



**Benton**  
THE HEART OF ARKANSAS  SINCE 1836

**2023**  
**EMPLOYEE BENEFIT GUIDE**

**JTSFINANCIAL**  
INTENTIONALLY DIFFERENT.

# JTSFINANCIAL

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:

Social Security Number  
Address  
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 have 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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Business Hours: Monday-Friday, 8:00-5:00

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

# 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.

# RETIREMENT INFORMATION

LOPFI Information  
Ph: (501) 682-1745  
[info@lopfi-prb.com](mailto:info@lopfi-prb.com)

## UNIFORMED FULL TIME EMPLOYEE RETIREMENT:

- As a condition of employment with a participating public employer, you are a member of LOPFI.
- Members hired on/after July 1, 2013 must have 10 years of actual LOPFI service credit to be vested.
- Police members contribute 2.5% of their pre-tax salary to the System. Employer contributes 23.5% of the member's salary to fund the retirement benefit.
- Fire members contribute 8.5% of their pre-tax salary to the System. Employer contributes 23.5% of the member's salary to fund the retirement benefit.



▶ 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           |
|--------------------------------------|--|--------------------------|
| <b>CALENDAR YEAR DEDUCTIBLE</b>      |  |                          |
| Individual                           | \$500                                      |                          |
| Family                               | \$6,000                                    |                          |
| <b>OUT-OF-POCKET MAXIMUM</b>         |  |                          |
| Individual                           | \$4,000                                    | N/A                      |
| Family                               | \$8,000                                    | N/A                      |
| Coinsurance                          | 80%  | 50%                      |
| <b>COVERED SERVICES AND BENEFITS</b> |  |                          |
| <b>OFFICE VISITS</b>                 |  |                          |
| Telemedicine 1-877-308-3362          | \$0 Copay                                  |                          |
| Primary Care Physician               | \$20*                                      | \$20*                    |
| Specialist                           | \$20*                                      | \$20*                    |
| <b>EMERGENCY MEDICAL CARE</b>        |  |                          |
| Emergency Room                       | \$250 copay + Deductible + 20% coinsurance |                          |
| Urgent Care Center                   | \$20*                                      |                          |
| Ground Ambulance                     | Limited to two trips per year              |                          |
| Air Ambulance (\$10,000/trip)        |  |                          |
| <b>HOSPITAL SERVICES</b>             |  |                          |
| Inpatient Services                   | Deductible + Coinsurance                   | Deductible + Coinsurance |
| Outpatient Services                  | Deductible + Coinsurance                   | Deductible + Coinsurance |
| <b>PRESCRIPTIONS</b>                 |  |                          |
| Generic Brand                        | \$10                                       | N/A                      |
| Preferred Brand                      | \$30                                       | N/A                      |



▶ Arkansas Municipal League is a dental insurance provider. Having dental insurance contributes to your total well-being. With this plan, you have comprehensive dental coverage at affordable rates.

### COVERED DENTAL SERVICES

- ORAL EXAMINATIONS, INCLUDING PROPHYLAXIS, BUT NOT MORE THAN TWO EXAMINATIONS IN ANY CALENDAR YEAR.
- Topical application of sodium or stannous fluoride and the application of sealants.
- Dental X-rays.
- 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, including root canal therapy.
- Repair or re-cementing of crowns, inlays, bridgework or relining or repair of dentures.
- Initial installation (including adjustments for the six-month period following installation) of partial or full removable dentures to replace one or more natural teeth extracted while covered under these provisions
- New Dentures or Bridgework:
- Inlays, gold fillings, crowns (including precision attachments for dentures), and initial installation of fixed bridgework (including inlays and crowns to form abutment) to replace one or more natural teeth extracted while covered
- Orthodontic treatment, including correction of malocclusion
- Temporomandibular Joint Dysfunctions (TMJ)

| Dental Care Coverage Maximums and Deductible | Frequency | Amount  |
|--|-----------|---------|
| Dental Calendar Year Deductible              | Annual    | \$50    |
| Dental Procedures                            | Annual    | \$1,200 |
| Orthodontic                                  | Lifetime  | \$1,000 |
| Temporomandibular Joint Dysfunction          | Annual    | \$1,000 |



