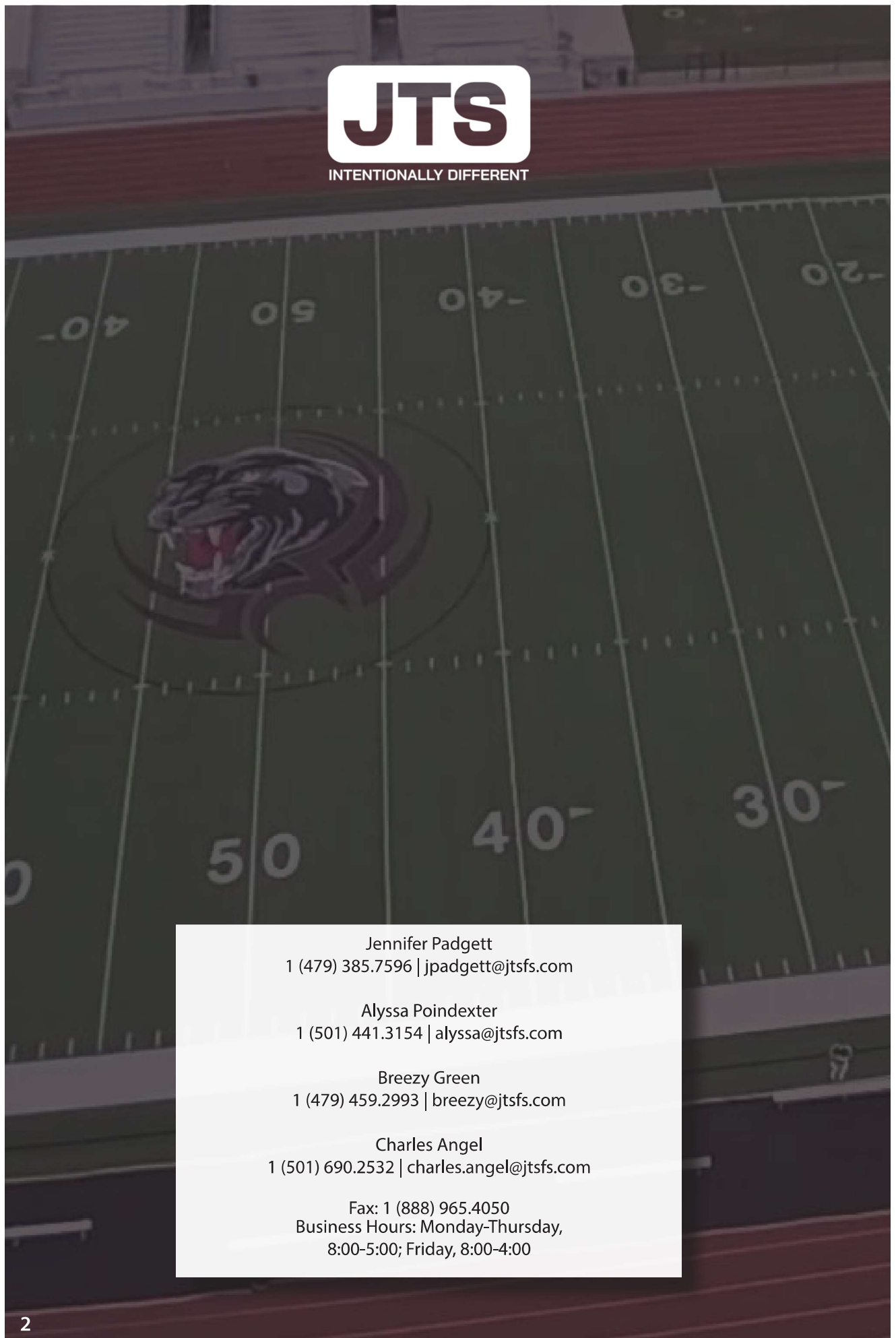


2025 EMPLOYEE BENEFIT GUIDE





INTENTIONALLY DIFFERENT



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WHAT YOU NEED TO KNOW

- ▶ Full-time employees who are actively at work are eligible to enroll into benefits. Qualified dependents can also be added to eligible 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.*



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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 city's medical provider.
3. Please make sure that all workers compensation reporting forms are completed and submitted to Human Resources within 24-48 hours.

