



Arthur J. Gallagher & Co.  
BUSINESS WITHOUT BARRIERS™

CITY OF  
**WOODSTOCK**  
—  —  
GEORGIA

2017-2018  
Open Enrollment



# Gallagher Benefit Services is an extension of the City of Woodstock HR Team

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## They assist with:

- Claim issues
- Billing issues
- Benefit related questions

You may also visit the web portal at any time through the year to review your benefits or make changes/updates to your personal information.

[woodstock.ajgportal.com](http://woodstock.ajgportal.com)

Click the “Enroll Now!” button, which will link you to the BeneTrac enrollment system.

## Contact Information:

- Atlanta.MyBenefits@ajg.com
- 888.527.2695 M-F, 8am-5pm EST





# Open Enrollment starts **Monday, August 28<sup>th</sup>** and ends **Tuesday, September 5<sup>th</sup>, 2017, 5:00 pm**

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The elections you make during this period remain in effect until the next Open Enrollment period unless you experience a qualified change in status.

## Who is Eligible for Coverage?

- Active, full-time employees scheduled to work at least 30-hours per week
- New employees are eligible to participate on the first of the month following date of hire

## Eligible Dependents:

- Your lawful spouse
- Legal dependent children up to age 26
- Unmarried children not able to support themselves due to a physical or developmental disability



# 2017-2018 Benefits Overview

| Benefit Plan                    | Carrier                |
|---------------------------------|------------------------|
| Medical & Prescription          | UMR & Southern Scripts |
| Dental                          | Guardian               |
| Vision                          | EyeMed                 |
| Basic Life/AD&D                 | Dearborn National      |
| Voluntary Life/AD&D             | Dearborn National      |
| Voluntary Short Term Disability | Dearborn National      |
| Long Term Disability            | Dearborn National      |
| Flexible Spending Account       | UMR                    |
| Wellness Program                | Target Care            |



# UMR Medical & Rx Plan



| UMR - Choice Plus POS Network  | In-Network   | Out-of-Network                           |
|--|--|--|
| Calendar Year Deductible<br>Employee / Employee + Spouse or Child / Family                     | <p><b>Premium Plan</b><br/>\$500 / \$1,000 / \$1,500</p> <p><b>Basic Plan</b><br/>\$1,500 / \$3,000 / \$4,500</p>  | \$6,000 / \$18,000<br>\$6,000 / \$18,000 |
| Out-of-Pocket Maximum<br>Includes Deductible<br>Employee / Employee + Spouse or Child / Family | <p><b>Medical:</b><br/><i>Premium Plan: \$500 / \$1,000 / \$1,500</i><br/><i>Basic Plan: \$1,500 / \$3,000 / \$4,500</i></p> <p><b>Pharmacy:</b><br/><i>Premium Plan: \$500 / \$1,000 / \$1,500</i><br/><i>Basic Plan: \$1,500 / \$3,000 / \$4,500</i></p> | \$8,000 / \$24,000                       |
| Lifetime Maximum   | Unlimited  | Unlimited                                |
| Coinsurance  | N/A  | 60% After Deductible                     |
| Office Visits (PCP / Specialist)   | \$25 / \$35 Copay<br><i>Premium Designated Providers \$15 / \$25 Copay</i>   | 60% After Deductible                     |
| Emergency Room Visit (waived if admitted)  | \$150 Copay  | \$150 Copay                              |
| Urgent Care  | \$60 Copay   | \$60 Copay, Deductible then 60%          |
| Inpatient / Outpatient Hospitalization   | \$250 Copay for Facility, Physician Fees Subject to Deductible   | 60% After Deductible                     |
| Outpatient Surgery / Diagnostic / X-ray  | \$250 Copay for Facility, Physician Fees Subject to Deductible   | 60% After Deductible                     |
| Prescription Drugs-30 days (Tier 1, Tier 2, Tier 3)  | \$15 / \$30 / \$60 Copay   | 60% After Deductible                     |
| Mail Order-90 days (Tier 1, Tier 2, Tier 3)  | \$25 / \$60 / \$120 Copay  | No Coverage                              |



# UMR Premium Designation Program

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To help people make more informed choices about their health care, UMR and United Healthcare created the UnitedHealth Premium program. The Premium program, offered through UMR, recognizes doctors who meet standards for quality and cost efficiency.

This program uses evidence-based medicine and national industry guidelines to evaluate quality. The cost efficiency standards rely on local market benchmarks for the efficient use of resources in providing care.

