



Employee Benefits Guide January 2020

The City of Show Low is
dedicated to exceeding
expectations and
enhancing quality of life
through:

- Commitment
- Opportunities
- Service
- Leadership

...as we work together
with our community



City of Show Low Employee Benefit Options

January 1, 2020 – December 31, 2020

(All amounts shown in dollars)

| | Monthly Premium | Monthly Employer Contribution | Monthly Employee Contribution | 24 Pay Period |
|---|-----------------|-------------------------------|-------------------------------|---------------|
| Non-Nicotine User Group Health Insurance (Gilsbar): \$2,800 High-Deductible Health Plan (HDHP) | | | | |
| Employee | 639.74 | 639.74 | -0- | -0- |
| Employee & Spouse | 1,279.49 | 1,151.54 | 127.95 | 63.98 |
| Employee & Children | 1,151.54 | 1,049.18 | 102.36 | 51.18 |
| Employee & Family | 1,631.70 | 1,433.31 | 198.39 | 99.20 |

| | | | | |
|--|----------|----------|--------|--------|
| Nicotine User Group Health Insurance (Gilsbar): \$2,800 High-Deductible Health Plan (HDHP) EFFECTIVE 1/1/2021 | | | | |
| Employee | 689.74 | 589.74 | 100.00 | 50.00 |
| Employee & Spouse | 1,329.49 | 1,151.54 | 177.95 | 88.98 |
| Employee & Children | 1,201.54 | 1,049.18 | 152.36 | 76.18 |
| Employee & Family | 1,681.70 | 1,433.31 | 248.39 | 124.20 |

| | | | | |
|---|----------|----------|-----|-----|
| Non-Nicotine User Group Health Insurance (Gilsbar): \$3,500 High-Deductible Health Plan (HDHP) | | | | |
| Employee | 607.76 | 607.76 | -0- | -0- |
| Employee & Spouse | 1,151.54 | 1,151.54 | -0- | -0- |
| Employee & Children | 1,049.18 | 1,049.18 | -0- | -0- |
| Employee & Family | 1,433.31 | 1,433.31 | -0- | -0- |

| | | | | |
|--|----------|----------|-------|-------|
| Nicotine User Group Health Insurance (Gilsbar): \$3,500 High-Deductible Health Plan (HDHP) EFFECTIVE 1/1/2021 | | | | |
| Employee | 657.76 | 607.76 | 50.00 | 25.00 |
| Employee & Spouse | 1,201.54 | 1,151.54 | 50.00 | 25.00 |
| Employee & Children | 1,099.18 | 1,049.18 | 50.00 | 25.00 |
| Employee & Family | 1,483.31 | 1,433.31 | 50.00 | 25.00 |

| | | | | |
|--------------------------|--------|-------|-------|------|
| Dental (Ameritas) | | | | |
| Employee | 41.04 | 41.04 | -0- | -0- |
| Employee & Spouse | 76.33 | 69.27 | 7.06 | 3.53 |
| Employee & Children | 69.42 | 63.74 | 5.68 | 2.84 |
| Employee & Family | 105.91 | 92.94 | 12.97 | 6.49 |

| | | | | |
|--------------------------|-------|------|-------|------|
| Vision (Ameritas) | | | | |
| Employee | 6.23 | 6.23 | -0- | -0- |
| Employee & Spouse | 15.78 | 6.23 | 9.55 | 4.78 |
| Employee & Children | 13.16 | 6.23 | 6.93 | 3.47 |
| Employee & Family | 20.66 | 6.23 | 14.43 | 7.22 |

Health Savings Accounts

Health savings accounts (HSA) are intended to help you meet your medical financial needs. They are partially funded by your employer but should also be funded by you with pre-taxed deductions. The City works diligently to keep health insurance premiums low so employees can afford to make biweekly donations to their HSA.

| | Maximum Contribution* | Maximum Contribution (age 55+)* | Employer Annual** | Employer Monthly |
|---|-----------------------|---------------------------------|-------------------|------------------|
| Health Savings Account (HSA): \$2,800 High-Deductible Health Plan (HDHP) | | | | |
| Employee | 3,550 | 4,550 | 1,580 | 131.67 |
| Employee & Spouse | 7,100 | 8,100 | 1,140 | 95.00 |
| Employee & Children | 7,100 | 8,100 | 1,200 | 100.00 |
| Employee & Family | 7,100 | 8,100 | 1,080 | 90.00 |

| | | | | |
|---|-------|-------|-------|--------|
| Health Savings Account (HSA): \$3,500 High-Deductible Health Plan (HDHP) | | | | |
| Employee | 3,550 | 4,550 | 1,940 | 161.67 |
| Employee & Spouse | 7,100 | 8,100 | 1,140 | 95.00 |
| Employee & Children | 7,100 | 8,100 | 1,200 | 100.00 |
| Employee & Family | 7,100 | 8,100 | 1,080 | 90.00 |