MUNICIPAL HEALTH BENEFITS PROGRAM

Medical Precertification Phone Number:

Ph: (888) 295-3591 (toll free)

PO Box 188
North Little Rock AR 72115
501-978-6137
501-537-7252 (Fax)
www.arml.org

New Hire Benefits begin:

- Anyone hired on the 1st-14th benefits are effective the 1st of the next month.
Municipal Health Benefits Program Only
- Anyone hired the 15th – end of month benefits will be effective the 1st of the following month. Municipal Health Benefits Program Only
- All other products are effective 1st of the month following 30 days.

DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from JTS Financial Services, LLC



INSURANCE RATES

HEALTH, DENTAL, AND VISION RATES

MUNICIPAL HEALTH COPAY PLAN			
Per Pay Period Rates (24)			
Tier	EE Cost	ER Cost	Total
Employee	\$0.00	\$248.54	\$248.54
Employee + Family	\$138.00	\$414.10	\$552.10
Annual Employer Cost Employee Only			\$5,964.96
Annual Employer Cost Employee + Family			\$9,938.40

MUNICIPAL HEALTH HDHP PLAN				
Per Pay Period Rates (24)				
Tier	EE Cost	ER Cost	HSA ER	Total
Employee	\$0.00	\$177.36	\$71.18	\$248.54
Employee + Family	\$138.00	\$260.54	\$153.56	\$552.10
Annual Employer Cost Employee Only		\$4,256.64	\$1,708.32	\$5,964.96
Annual Employer Cost Employee + Family		\$6,252.96	\$3,685.44	\$9,938.40



HEALTH INSURANCE

- 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 (BUY UP PLAN)	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
Individual	\$500	
Family	\$6,000	
OUT-OF-POCKET MAXIMUM		
Individual	\$4,500	N/A
Family	\$8,000	N/A
Coinsurance	80%	50%
COVERED SERVICES AND BENEFITS		
OFFICE VISITS		
Virtual Care	\$0 Copay	
Primary Care Physician	\$20*	\$20*
Specialist	\$20*	\$20*
EMERGENCY MEDICAL CARE		
Emergency Room	\$250 copay + Deductible + 20% coinsurance	
Urgent Care Center	\$20*	
Ground Ambulance (\$1,000/trip)	Limited to two trips per year	
Air Ambulance (\$10,000/trip)		
HOSPITAL SERVICES		
Inpatient Services	Deductible + Coinsurance	Deductible + Coinsurance
Outpatient Services	Deductible + Coinsurance	Deductible + Coinsurance
PRESCRIPTIONS		
Generic Brand	\$10	N/A
Preferred Brand	\$30	N/A
Non Preferred Brand	\$50	N/A

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



- ▶ 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.

HDHP PLAN	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE		
Individual	\$2,500	
Family	\$7,500	
OUT-OF-POCKET MAXIMUM		
Individual	\$5,000	N/A
Family	\$10,000	N/A
Coinsurance	80%	50%
Lifetime Benefit Maximum	Unlimited	Unlimited
COVERED SERVICES AND BENEFITS		
OFFICE VISITS		
Primary Care Physician	Deductible	Deductible + Coinsurance
Specialist	Deductible	Deductible+ Coinsurance
Virtual Care	Deductible + Coinsurance	Deductible + Coinsurance
EMERGENCY MEDICAL CARE		
Emergency Room	\$250 + Deductible + 20% Coinsurance	
Urgent Care Center	Deductible + Coinsurance	Deductible + Coinsurance
Ground Ambulance (\$1,000/trip)	Limited to two trips per year	
Air Ambulance (\$10,000/trip)		
HOSPITAL SERVICES		
Inpatient Services	Deductible + Coinsurance	Deductible + Coinsurance
Outpatient Services	Deductible + Coinsurance	Deductible + Coinsurance
PRESCRIPTIONS		
Generic Brand	Deductible	N/A
Preferred Brand	Deductible	N/A
Non-preferred Brand	Deductible	N/A



DENTAL INSURANCE

- Arkansas Municipal League provides dental coverage through the Delta Dental network. Having dental insurance contributes to your total well-being. With this plan, you have comprehensive dental coverage at affordable rates.