A doctor's premium designation is shown on [umr.com](https://www.umr.com) when searching for providers.

As an added benefit to you, by using a premium designated provider, you will pay **\$10 LESS** on any primary care or specialist office visit copay!!



# Things to Know

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- Third Party Administrator (TPA) – UMR, a United Healthcare (UHC) company
- UHC Choice Plus Network – verify all providers are in-network
- Access UHC Premium Designated Providers for additional savings on PCP/Specialist Copays (\$10 savings)
- Rx Provider – Southern Scripts
- ID card – UMR (utilizing UHC Choice Plus Network) and Southern Scripts  
(Make sure to look out for your **new ID card** in the mail!)
- Create an online account at [www.umar.com](http://www.umar.com)
- Access your medical information through the UMR mobile site



# Finding In-Network Medical Providers

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## *How do I find a Choice Plus POS in-network provider?*



**It's easy! There are several ways:**

1. Contact your provider and ask:

*"Do you participate in the UHC Choice Plus POS network"*

2. Contact UMR at the number provided on your ID card

3. Online at [www.umar.com](http://www.umar.com)







# Wellness Program- TargetCare



In an effort to promote a healthy workplace and strive to keep everyone's cost for health care coverage affordable, the City will continue with the Wellness Plan.

You will be eligible for the wellness incentive if you:

1. Participate/Complete annual Clinical Health Assessment

| On-Site CHA Event Dates |                         |  |
|-------------------------|-------------------------|--|
| Annex                   | Fire Station 14         | Details  |
| Tuesday, October 10th   | Tuesday, October 10th   | You can begin scheduling your appointment on September 18th            |
| Wednesday, October 11th | Wednesday, October 11th | A review of your CHA results will take place on a later date           |
|                         | Thursday, October 12th  | The review nurse will discuss your wellness goals for the program year |

2. Review your CHA results with a TargetCare Provider
3. Follow the Right on Target Guidelines throughout the year per your risk level

**The cost for non-participation in the wellness program will remain at \$75 per month.**



# Wellness Program- NEW

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You will be required to complete your electronic *basic health questionnaire* before your CHA.

If you participated in the TargetCare program last year, you already have access to the Health Portal.

Accessing the portal to complete your questionnaire:

1. Go to <https://targetcare.hp.deerwalk.com>
  - a. Do NOT put www. in front of the web address as it will not take you to the correct site.
2. Click the 'Register' button on the top right of the page.
3. Register by completing your full name as it appears on your medical insurance ID card, as well as providing a current email address to verify.
4. Your group code is: **CoW (this is case sensitive)**
5. Your username will be the email address that you provided during registration.



To schedule your appointment visit: [www.appointment.com/tccow](http://www.appointment.com/tccow)



# Wellness Program- TargetCare

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## Benefits of Participating

- ✓ It is an important part of preventive care
- ✓ Clinical Health Assessments help detect chronic diseases early and educate individuals on steps they need to take before they become more serious.
- ✓ To help employees make informed decisions about improving their health.
- ✓ Following the TargetCare health coaching program will help you set personal health goals that will lead to living a healthier lifestyle
- ✓ Access to the TargetCare clinic for acute care and minor illness needs



# Wellness Program- TargetCare



## TargetCare On-Site Clinic Services

### Examples of Chronic Disease Management

- Follow up Support to your Clinical Health Assessment
- Diabetes, Cholesterol and Blood Pressure Management
- Smoking Cessation Support
- Weight Loss Counseling
- Referrals to Physicians
- Set Personal Health Goals
- Guidance on Exercise and Eating Habits
- To Achieve Optimal Health
- Stress Management

### Examples of Minor Acute Illness Treatment

- Allergy Care
- Ear Ache
- Common Cold
- Sore Throat
- Bladder Infection
- Minor Skin Infections
- Pink Eye
- Bronchitis
- Sinus Infection
- Acne
- Fever



# Wellness Program

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City employees are eligible for a **FREE MEMBERSHIP** to Gold's Gym which provides free group fitness classes at their facility located at 301 Gold Creek Trail off Highway 92.





# Tobacco Program

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As the City strives to improve the overall health and wellness of its employees and the impact it will have on the cost of healthcare, the City will maintain the current tobacco surcharge of **\$75 per month**.

In order to continue to receive the discounted rate on your premiums, you will be required to complete an affidavit stating that you are and have been tobacco-free for the past 90 days. This affidavit question will be available through your online open enrollment with BeneTrac.

