



2024 EMPLOYEE BENEFIT GUIDE





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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 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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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

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 3.5% of their pre-tax salary to the System. Employer contributes 24% of the member's salary to fund the retirement benefit.
- Fire members contribute 9.5% of their pre-tax salary to the System. Employer contributes 24% of the member's salary to fund the retirement benefit.

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



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	\$4,000	N/A
Family	\$8,000	N/A
Coinsurance	80%	50%
COVERED SERVICES AND BENEFITS		
OFFICE VISITS		
Telemedicine 1-877-308-3362	\$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	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



▶ 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



► 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	\$30	\$40
Frames Any available frame at provider location.	\$0 Copay; \$100 allowance 20% off balance over \$100	\$50
Contact Lenses: Contact Lens allowance includes materials only.		
Conventional	\$0 Copay; \$100 allowance; 15% off balance over \$100	\$80
Disposable	Disposable \$0 Copay; \$100 allowance plus balance over \$100	\$80
Medically Necessary	\$0 Copay, Paid-In-Full	\$210
Standard Plastic Lenses		
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



HEALTH, DENTAL, AND VISION RATES

Employer Pays 100% of Employee Only Premium			
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



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

\$150,000
(Guaranteed
Issue)

\$500,000
(Simplified Issue)

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.

SPOUSE

\$25,000
(Guaranteed
Issue)

\$100,000
(Simplified Issue)

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.

CHILD UL

\$25,000
(Guaranteed
Issue)

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.

CHILD TERM

\$10,000
(Guaranteed
Issue)

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.

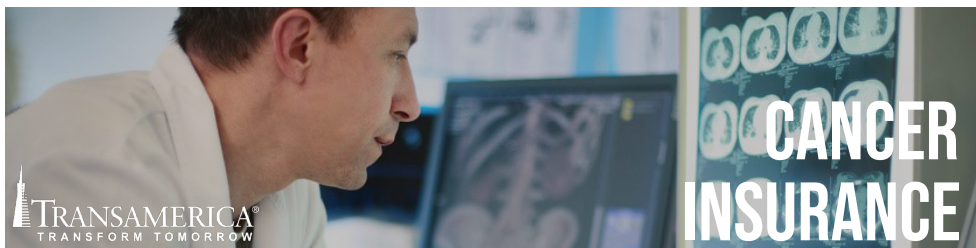


LONG TERM DISABILITY

► 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	60% of salary up to \$5,000 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 recieved 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		PLAN 2	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

SEMI-MONTHLY RATES	PLAN OPTION 2
Individual	\$17.67
Employee and Children	\$19.96
Family	\$31.81



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)			
ER/Urgent Care	\$200	\$200	\$200
ER/Urgent Care with X-ray	\$250	\$250	\$250
Doctor's Office	\$100	\$100	\$100
Doctor's Office with X-ray	\$150	\$150	\$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	\$400	\$400	\$400
Air	\$1,200	\$1,200	\$1,200
Emergency Room Observation (within 7 days after the accident)			
Short Observation Period (4-24 hrs)	\$50	\$50	\$50
Long Observation Period (24+ hrs)	\$100	\$100	\$100
Paralysis (once per accident, diagnosed by a doctor within six months after the accident)			
Paraplegia	\$2,500	\$2,500	\$2,500
Quadriplegia	\$5,000	\$5,000	\$5,000
Dismemberment (once per accident, within 6 months after the accident)			
Single Loss	\$6,250	\$2,500	\$1,250
Double Loss	\$12,500	\$5,000	\$2,500
Loss of one or more fingers or toes	\$625	\$250	\$125
Partial Dismemberment	\$62.50	\$62.50	\$62.50
Burns (once per accident, within 6 months after the accident)			
<u>Second Degree Burns</u>			
Less than 10%	\$100	\$100	\$100
At least 10%, but less than 25%	\$200	\$200	\$200
At least 25%, but less than 35%	\$500	\$500	\$500
35% or more	\$1,000	\$1,000	\$1,000
<u>Third Degree Burns</u>			
Less than 10%	\$1,000	\$1,000	\$1,000
At least 10%, but less than 25%	\$5,000	\$5,000	\$5,000
At least 25%, but less than 35%	\$10,000	\$10,000	\$10,000
35% or more	\$20,000	\$20,000	\$20,000
Lacerations (once per accident, within 7 days after the accident)			
<u>Lacerations requiring stitches</u>			
Under 5 cm	\$100	\$100	\$100
5 to 15 cm	\$400	\$400	\$400
Over 15 cm	\$800	\$800	\$800
<u>Lacerations not requiring stitches</u>	\$50	\$50	\$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 Performed in a Doctor's Office, Urgent Care Facility, or Emergency Room (per day / maximum of two procedures per accident)	\$400 \$50	\$400 \$50	\$400 \$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

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
GUARANTEE ISSUE 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***		WITHOUT CANCER	WITH CANCER
CANCER COVERAGE IS SUBJECT TO A 12/12 PRE-EX			
Cancer (Internal or Invasive)		N/A	100%
Non-Invasive Cancer		N/A	25%
Skin Cancer		N/A	\$250 per calendar year



Aflac

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) Once per covered sickness or accident per calendar year	\$1,500
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$300
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150
Health Screening Benefit 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>Guaranteed Issue for all benefit eligible employees!</p>

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



▶ 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 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



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 24 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. Make sure to keep your receipts just in case you are asked to substantiate your purchase.
<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.

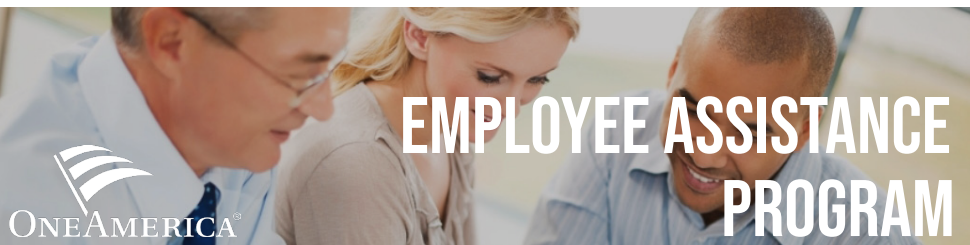
C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

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



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 GuidanceConsultantsSM—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
- › Relationship/marital conflicts
- › Problems with children
- › Job pressures
- › Grief and loss
- › 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
- › Credit card or loan problems
- › Tax questions
- › Retirement planning
- › Estate planning
- › 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
- › Debt and bankruptcy
- › Landlord/tenant issues
- › Real estate transactions
- › Civil and criminal actions
- › 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
- › Moving and relocation
- › Making major purchases
- › College planning
- › Pet care
- › Home repair

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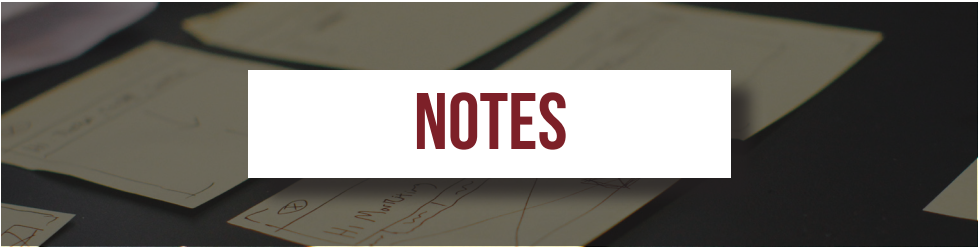
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NOTES

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