INDIVIDUAL COINSURANCE	
IN-NETWORK	OUT-OF-NETWORK
80% of MHBP's Allowable Amount for Covered Dental Charges; 100% of MHBP's Allowable Amount for Preventive Dental Services	50% of MHBP's Out-of-Network Allowable Amount for Covered Dental Charges
DENTAL SERVICES	
PREVENTIVE SERVICES <i>100% Covered</i>	<ul style="list-style-type: none"> • Cleanings (Two examinations & cleanings/year) • X-rays • Fluoride Treatment • Sealants
COVERED DENTAL CHARGES	
<ul style="list-style-type: none"> • Fillings, extractions, space maintainers, and oral surgery • Anesthetics administered in connection with covered dental services • Injection of antibiotic drugs by the attending dentist • Treatment of periodontal and other diseases of the gums and tissues of the mouth • Endodontic treatment (root canal therapy) • Repair or re-cementing of crowns, inlays, bridgework or relining or repair of dentures • Initial installation of partial or full removable dentures to replace one or more natural teeth extracted while covered under these provisions • New dentures or bridgework (after two years from effective date with MHBP)** • Inlays, gold fillings, crowns, and initial installation of fixed bridgework to replace one or more natural teeth extracted while covered under these provisions • Orthodontic treatment, including correction of malocclusion • Temporomandibular Joint Dysfunctions (TMJ) 	

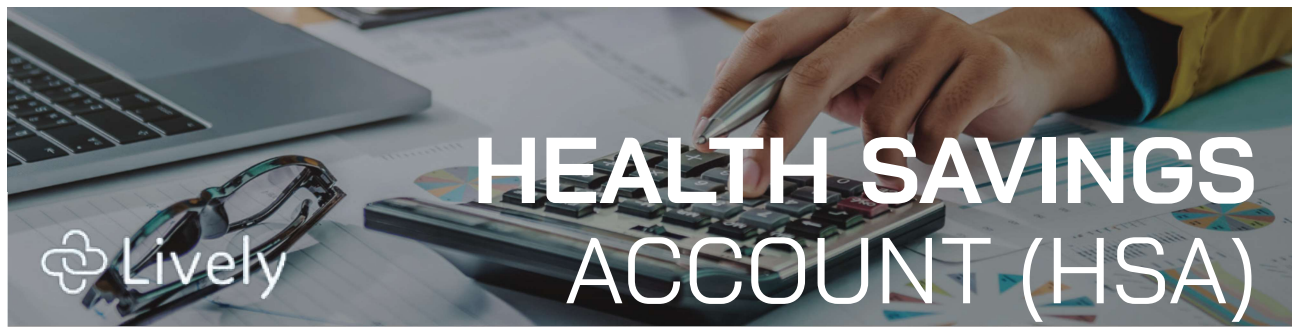
DENTAL COVERAGE MAXIMUMS & DEDUCTIBLE	
Deductible	\$50 per person
Benefit Year Maximum	\$1,200 per person
Orthodontic Lifetime Maximum	\$1,000 per person
TMJ Annual Maximum	\$1,200 per person



- Arkansas Municipal League is our vision insurance provider. Vision insurance provides enhanced benefits for materials, frames, lenses and contacts.

VISION CARE SERVICES	IN-NETWORK	OUT-OF-NETWORK COST REIMBURSEMENT
COPAYS		
Exams	\$25 copay	up to \$40
Frames Any available frame at provider location.	\$0 copay; 20% off balance over \$120 allowance	Up to \$60
Contact Lenses: Contact Lens allowance includes materials only.		
Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$96
Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$96
Medically Necessary	\$0 Copay, Paid-In-Full	Up to \$210
Standard Plastic Lenses		
Single Vision	\$25 Copay	Up to \$40
Bifocal	\$30 Copay	Up to \$60
Trifocal	\$30 Copay	Up to \$80
Lenticular	\$30 Copay	Up to \$100
Standard Progressive	\$80 Copay	Up to \$60
Premium Progressive	\$110-\$200 Copay	Up to \$60

SERVICES	FREQUENCY
Exam	12 months
Lenses	12 months
Frames	12 months
Contacts	12 months



- ▶ A Health Savings Account, HSA, is a savings account that works alongside your High Deductible Health Plan. Using an HSA helps you reduce qualified out-of-pocket healthcare expenses up to 35%, including the deductible part

BENEFITS OF A HEALTH SAVINGS ACCOUNT

You can save up to 35% on out-of-pocket health care expenses with tax free dollars. That's like having \$100 to spend rather than \$65. Qualified expenses include your health plan deductible (doctors, labs, prescriptions, hospitalization). Plus vision, dental, chiropractic, and mental health services.