# VISION INSURANCE

▶ 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<br>COST REIMBURSEMENT |
|---|---|--------------------------------------|
| <b>COPAYS</b>   |   |                                      |
| Exams   | \$30  | \$40                                 |
| Frames<br>Any available frame at provider location.             | \$0 Copay; \$100 allowance<br>20% off balance over \$100            | \$50                                 |
| Contact Lenses: Contact Lens allowance includes materials only. |   |                                      |
| Conventional  | \$0 Copay; \$100 allowance;<br>15% off balance over \$100           | \$80                                 |
| Disposable  | Disposable \$0 Copay; \$100<br>allowance plus balance<br>over \$100 | \$80                                 |
| Medically Necessary   | \$0 Copay, Paid-In-Full   | \$210                                |
| <b>Standard Plastic Lenses</b>                                  |   |                                      |
| Single Vision   | \$30 Copay  | \$40                                 |
| Bifocal   | \$30 Copay  | \$60                                 |
| Trifocal  | \$30 Copay  | \$80                                 |
| Lenticular  | \$30 Copay  | \$100                                |
| Standard Progressive  | \$85 Copay  | \$60                                 |

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



# INSURANCE RATES

## HEALTH, DENTAL, AND VISION

| <b>Employer Pays 100% of Employee Only Premium</b> |          |
|--|----------|
| Per Pay Period Rates (24)                          |          |
| Tier   | EE Cost  |
| Employee   | \$0.00   |
| Employee + Family                                  | \$142.50 |



# BASIC LIFE AND AD&D

▶ 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.

| BENEFIT                            | BENEFIT AMOUNTS                             |
|------------------------------------|---|
| LIFE BENEFIT AMOUNT                | \$50,000                                    |
| AD&D BENEFIT AMOUNT                | \$50,000.                                   |
| BENEFIT REDUCTION                  | Reduces to 65% at age 65 and 50% at age 70. |
| Employee benefit paid by employer. |   |



# VOLUNTARY 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   | 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

► Universal Life coverage 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

### EMPLOYEE

To be eligible for insurance, an employee must satisfy all of the following requirements:

- 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.
- These requirements will be defined on the Life and Health Group Application and Agreement.

**\$150,000**  
(Guaranteed Issue)

**\$500,000**  
(Simplified Issue)

### SPOUSE

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:

- 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.

**\$25,000**  
(Guaranteed Issue)

**\$100,000**  
(Simplified Issue)

### CHILD UL

To be eligible for universal life insurance, a child must satisfy all of the following requirements:

- 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.

**\$25,000**  
(Guaranteed Issue)

### CHILD TERM

To be eligible for insurance under this rider, a child must satisfy all of the following requirements:

- 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.

**\$10,000**  
(Guaranteed Issue)



# 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

|                                 |   |
|---------------------------------|---|
| <b>MONTHLY BENEFIT AMOUNT</b>   | 60% of salary up to \$5,000 per month will be covered   |
| <b>MINIMUM BENEFIT</b>          | Greater of 10% or \$100   |
| <b>ELIMINATION PERIOD</b>       | 180 days  |
| <b>MAXIMUM BENEFIT DURATION</b> | Social Security normal retirement age   |
| <b>EVIDENCE OF INSURABILITY</b> | (EOI) Medical questions required for all late entrants. During your new hire enrollment, medical questions will not be required.  |
| <b>PRE-EXISTING CONDITIONS</b>  | 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. |
| <b>ELIGIBILITY</b>              | All full-time employees excluding police and fire.  |