For questions, please contact Human Resources at 770-592-6007.



# Tobacco Program

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If you are interested in becoming tobacco free, the City provides resources to enable you to accomplish your goal. You can utilize one or more of the following resources to become tobacco free:

- Southern Scripts
- TargetCare

For more information on using any of the above program, please contact Gallagher Benefit Services at 404-846-8883.



# Medical Deductions 10/1/2017

**No Increase!!!**

| Bi-Weekly (26)  | Basic - \$1,500 Deductible | Premium - \$500 Deductible |
|---|----------------------------|----------------------------|
| <b>Non-Tobacco User - Participating in Wellness (Both Wellness &amp; Tobacco Discounts)</b> |                            |                            |
| Employee  | \$11.54                    | \$20.77                    |
| Employee and Spouse   | \$69.23                    | \$83.08                    |
| Employee and Child(ren)   | \$66.92                    | \$80.77                    |
| Family  | \$138.46                   | \$161.54                   |

| Bi-Weekly (26)   | Basic - \$1,500 Deductible | Premium - \$500 Deductible |
|--|----------------------------|----------------------------|
| <b>Tobacco User - Not Participating in Wellness (No Discounts)</b> |                            |                            |
| Employee   | \$80.77                    | \$92.31                    |
| Employee and Spouse  | \$138.46                   | \$152.31                   |
| Employee and Child(ren)  | \$136.15                   | \$150.00                   |
| Family   | \$207.69                   | \$230.77                   |





# Medical Deductions 10/1/2017

**No Increase!!!**

| Bi-Weekly (26)   | Basic - \$1,500 Deductible | Premium - \$500 Deductible |
|--|----------------------------|----------------------------|
| <b>Non-Tobacco User – Not Participating in Wellness (Non-Tobacco User Discount Only)</b> |                            |                            |
| Employee   | \$46.15                    | \$55.38                    |
| Employee and Spouse  | \$103.85                   | \$117.69                   |
| Employee and Child(ren)  | \$101.54                   | \$115.38                   |
| Family   | \$173.08                   | \$196.15                   |

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|--|----------------------------|----------------------------|
| <b>Tobacco User - Participating in Wellness (Wellness Discount Only)</b> |                            |                            |
| Employee   | \$46.15                    | \$55.38                    |
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| Employee and Child(ren)  | \$101.54                   | \$115.38                   |
| Family   | \$173.08                   | \$196.15                   |



# Prescription Cost Savings Information

Take advantage of the many prescription savings programs available to you through your local pharmacies.

| Pharmacy              | Savings  | Website  |
|-----------------------|--|--|
| Kroger                | \$4 for a 30-day supply of over 300 generic medications                        | <a href="http://www.kroger.com">www.kroger.com</a>   |
| Publix                | Free 14-day supply of select generic antibiotic medications                    | <a href="http://www.publix.com">www.publix.com</a>   |
| Target                | \$4 for a 30-day supply of select generic medications- hundreds are available  | <a href="http://www.target.com">www.target.com</a>   |
| Wal-Mart / Sam's Club | \$4 for a 30-day supply of select generic medications - hundreds are available | <a href="http://www.walmart.com">www.walmart.com</a> |

We recommend visiting each of the pharmacy websites listed above and printing out the covered generic medication lists (along with your Southern Scripts listing). This way, you can bring them with you when you visit the doctor and work with your doctor in selecting a medication from the list which will help you save even more money on prescription medications.

**Check out these pharmacies for additional Rx savings and discount programs: Costco, Kmart, Rite Aid, Walgreens**




**When using savings programs, no need to provide your insurance card, just hand the pharmacist your doctor's written prescription.**



# Prescription Information

Prescriptions will be provided through *Southern Scripts* effective 10/1/17. Because of this change, make sure to look out for a new medical/prescription ID card.

**New Rx Vendor!!!**

| Southern Scripts   |  |
|--|--|
| Contact  | <a href="http://www.southernscripts.net/members.php">www.southernscripts.net/members.php</a><br>800-710-9341<br><a href="mailto:support@southernscripts.net">support@southernscripts.net</a> |
| Southern Scripts FREE App<br> | Refill medication<br>Contact the pharmacy<br>Access your ID card   |
| Pharmacy Locator   | Find in-network pharmacies online or on the app  |
| Mail Order   | Take advantage of your mail order option!  |
| Prescription Savings with CRx Specialty Solutions  | To see if your medication is eligible, contact:<br>800-710-9341 or <a href="http://www.crxspecialty.com">www.crxspecialty.com</a>  |



# Southern Scripts

## Frequently Asked Questions

### **Where can I track my prescriptions?**

Visit our Member Portal at [www.southernscripts.net](http://www.southernscripts.net) to register and keep track of your prescriptions and access other member tools.