HSA's are particularly helpful because they can rollover from year to year and never expire (even lasting into retirement years), so you can use the funds you've saved even if you change health plans or employers.

City of Benton will pay \$142.36/Month for those enrolled in Employee Only HSA account and \$307.12/Month for those enrolled in the Family HSA account.

CONTRIBUTION LIMITS	
Individual	\$4,300
Family	\$8,550

Key HSA Features

- Account Management
- Track HSA Spending
- Automative Contributions
- Monitor HSA Investments
- Easy Reimbursements
- Access HSA Marketplace

HSA Eligible Items

- X-Rays
- Contact Lenses
- Chiropractor
- Lab Work
- Prescriptions
- Dentist
- MRIs
- Physical Therapy

** You can use your HSA money on all qualified medical expenses as defined by the IRS. The IRS Publication 502 has the full list of things that are qualified, are not qualified, and could potentially be qualified based on certain circumstances. **



The "Lively HSA & FSA" mobile app brings the simplicity, ease-of-use, and modern experience of the Lively platform to the palm of your hand, making it easy to manage your accounts on the go.



BASIC LIFE & AD&D INSURANCE

- ▶ This coverage provides financial protection for you and your loved ones. Your needs vary greatly upon age, number of dependents, dependents ages and your financial situation. Basic Life is designed to provide 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.

BASIC LIFE & AD&D		BENEFIT AMOUNTS	
Guaranteed Issue Amount		\$50,000	
Benefit Reduction		Reduces by 35% at age 65 and 50% at age 70.	
Employee benefit paid by employer.			



- Symetra 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	Spouse	Dependent
Amount	5x annual salary, not to exceed \$500,000	100% of the approved employee benefit amount, not to exceed \$100,000	\$10,000
Guaranteed Issue (for Newly Eligible Employees)	\$150,000	\$25,000	\$10,000
Accelerated Death Benefit	Included- up to 75%		
Included	Waiver of Premium, Portability, Suicide Limitation - *Two Years, Seat Belt Benefit		
Reduction	Benefits reduce by 50% at Age 70		



- ▶ Universal Life insurance provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

ELIGIBILITY	
<u>EMPLOYEE</u> \$150,000 (Guaranteed Issue) \$500,000 (Simplified Issue)	<p>To be eligible for insurance, an employee must satisfy all of the following requirements:</p> <ul style="list-style-type: none"> - be 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. <p>These requirements will be defined on the Life and Health Group Application and Agreement.</p>
<u>SPOUSE</u> \$25,000 (Guaranteed Issue) \$100,000 (Simplified Issue)	<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.
<u>CHILD UL</u> \$25,000 (Guaranteed Issue)	<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 under the age of 26. - must be an employee's natural child, stepchild, grandchild, 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.
<u>CHILD TERM</u> \$10,000 (Guaranteed Issue)	<p>To be eligible for insurance 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 child 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.



LONG-TERM DISABILITY

- Disability income protection insurance provides a benefit for “long-term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

LONG-TERM DISABILITY BENEFITS	
MONTHLY BENEFIT AMOUNT	66.67% of salary up to \$7,500 per month will be covered
MINIMUM BENEFIT	Greater of 10% or \$100
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT DURATION	Social Security normal retirement age
EVIDENCE OF INSURABILITY	(EOI) Medical questions required for all late entrants. During your new hire enrollment, medical questions will not be required.
PRE-EXISTING CONDITIONS	Benefits will not be paid if your disability begins in the first 12 months following the effective date of your coverage if you have received treatment 3 months prior to effective date.