# 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*  | EMPLOYEE   | SPOUSE   | CHILD  |
|--|--|--|--|
| Initial Treatment (once per accident, within 7 days after the accident, not payable for telemedicine services)<br>ER/Urgent Care<br>ER/Urgent Care with X-ray<br>Doctor's Office<br>Doctor's Office with X-ray   | \$200<br>\$250<br>\$100<br>\$150   | \$200<br>\$250<br>\$100<br>\$150   | \$200<br>\$250<br>\$100<br>\$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)<br>Ground<br>Air   | \$400<br>\$1,200   | \$400<br>\$1,200   | \$400<br>\$1,200   |
| Emergency Room Observation (within 7 days after the accident)<br>Short Observation Period (4-24 hrs)<br>Long Observation Period (24+ hrs)  | \$50<br>\$100  | \$50<br>\$100  | \$50<br>\$100  |
| Paralysis (once per accident, diagnosed by a doctor within six months after the accident)<br>Paraplegia<br>Quadriplegia  | \$2,500<br>\$5,000   | \$2,500<br>\$5,000   | \$2,500<br>\$5,000   |
| Dismemberment (once per accident, within 6 months after the accident)<br>Single Loss<br>Double Loss<br>Loss of one or more fingers or toes<br>Partial Dismemberment  | \$6,250<br>\$12,500<br>\$625<br>\$62.50  | \$2,500<br>\$5,000<br>\$250<br>\$62.50   | \$1,250<br>\$2,500<br>\$125<br>\$62.50   |
| Burns (once per accident, within 6 months after the accident)<br><u>Second Degree Burns</u><br>Less than 10%<br>At least 10%, but less than 25%<br>At least 25%, but less than 35%<br>35% or more<br><u>Third Degree Burns</u><br>Less than 10%<br>At least 10%, but less than 25%<br>At least 25%, but less than 35%<br>35% or more | \$100<br>\$200<br>\$500<br>\$1,000<br>\$1,000<br>\$5,000<br>\$10,000<br>\$20,000 | \$100<br>\$200<br>\$500<br>\$1,000<br>\$1,000<br>\$5,000<br>\$10,000<br>\$20,000 | \$100<br>\$200<br>\$500<br>\$1,000<br>\$1,000<br>\$5,000<br>\$10,000<br>\$20,000 |
| Lacerations (once per accident, within 7 days after the accident)<br><u>Lacerations requiring stitches</u><br>Under 5 cm<br>5 to 15 cm<br>Over 15 cm<br><u>Lacerations not requiring stitches</u>  | \$100<br>\$400<br>\$800<br>\$50  | \$100<br>\$400<br>\$800<br>\$50  | \$100<br>\$400<br>\$800<br>\$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)<br>Repair with Crown<br>Extraction                                      | \$200<br>\$50                        | \$200<br>\$50                        | \$200<br>\$50                        |
| Outpatient Surgery and Anesthesia (per day / within one year after the accident)<br>Performed in a<br>Hospital or Surgical<br>Center                  | \$400                                | \$400                                | \$400                                |
| Performed in a<br>Doctor's Office,<br>Urgent Care Facility,<br>or Emergency Room (per day / maximum of two procedures per accident)                   | \$50                                 | \$50                                 | \$50                                 |
| Dislocations<br>Open Reduction<br>Closed Reduction  | Up to<br>\$6,000<br>Up to<br>\$3,000 | Up to<br>\$6,000<br>Up to<br>\$3,000 | Up to<br>\$6,000<br>Up to<br>\$3,000 |
| Fractures<br>Open Reduction<br>Closed Reduction   | Up to<br>\$8,000<br>Up to<br>\$4,000 | Up to<br>\$8,000<br>Up to<br>\$4,000 | Up to<br>\$8,000<br>Up to<br>\$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)<br>Plane<br>Any Ground | \$500<br>\$200                       | \$500<br>\$200                       | \$500<br>\$200                       |
| Wellness<br><b>SEE HR FOR CLAIM FORM</b>  | \$100                                | \$100                                | \$100                                |

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



# CRITICAL ILLNESS

▶ 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 |
|--|----------------|----------------|-------|
| <b>GUARANTEE ISSUE</b><br>Not Subject to Pre-Ex! | Up to \$35,000 | Up to \$17,500 | N/A   |