### **How do I know if a medication is going to require a PA?**

Call Southern Scripts Customer Service at 1.800.710.9341 so we can check for you.

### **Why does my co-payment change?**

Your co-payment will vary based on which type of drug is chosen, the pharmacy chosen, and your plan's benefit set-up. Check your formulary to find the most cost effective medications.

### **Where do I find coupons for expensive medications?**

Like us on facebook for coupons, health related tips, videos, and more. [www.facebook.com/southernscripts](http://www.facebook.com/southernscripts)

### **What do I do for a manual claim?**

Contact Customer Service for a manual claim form. However, your plan determines if manual claims are covered. Always check to see if your pharmacy takes your ID card prior to filling your prescription to save money and to avoid the hassle of the manual claim process.

### **What do I do if my prescription needs a prior authorization (PA)?**

Your doctor, pharmacist, or you can call Southern Scripts to verify and start the PA process. Call 1.800.710.9341.

### **Can I receive a medication that is not on my formulary?**

#### **How do I know if a medication is covered?**

Yes. You can obtain a non-formulary drug by taking the prescription to your pharmacy. However, if you choose to obtain a non-formulary drug, your share of the cost may be higher than it would be for a drug on your formulary. You may also be required to pay the full price of the drug. It is more cost-effective for you to utilize drugs that are generics and preferred alternatives. Call 1.800.710.9341 to see if your Rx is covered or to check your copay.



# Dental Benefit Highlights

| <b>Guardian</b><br><i>Benefits based on calendar year</i> | <b>Network Access Plan (NAP)</b><br><i>Good for those using OON Providers</i> | <b>Value Plan</b><br><i>Good for those using In-Network Providers</i> |
|---|---|---|
| Deductible  | \$50 / \$150  | \$0   |
| Annual Maximum  | \$1,000   | \$1,000   |
| Preventive Services                                       | 100% (No Deductible)  | 100% (No Deductible)  |
| Basic Services  | 80% (After Deductible)  | 100% (No Deductible)  |
| Major Services  | 50% (After Deductible)  | 60% (No Deductible)   |
| Fillings  | Included in Basic   | Included in Basic   |
| Endodontics / Periodontics                                | Included in <b>Major</b>  | Included in <b>Major</b>  |
| Orthodontia   | 50% to \$1,000 Lifetime   | 50% to \$1,000 Lifetime   |
| Rollover Incentive  | Included  | Included  |
| <b>Out-of-Network Claims</b>                              | <b>90<sup>th</sup> UCR</b>  | <b>Maximum Allowable Cost (MAC)<br/>Fee Schedule</b>                  |

**Predetermination of Benefits** - when charges for a treatment are expected to exceed \$300, request that your provider file a treatment plan before treatment begins in order to obtain an estimate of your costs.





# Maximum Rollover Benefit

- **Annual Plan Maximum**: There is a \$1,000 annual maximum for Preventive, Basic and Major services combined.
- **Maximum Rollover**: Guardian will roll over a portion of each member's unused annual maximum, called the Maximum Rollover Amount (MRA). The MRA can be used to pay for future expenses as long as the member is active on the plan.
- **Qualification**: Member must submit a claim but not exceed the paid claims threshold during the benefit year. Every covered member has his or her own MRA.

*\*For questions on your rollover maximum balance, contact Guardian at 800-541-7846.*

| Plan Annual Maximum | Paid Claims Threshold | MRA   | MRA Limit |
|---------------------|-----------------------|-------|-----------|
| \$1,000             | \$500                 | \$250 | \$1,000   |



# Finding In-Network Dental Providers

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## *How do I find a Guardian in-network provider?*



It's easy! There are several ways:

1. Contact your provider and ask:

“Do you participate in the Guardian DentalGuard Preferred network”

2. Contact Guardian at 800-541-7846

3. Via the internet at [www.glic.com](http://www.glic.com)





# Dental Deductions 10/1/2017

**No  
Increase**

| Guardian Dental                | Employees Pays Per Paycheck (26) |
|--------------------------------|----------------------------------|
| Employee                       | \$0.00                           |
| Employee + 1 (Spouse or Child) | \$12.30                          |
| Family                         | \$19.06                          |