SHORT-TERM DISABILITY

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

SHORT-TERM DISABILITY BENEFITS	
BENEFIT AMOUNT	66.67% of salary
MAXIMUM WEEKLY BENEFIT	\$2,000
MINIMUM WEEKLY BENEFIT	\$25
ACCIDENT ELIMINATION PERIOD	7 Days
SICKNESS ELIMINATION PERIOD	7 Days
MAXIMUM PAYMENT DURATION	25 Weeks
PRE-EXISTING CONDITION	Benefits will not be paid if your disability begins in the first 12 months following the effective date of your coverage if you have received treatment 3 months prior to effective date.



- With Cancer insurance, you can rest a little easier. The coverage pays you a cash benefit to help with costs associated with treatments, to pay for daily living expenses and more importantly, to empower you to seek the care you need.

RADIATION & CHEMOTHERAPY		BENEFIT DETAILS
RADIATION & CHEMOTHERAPY	\$20,000	maximum benefit per 12-month period
BLOOD, PLASMA, AND PLATELETS	\$20,000	maximum benefit per 12-month period
WELLNESS & NON-MEDICAL BENEFITS		BENEFIT DETAILS
WELLNESS	\$100	per calendar year for cancer screening tests
INITIAL DIAGNOSIS	\$5,000	pays a one-time, lump sum benefit when a covered person is initially diagnosed with cancer for the first time ever.
LODGING BENEFIT	\$100	per day, 50 day maximum per 12 month period
GUARANTEE ISSUE	The first time an employee is eligible to apply	
PRE-EXISTING PERIOD	You may not be eligible for benefits if you have received treatment for cancer within the past 12 months until you have been covered under the plan for 12 months.	
HOSPITAL BENEFITS		BENEFIT DETAILS
ANESTHESIA	25%	of covered surgery benefit
PROSTHESIS	\$2,500	actual charges
SURGERY	Inpatient: \$5,000 Outpatient: \$7,500	actual benefit is determined by the surgery schedule in the contract
HOSPITAL CONFINEMENT	\$100	per day of covered confinement

PER PAY PERIOD RATES (24)	
Individual	\$17.67
Employee and Children	\$19.96
Family	\$31.81



CRITICAL ILLNESS INSURANCE

- ▶ Critical Illness insurance pays a lump sum benefit directly to you (unless otherwise assigned) and your covered dependents upon diagnosis of a covered critical illness.

BENEFIT DETAILS			
	EMPLOYEE	SPOUSE	CHILD
GUARANTEE ISSUE Not Subject to Pre-Ex!	Up to \$35,000	Up to \$17,500	N/A
BASE BENEFITS			COVERAGE
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			COVERAGE
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)			\$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: 50% of Employee Benefit			
Autism Spectrum Disorder		\$3,000	
CANCER BENEFITS (if you choose to include the cancer rider, you will also have the following benefits.)			COVERAGE
Cancer (Internal or Invasive)			100%
Non-Invasive Cancer			25%
Skin Cancer			\$250 per calendar year



ACCIDENT INSURANCE

- Accident coverage pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

BENEFITS*	AMOUNTS
Initial Treatment <i>(once per accident, within 7 days after the accident, not payable for telemedicine services)</i> ER/Urgent Care ER/Urgent Care with X-ray Doctor's Office Doctor's Office with X-ray	\$200 \$250 \$100 \$150
Accident Follow-Up Treatment <i>(maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)</i>	\$50
Major Diagnostic Testing <i>(once per accident, within 6 months after the accident)</i>	\$200
Ambulance <i>(within 90 days after the accident)</i> Ground Air	\$400 \$1,200
Emergency Room Observation <i>(within 7 days after the accident)</i> Short Observation Period (4-24 hrs) Long Observation Period (24+ hrs)	\$50 \$100
Paralysis <i>(once per accident, diagnosed by a doctor within six months after the accident)</i> Paraplegia Quadriplegia	\$2,500 \$5,000
Dismemberment <i>(once per accident, within 6 months after the accident)</i> Single Loss Double Loss Loss of one or more fingers or toes Partial Dismemberment	\$6,250 \$12,500 \$625 \$62.50
Burns <i>(once per accident, within 6 months after the accident)</i> <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
Lacerations <i>(once per accident, within 7 days after the accident)</i> <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

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

PER PAY PERIOD RATES	
Employee	\$10.25
Employee & Spouse	\$17.87
Employee & Child(ren)	\$24.43
Family	\$32.05



- The hospital care 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 co-payments associated with inpatient expenses.