### BASE BENEFITS

### WITHOUT CANCER

### WITH CANCER

|   |      |      |
|---|------|------|
| Heart Attack  | 100% | 100% |
| Sudden Cardiac Arrest   | 100% | 100% |
| Coronary Artery Bypass Surgery  | 25%  | 25%  |
| Major Organ Transplant (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant) | 100% | 100% |
| Bone Marrow Transplant (Stem Cell Transplant)   | 100% | 100% |
| Kidney Failure (End Stage Renal Failure)  | 100% | 100% |
| Stroke (Ischemic or Hemorrhagic)  | 100% | 100% |

### ADDITIONAL BENEFITS

### WITHOUT CANCER

### WITH CANCER

|   |                         |                         |
|---|-------------------------|-------------------------|
| Coma  | 100%                    | 100%                    |
| Severe Burns  | 100%                    | 100%                    |
| Paralysis**   | 100%                    | 100%                    |
| Loss of Sight, Speech, or Hearing                             | 100%                    | 100%                    |
| Advanced Alzheimer's Disease                                  | 100%                    | 100%                    |
| Advance Parkinson's Disease                                   | 100%                    | 100%                    |
| Benign Brain Tumor  | 100%                    | 100%                    |
| Amyotrophic Lateral Sclerosis (ALS)                           | 100%                    | 100%                    |
| Multiple Sclerosis (MS)                                       | 100%                    | 100%                    |
| Health Screening Benefit (payable for employee & spouse only) | \$100 per calendar year | \$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\*\*\*

CANCER COVERAGE IS SUBJECT TO A 12/12 PRE-EX

### WITHOUT CANCER

### WITH CANCER

|                               |     |                         |
|-------------------------------|-----|-------------------------|
| Cancer (Internal or Invasive) | N/A | 100%                    |
| Non-Invasive Cancer           | N/A | 25%                     |
| Skin Cancer                   | N/A | \$250 per calendar year |



# HOSPITAL INDEMNITY

► 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)<br>Once per covered sickness or accident per calendar year                   | \$1,500   |
| Hospital Confinement (per day)<br>Maximum confinement period: 31 days per covered sickness or covered accident    | \$300   |
| Hospital Intensive Care (per day)<br>Maximum confinement period: 10 days per covered sickness or covered accident | \$150   |
| Health Screening Benefit<br>Payable once per calendar year per insured  | \$50  |
| Portability/Continuation  | Included  |
| Pre-Existing Condition Exclusion  | 12/12   |
| Waiting Period  | None  |
| Reductions and Terminations   | None  |
| Guaranteed Issue  | <p>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.</p> <p><b>Guaranteed Issue for all benefit eligible employees!</b></p> |

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



# VOLUNTARY SHORT-TERM DISABILITY

▶ AFLAC 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  |
|------------------------|--|
| BENEFIT AMOUNT         | \$300 to \$6,000   |
| GUARANTEED ISSUE       | Monthly Benefit of up to \$3,000<br>Participation Requirement: 10% |
| ELIMINATION PERIOD     | 7/7  |
| BENEFIT DURATION       | 6 Months   |
| PRE-EXISTING CONDITION | N/A  |

## MONTHLY RATES PER \$100 OF MONTHLY BENEFIT

| AGE BAND     | 18-49  | 50-64  | 65-74  |
|--------------|--------|--------|--------|
| Premium Rate | \$4.61 | \$5.25 | \$6.65 |



# FLEXIBLE SPENDING

# ACCOUNT



Section 125 of the US Tax Code provides you an opportunity for tax savings by allowing you to reduce your taxable income, and to use that salary reduction to pay for certain expenses on a tax-free basis. As your employer, City of Arkadelphia helps you access these tax savings by deducting your health coverage premiums pre-tax, and in two other ways:

1. You can set aside up to \$3,050 per calendar year from your salary to pay your out-of-pocket costs for certain health care expenses that can include Medical, Pharmacy, Dental, and Vision expenses.
2. You can set aside up to \$5,000 per calendar year from your salary to pay for dependent child or dependent adult day care.