# Vision Benefit Highlights

| EyeMed Benefits  | In-Network   | Out-of-Network |
|--|--|----------------|
| <b>Exam</b>  | \$10 Copay   | Up to \$35     |
| <b>Lenses</b>  |  |                |
| Single Vision  | \$25 Copay   | Up to \$25     |
| Bifocal  | \$25 Copay   | Up to \$40     |
| Trifocal   | \$25 Copay   | Up to \$60     |
| <b>Frames</b>  | \$120 Allowance, plus 20% discount off remaining balance | Up to \$40     |
| <b>Contact Lenses<br/>(in lieu of frames and lenses)</b> | \$135 Allowance, plus 15% discount off remaining balance | Up to \$95     |
| <b>Laser Vision Correction</b>                           | 15% off retail price or 5% off promotional price         | NO COVERAGE    |
| Exam / Frame / Lenses or contacts                        | Once every 12 / 24 /12 months                            |                |



# Finding In-Network EyeMed Vision Providers

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## *How do you find an EyeMed in-network provider?*



It's easy!!! There are several ways:

1. Contact your provider and ask:

“Do you participate in the EyeMed SELECT vision network”

2. Contact EyeMed at 866-939-3633

3. Via the internet at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)

Choose the “SELECT” network



LENSCRAFTERS

PEARLE VISION

JCPenney Optical

Sears  
Optical

OPTICAL



# Vision Deductions 10/1/2017

**No  
Increase**

| EyeMed Vision                  | Employees Pays Per Paycheck (26) |
|--------------------------------|----------------------------------|
| Employee                       | \$2.58                           |
| Employee + 1 (Spouse or Child) | \$4.89                           |
| Family                         | \$7.16                           |





# Flexible Spending Account Highlights

| <b>UMR</b><br><b>Effective October 1<sup>st</sup>, 2017</b> | <b>Medical Care Account</b>                  | <b>Dependent Care Account</b>                    |
|---|--|--|
| <b>Benefit</b>  | Qualified health, dental and vision expenses | Qualified dependent child or elder care expenses |
| <b>2017 Maximum Contribution Limit</b>                      | \$2,600                                      | \$5,000  |

For those employees who currently have funds in their Medical FSA account, you will now be allowed to rollover up to \$500 for the next plan year (2017-2018).



# Flexible Spending Account Highlights

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- Pre-tax payroll deductions are used to reimburse yourself for qualified medical or dependent care expenses
- Benny Card™ MasterCard® debit card
- Annual enrollment required
- Use for eligible expenses incurred from October 1<sup>st</sup>, 2017 to September 30<sup>th</sup>, 2018
- Keep all your receipts
- ***DON'T FORGET – a maximum of \$500 can rollover from one plan year to the next***





# Examples of Eligible FSA Expenses

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- Orthodontia treatment
- Rx copayments
- Chiropractic
- Contraceptive prescriptions
- Psychiatrist/Counseling
- Durable medical equipment
- Lasik eye surgery
- Medical plan deductible & coinsurance
- Dental plan deductible & coinsurance
- Contact solutions, cleaners
- Vision expenses
- Eye glasses, contact lenses
- Diabetic supplies
- Medical plan office visit copays





# Basic Life and AD&D

| Dearborn National                  | Coverage                              |
|------------------------------------|---------------------------------------|
| Basic Life                         | \$50,000                              |
| Accidental Death and Dismemberment | \$100,000                             |
| Life Accelerated Death Benefit     | Lump sum- 75% of max benefit          |
| Portability/Conversion             | Included                              |
| Beneficiary Resource Service       | Grief, Legal and Financial counseling |
| Online Will Preparation Service    | Administered by ComPsych              |
| Travel Assistance                  | EuropAssistance USA, INC.             |

The City pays 100% of this valuable benefit!