BENEFITS	BENEFIT AMOUNTS
Hospital Admission (per confinement) <i>Once per covered sickness or accident per calendar year</i>	\$1,500
Hospital Confinement (per day) <i>Maximum confinement period: 31 days per covered sickness or covered accident</i>	\$300
Hospital Intensive Care (per day) <i>Maximum confinement period: 10 days per covered sickness or covered accident</i>	\$150
Health Screening Benefit <i>Payable once per calendar year per insured</i>	\$50
Portability/Continuation	Included
Pre-Existing Condition Exclusion	12/12
Waiting Period	None
Reductions and Terminations	None
Guaranteed Issue	Guaranteed issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At LPSS's first anniversary, late enrollees are eligible to enroll on a guaranteed issue basis.

COVERAGE TIER	PER PAY PERIOD RATES
Employee	\$15.76
Employee + Spouse	\$31.69
Employee + Child(ren)	\$25.15
Family	\$41.08



FLEXIBLE SPENDING ACCOUNT (FSA)

Features of an FSA

Why an FSA?	Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.
Employee Benefits	<ul style="list-style-type: none">• <u>Reduces your income taxes</u> (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary.• Using pre-tax dollars to pay for eligible medical expenses translates into <u>savings of as much as 30%</u>.• Offers <u>immediate access to elected healthcare FSA funds</u> via an FSA debit card.• Most common expenses such as <u>medical, dental, orthodontic, vision, and prescription drug are eligible</u> for reimbursement with supporting documentation.
How it Works	<ul style="list-style-type: none">• <u>Decide how much you will contribute to your FSA each year</u>, up to the maximum allowed by your employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from your paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save!• <u>You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election</u> by submitting a request to JTS via your online FSA portal, by email/fax, or on your JTS FSA phone app. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement (per IRS requirements, note that additional substantiating documentation may be requested by JTS for debit card purchases).

MAXIMUM CONTRIBUTION AMOUNTS

- \$3,200 - Medical Reimbursement
- \$640 Rollover Amount

FOR EMPLOYEES/PARTICIPANTS

- Convenient JTS Mobile Technology (mobile app and text messaging)
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator





DEPENDENT CARE REIMBURSEMENT

PLAN FEATURES

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
- Fees paid to a provider not reporting the income of the IRS

Prescription Discount Card



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.


BIN: 610225
PNC: 05591000

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.


BIN: 610225
PNC: 05591000

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

lyric

Virtual Urgent Care How to Use



24/7/365 access to care. Fast, Convenient & Affordable.

Doctors can be hard to reach, illness can occur in the middle of the night, and sometimes you just have a question. In all of those circumstances – and many more – Lyric Health is a convenient and affordable solution.

Simple as 1, 2, 3

1 Call | Tap | or Click

Call 1.866.223.8831, download the **Lyric Health App**, or visit www.getlyric.com to log into your member portal to schedule a consultation with state licensed physician.

2 Triage

Member speaks to a Care Coordinator who will triage and update the patient's Electronic Health Record (EHR).

3 Consult

Member consults with Physician who recommends a treatment plan, and if medication(s) is prescribed, it's sent electronically.

When to use

Our goal is to provide you with convenient, affordable healthcare, when you need it most – 24/7/365.

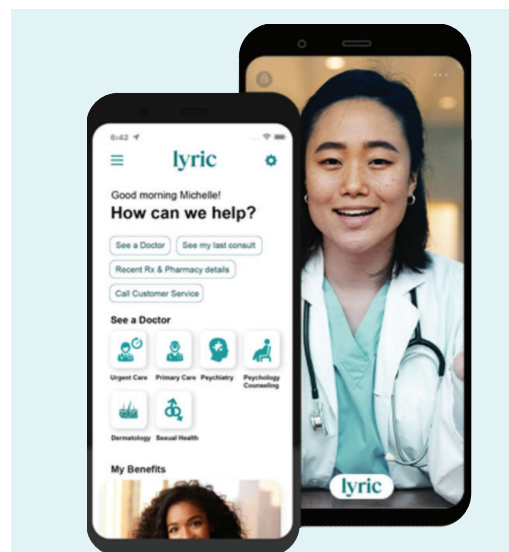
- When you need care now
- If you have a health related questions, and just need professional guidance
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, a business trip, or away from home

1.866.223.8831 | www.getlyric.com

Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see www.getlyric.com for full terms and conditions.