## HOW IT WORKS

|               |   |
|---------------|---|
| <u>CHOOSE</u> | Before the beginning of each plan year (January 1), you choose the amount of money you wish to set aside for the eligible expenses, according to the plan guidelines. Do this by completing an election form. |
| <u>DEDUCT</u> | The amount you set aside is divided into 26 pay periods. Each pay period your employer deducts this amount from your payroll check. Your employer places the money in a designated FSA account.               |
| <u>ACCESS</u> | When you have eligible expenses, you access the funds upfront through a debit card or through filing a claim reimbursement.   |

It's very important to be conservative with your election, because you cannot make any changes once you've made your election unless you have a qualifying event and if you don't use it, you will lose it. You will have the ability to rollover up to \$500 if you have a balance at the end of the plan year.

## ACCESSING YOUR MONEY

|                                   |  |
|-----------------------------------|--|
| <u>DEBIT CARD</u>                 | The Debit MasterCard automatically deducts money from your FSA. It can be used to pay for healthcare expenses upfront at the point of sale and to avoid the need to submit a paper claim. It can be used at any location that accepts MasterCard. <b>Make sure to keep your receipts just in case you are asked to substantiate your purchase.</b> |
| <u>PAPER CHECK/DIRECT DEPOSIT</u> | (Medical & Dependent Care Expenses): The second option is reimbursement through a paper check or a direct deposit into your personal banking account. You can submit a paper claim form and you receive the eligible reimbursement amount.   |



## 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



# EMPLOYEE ASSISTANCE PROGRAM



Personal issues, planning for life events or simply managing daily life can affect your work, health and family. Your GuidanceResources program provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. This flyer explains how GuidanceResources can help you and your family deal with everyday challenges.

## Confidential Counseling

### 3 Session Plan

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by GuidanceConsultants<sup>SM</sup>—highly trained master's and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- › Stress, anxiety and depression
- › Job pressures
- › Relationship/marital conflicts
- › Grief and loss
- › Problems with children
- › Substance abuse

## Financial Information and Resources

### Discover your best options.

Speak by phone with our Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, including:

- › Getting out of debt
- › Retirement planning
- › Credit card or loan problems
- › Estate planning
- › Tax questions
- › Saving for college

## Legal Support and Resources

### Expert info when you need it.

Talk to our attorneys by phone. If you require representation, we'll refer you to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call about:

- › Divorce and family law
- › Real estate transactions
- › Debt and bankruptcy
- › Civil and criminal actions
- › Landlord/tenant issues
- › Contracts

## Work-Life Solutions

### Delegate your "to-do" list.

Our Work-Life specialists will do the research for you, providing qualified referrals and customized resources for:

- › Child and elder care
- › College planning
- › Moving and relocation
- › Pet care
- › Making major purchases
- › Home repair

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## GuidanceResources<sup>®</sup> Online

### Knowledge at your fingertips.

GuidanceResources Online is your one stop for expert information on the issues that matter most to you...relationships, work, school, children, wellness, legal, financial, free time and more.

- › Timely articles, HelpSheets<sup>SM</sup>, tutorials, streaming videos and self-assessments
- › "Ask the Expert" personal responses to your questions
- › Child care, elder care, attorney and financial planner searches

## Free Online Will Preparation

### Get peace of mind.

EstateGuidance<sup>®</sup> lets you quickly and easily write a will on your computer. Just go to [www.guidanceresources.com](http://www.guidanceresources.com) and click on the EstateGuidance link. Follow the prompts to create and download your will at no cost. Online support and instructions for executing and filing your will are included. You can:

- › Name an executor to manage your estate
- › Choose a guardian for your children
- › Specify your wishes for your property
- › Provide funeral and burial instructions



## Your ComPsych<sup>®</sup> GuidanceResources<sup>®</sup> Program

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Online: [guidanceresources.com](http://guidanceresources.com)

Your company Web ID: ONEAMERICA3

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