# Beneficiary Resource Services

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- Provided to you as an added benefit through your group life plan with Dearborn National administered through Bensinger, DuPont & Assoc. (BDA) for you or your beneficiary
- 5 face-to-face sessions with a grief or legal counselor
- All qualified professionals, degreed and licensed
- Unlimited telephonic counseling 24-hours a day / 7-days a week for 1 year
- Beneficiary Resource Services at 800-769-9187





# Online Will Preparation

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- Provided to you as an added benefit through your group life plan with Dearborn National
- A secure, password protected website that will guide you through the steps to create your own will and purchase legal documents
- 3 easy steps:
  1. Website link: [www.beneficiaryresource.com](http://www.beneficiaryresource.com)
  2. User Name: Dearborn National
  3. Resource Center
    - A. Legal Forms
      1. Click here to view available documents and log into the secure system
      2. Registration required with an email address of choice



# Travel Assistance

- Provided to you as an added benefit through your group life plan with Dearborn National administered through EuropAssistance USA, Inc.
- 24-hour emergency service to assist you when you are more than 100 miles from home – key services include:
  - Medical Search and Referral
  - Medical Evacuation/Return Home
  - Traveling Companion Assistance
  - Dependent Children Assistance
  - Visit by Family Member/Friend
  - Return of Mortal Remains
  - Replacement Medications and Eyeglasses
  - Emergency Message Relay and more...
- Travel Assistance Program at 877-715-2593





# Voluntary Life Highlights

| Dearborn National             | EMPLOYEE                           | SPOUSE                                  | CHILD(REN) |
|-------------------------------|------------------------------------|---|------------|
| Increments                    | \$10,000                           | \$5,000                                 | \$1,000    |
| Maximum Benefit               | 5x's annual salary up to \$500,000 | 100% of employee amount up to \$250,000 | \$10,000   |
| Guaranteed Issue Amount (GIA) | \$120,000                          | \$50,000                                | \$10,000   |

Employees with existing voluntary life coverage may also increase their amount by one \$10K increment up to the GIA listed above with out EOI during open enrollment.

You must be enrolled in Employee Voluntary Life in order to elect Voluntary Spouse or Child Life coverage.





# Voluntary AD&D Highlights

| Dearborn National | EMPLOYEE  | SPOUSE                          | CHILD(REN)                      |
|-------------------|-----------|---------------------------------|---------------------------------|
| Increments        | \$10,000  | 50% of Employee Coverage Amount | 10% of Employee Coverage Amount |
| Maximum Benefit   | \$500,000 | \$250,000                       | \$50,000                        |