Scan to download the
Lyric Health App



70% of low acuity illness
can be taken care of
virtually

Common Conditions:

- Cold & Flu Symptoms
- Sinus Problems
- Ear Infection
- Allergies
- Urinary Tract Infection
- Nausea
- Pink Eye
- Stomach Viruses
- Infections
- Rashes
- Sore Throat
- Acne
- Recommendations
- Second Opinions and more



YOUR ONLINE BENEFITS CENTER

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

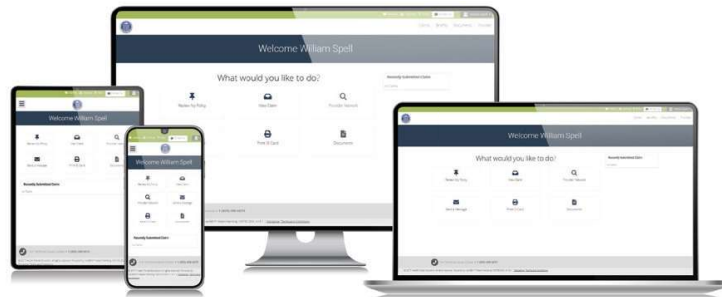
- **Mobile Access:** No app needed! Just log in from the browser on your mobile device and the portal will resize to fit your screen. Scan the QR code below to get started.
- **User-Friendly Design:** The engaging design makes it easier to navigate our portal and find claims, benefits and other important 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>

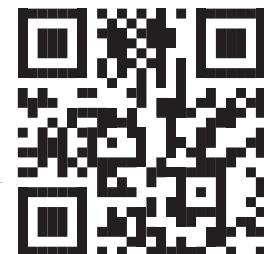
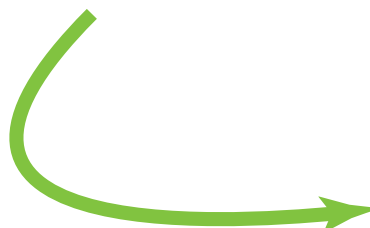
Municipal Health Benefit Program Member Portal



CREATE YOUR ACCOUNT TODAY!

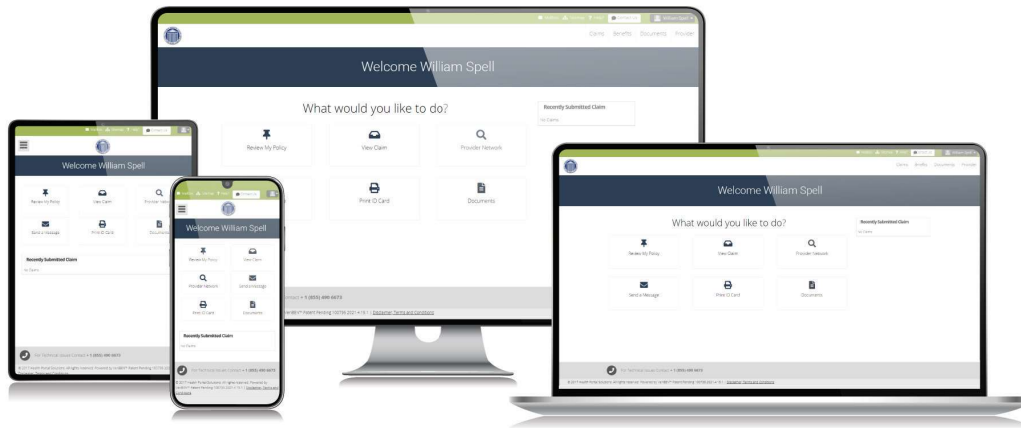
1. Go to <https://mhbp.arml.org>, or scan the QR code below with your phone to get started. Click "Create New Account" and select the "Member" option.
2. On the registration form, fill out your personal details as they appear on your ID card. The email address you use will also be your portal username.
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.

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.

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.

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.

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

First Name*

L John

Last Name*

Doe

Security Code*

hgmue

Generate new Security Code

Enter Security Code displayed above

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



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Friday 8:00-4:00