# Voluntary Life and AD&D Rates

| Age Band            | Under 30      | 30 - 34       | 35 -39        | 40 - 44       | 45 - 49       | 50 - 54       | 55 - 59       | 60 - 64       | 65 - 69       | 70 - 74       | 75+           |
|---------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Volume</b>       |               |               |               |               |               |               |               |               |               |               |               |
| <b>Semi-Monthly</b> | <b>\$0.04</b> | <b>\$0.04</b> | <b>\$0.05</b> | <b>\$0.08</b> | <b>\$0.11</b> | <b>\$0.18</b> | <b>\$0.27</b> | <b>\$0.42</b> | <b>\$0.78</b> | <b>\$1.05</b> | <b>\$1.86</b> |
| \$10,000            | \$0.35        | \$0.40        | \$0.50        | \$0.75        | \$1.05        | \$1.80        | \$2.65        | \$4.15        | \$7.75        | \$10.45       | \$18.55       |
| \$20,000            | \$0.70        | \$0.80        | \$1.00        | \$1.50        | \$2.10        | \$3.60        | \$5.30        | \$8.30        | \$15.50       | \$20.90       | \$37.10       |
| \$30,000            | \$1.05        | \$1.20        | \$1.50        | \$2.25        | \$3.15        | \$5.40        | \$7.95        | \$12.45       | \$23.25       | \$31.35       | \$55.65       |
| \$40,000            | \$1.40        | \$1.60        | \$2.00        | \$3.00        | \$4.20        | \$7.20        | \$10.60       | \$16.60       | \$31.00       | \$41.80       | \$74.20       |
| \$50,000            | \$1.75        | \$2.00        | \$2.50        | \$3.75        | \$5.25        | \$9.00        | \$13.25       | \$20.75       | \$38.75       | \$52.25       | \$92.75       |
| \$60,000            | \$2.10        | \$2.40        | \$3.00        | \$4.50        | \$6.30        | \$10.80       | \$15.90       | \$24.90       | \$46.50       | \$62.70       | \$111.30      |
| \$70,000            | \$2.45        | \$2.80        | \$3.50        | \$5.25        | \$7.35        | \$12.60       | \$18.55       | \$29.05       | \$54.25       | \$73.15       | \$129.85      |
| \$80,000            | \$2.80        | \$3.20        | \$4.00        | \$6.00        | \$8.40        | \$14.40       | \$21.20       | \$33.20       | \$62.00       | \$83.60       | \$148.40      |
| \$90,000            | \$3.15        | \$3.60        | \$4.50        | \$6.75        | \$9.45        | \$16.20       | \$23.85       | \$37.35       | \$69.75       | \$94.05       | \$166.95      |
| \$100,000           | \$3.50        | \$4.00        | \$5.00        | \$7.50        | \$10.50       | \$18.00       | \$26.50       | \$41.50       | \$77.50       | \$104.50      | \$185.50      |
| \$110,000           | \$3.85        | \$4.40        | \$5.50        | \$8.25        | \$11.55       | \$19.80       | \$29.15       | \$45.65       | \$85.25       | \$114.95      | \$204.05      |
| \$120,000           | \$4.20        | \$4.80        | \$6.00        | \$9.00        | \$12.60       | \$21.60       | \$31.80       | \$49.80       | \$93.00       | \$125.40      | \$222.60      |
| \$130,000           | \$4.55        | \$5.20        | \$6.50        | \$9.75        | \$13.65       | \$23.40       | \$34.45       | \$53.95       | \$100.75      | \$135.85      | \$241.15      |
| \$140,000           | \$4.90        | \$5.60        | \$7.00        | \$10.50       | \$14.70       | \$25.20       | \$37.10       | \$58.10       | \$108.50      | \$146.30      | \$259.70      |
| \$150,000           | \$5.25        | \$6.00        | \$7.50        | \$11.25       | \$15.75       | \$27.00       | \$39.75       | \$62.25       | \$116.25      | \$156.75      | \$278.25      |
| \$200,000           | \$7.00        | \$8.00        | \$10.00       | \$15.00       | \$21.00       | \$36.00       | \$53.00       | \$83.00       | \$155.00      | \$209.00      | \$371.00      |
| \$250,000           | \$8.75        | \$10.00       | \$12.50       | \$18.75       | \$26.25       | \$45.00       | \$66.25       | \$103.75      | \$193.75      | \$261.25      | \$463.75      |
| \$300,000           | \$10.50       | \$12.00       | \$15.00       | \$22.50       | \$31.50       | \$54.00       | \$79.50       | \$124.50      | \$232.50      | \$313.50      | \$556.50      |
| \$350,000           | \$12.25       | \$14.00       | \$17.50       | \$26.25       | \$36.75       | \$63.00       | \$92.75       | \$145.25      | \$271.25      | \$365.75      | \$649.25      |
| \$400,000           | \$14.00       | \$16.00       | \$20.00       | \$30.00       | \$42.00       | \$72.00       | \$106.00      | \$166.00      | \$310.00      | \$418.00      | \$742.00      |
| \$450,000           | \$15.75       | \$18.00       | \$22.50       | \$33.75       | \$47.25       | \$81.00       | \$119.25      | \$186.75      | \$348.75      | \$470.25      | \$834.75      |
| \$500,000           | \$17.50       | \$20.00       | \$25.00       | \$37.50       | \$52.50       | \$90.00       | \$132.50      | \$207.50      | \$387.50      | \$522.50      | \$927.50      |

*Premium increases as enrollee jumps into the next age bracket.*





# Voluntary Short Term Disability Highlights

| Dearborn National        | Coverage  |
|--------------------------|---|
| Benefit Amount           | 60% of earnings up to \$2,000 per week  |
| Benefits Begin           | 15 <sup>th</sup> calendar day after injury or illness   |
| Benefit Pay-Out Duration | 11 weeks  |
| Partial Disability       | Included  |
| Maternity                | Normal delivery – 6 weeks<br>Delivery with complications – Up to 8 weeks  |
| Enroll Now!              | By enrolling during Open Enrollment 2017, you will automatically be approved for the benefit. If you decide to enroll at a later date, you will be subject to medical underwriting with an Evidence of Insurability form. |

**Now a  
voluntary  
benefit!**



# Voluntary Short Term Disability Rates

| Age      | Monthly Rate per \$10 of Weekly Benefit | Age   | Monthly Rate per \$10 of Weekly Benefit |
|----------|---|-------|---|
| Under 20 | \$0.294                                 | 45-49 | \$0.324                                 |
| 20-24    | \$0.295                                 | 50-54 | \$0.403                                 |
| 25-29    | \$0.306                                 | 55-59 | \$0.538                                 |
| 30-34    | \$0.288                                 | 60-64 | \$0.680                                 |
| 35-39    | \$0.277                                 | 65-69 | \$0.695                                 |
| 40-44    | \$0.299                                 | 70+   | \$0.785                                 |

### Sample Calculation Premium

(Sample assumes a 30-year-old insured with \$45,000 in annual earnings)

|                                |                        |   |                                |                         |   |                                       |   |                        |
|--------------------------------|------------------------|---|--------------------------------|-------------------------|---|---------------------------------------|---|------------------------|
| <b>Annual Salary</b><br>÷ 52 = | <b>Weekly Earnings</b> | x | <b>STD Benefit %</b><br>(.60%) | ÷ 10<br>(max. \$200.00) | x | <b>STD Rate</b><br>(from above table) | = | <b>Monthly Premium</b> |
|                                | <u>\$865</u>           |   | <u>.60</u>                     | <u>51.90</u>            |   | <u>\$0.288</u>                        |   | <u>\$14.95</u>         |

### Your Premium Calculation

Enter your salary and the rate for your current age from the table above)

|                                |                        |   |                                |                         |   |                                       |   |                        |
|--------------------------------|------------------------|---|--------------------------------|-------------------------|---|---------------------------------------|---|------------------------|
| <b>Annual Salary</b><br>÷ 52 = | <b>Weekly Earnings</b> | x | <b>STD Benefit %</b><br>(.60%) | ÷ 10<br>(max. \$200.00) | x | <b>STD Rate</b><br>(from above table) | = | <b>Monthly Premium</b> |
|                                | \$ _____               |   | <u>.60</u>                     | _____                   |   | \$ _____                              |   | \$ _____               |

To obtain your per paycheck cost, multiply your Monthly Premium determined from the above formula by 12 and then divide by 26 pay periods.

Premium increases each year on October 1<sup>st</sup> as enrollee attains new age bracket.





# Long Term Disability Highlights

| Dearborn National                        | Coverage  |
|--|---|
| Benefit Amount                           | 60% of monthly earnings<br>Up to \$5,000 per month    |
| Benefits Begin                           | 91 <sup>st</sup> Calendar Day After Injury or Illness |
| Benefit Duration                         | Social Security Normal Retirement Age                 |
| Pre-Existing Condition                   | 3 month lookback / 12 months exclusion                |
| Partial Disability                       | Included  |
| Rehab/Return to Work                     | Included  |
| Disability Resource Services- <i>EAP</i> | Included  |

**The City pays 100% of this valuable benefit!**







# Disability Resource Services (EAP)

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- Provided to you as an added benefit through your group LTD plan with Dearborn National administered through ComPsych
- 3 face-to-face sessions with a licensed Counselor
- Unlimited telephonic counseling 24-hours a day/7-days a week
- GuidanceResources® Online, a secure, password protected website with useful tools to help with personal, legal, relational, health and financial concerns
- Disability Resource Services @ 866-899-1363  
[www.guidanceresources.com](http://www.guidanceresources.com) / Company ID: DNDRS



# 2017 Open Enrollment Elections

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## Elections & Changes Due by 5 PM on September 5<sup>th</sup>, 2017

The benefits open enrollment process will be paperless and **MANDATORY!** Online elections must be made (even if you are *waiving* coverage) or you risk loss of coverage.

BeneTrac Benefits Enrollment Portal:

<https://www.eenroller.net/login.asp?ST=CTWD0188>

Overview of benefits and detailed plan information can be found on the Gallagher Benefits Portal:

[woodstock.ajgportal.com](http://woodstock.ajgportal.com)



# Next Steps

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- Review your Benefits Guide and plan information on the Benefits Portal.
- Once you feel comfortable with your decisions, go to the Click Here to Enroll Now button and follow the instructions provided on the portal to login to the BeneTrac enrollment site.
- Once you are logged into BeneTrac's Benefits Enrollment System, review your personal and family information and complete the Tobacco question.
- Make sure to "*finalize*" your elections once you have made your decisions.
- Please note: Evidence of Insurability (EOI) forms maybe required if you wish to elect voluntary life for yourself and family or if you wish to increase your current voluntary life amounts over the GI. You may increase your current amount \$10K up to the GI, without EOI this open enrollment.
- When you go through the enrollment process, click on the EOI form. Please print the form, complete and return your completed EOI form to the Human Resources Department.