* Maximum health savings account contribution limits are set by the IRS (Internal Revenue Service)

** Based on 12-month coverage

City of Show Low – 2020 Schedule of Benefits

| | \$2,800 High-Deductible Health Plan | | \$3,500 High-Deductible Health Plan | |
|---|--|-----------------------|--|-----------------------|
| | In Network | Out of Network | In Network | Out of Network |
| Deductible | | | | |
| Per Participant | \$2,800 | \$7,500 | \$3,500 | \$7,500 |
| Per Family | \$5,000 | \$10,000 | \$5,000 | \$15,000 |
| Per Participant (Out-Of-Area charges) | N/A | N/A | N/A | N/A |
| Calendar year deductible waived for Preadmission Testing, Second/Third Surgical Opinion, Newborn, Outpatient Diagnostic Testing, X-ray and Lab, Outpatient Surgical | | | | |
| Yearly Annual Limit | Unlimited | Unlimited | Unlimited | Unlimited |
| Maximum Calendar Year Out-of-Pocket Expenses | | | | |
| Per Participant | N/A | unlimited | N/A | unlimited |
| Per Family | N/A | unlimited | N/A | unlimited |
| Per Participant (out-of-area charges) | N/A | N/A | N/A | N/A |
| Allergy Testing & Treatment | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Ambulance | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Angiogram | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Attention Deficit Disorder | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Cardiac Rehabilitation | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| CAT Scan | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Chemotherapy & Radiation Therapy | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Chiropractic Treatment (24 visits calendar year max) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Durable Medical Treatment | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Emergency Room | 100% after deductible | 100% after deductible | 100% after deductible | 100% after deductible |
| Extended Care/Skilled Nursing Facility (60 days calendar year maximum) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Family Counseling | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Home Health Care (120 visits calendar year) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Hospice Care | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Bereavement Counseling | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Hospital Expenses (see utilization management for failure to precertify) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Hospital Intensive Care Unit (eligible charge is 3X semi-private room rate) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Hospital Intermediate Care Unit (eligible charge is 2X semi-private room rate) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Infertility/Sterility (diagnostic testing only) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Marriage Counseling | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Maternity/Newborn (Office Visits) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Maternity/Newborn (Hospital) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Mental/Emotional Disorder (Inpatient) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Mental/Emotional Disorder (Outpatient) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| MRI | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |

City of Show Low – 2020 Schedule of Benefits

| | \$2,800 High-Deductible Health Plan | | \$3,500 High-Deductible Health Plan | |
|--|-------------------------------------|----------------------|-------------------------------------|----------------------|
| | In Network | Out of Network | In Network | Out of Network |
| Naturopathic & Homeopathic Practitioners (6 visits calendar year maximum combined) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Occupational Therapy (30 visits per calendar year) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Organ Transplants | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Orthotics | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Out-of-area Charges | N/A | 50% after deductible | N/A | 50% after deductible |
| Outpatient Surgery (Physician & Facility) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Physical Therapy (30 visits calendar year maximum) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Physician Office Visits | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Preadmission Testing | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Private Duty Nursing | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Prosthetics (bra after mastectomy is limited to 1 every 2 years) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Second/Third Opinion | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Sleep Disorders | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Speech Therapy (30 visits calendar year maximum) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Substance Abuse Inpatient | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Temporomandibular Joint Syndrome | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Tubal Ligation & Vasectomy (in Physician's Office) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Urgent Care Facility (includes all charges billed by facility) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Wellness Benefit | 100% no deductible | 50% after deductible | 100% no deductible | 50% after deductible |
| Wig after chemotherapy (1 wig lifetime maximum) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| X-ray & Lab (outpatient; free-standing facility) | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |
| Other Covered Expenses | 100% after deductible | 50% after deductible | 100% after deductible | 50% after deductible |

Prescription Drug Plan

\$2,800 High-Deductible Health Plan

\$3,500 High-Deductible Health Plan

All prescription drugs* subject to deductible subject to deductible

* Includes generic, preferred brand name, and non-preferred brand name drugs.

Note: The mail order option is normally less expensive than purchasing prescriptions at a pharmacy.

See page 14 of the Employee Benefits Guide for more information.

Dental Plan

See pages 10 and 11 of the Employee Benefits Guide for detailed plan information.

Vision Plan

See pages 12 and 13 of the Employee Benefits Guide for detailed information.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Understanding How It Works

The City believes it is in your best interest to investigate and fully evaluate the advantages of consumer-driven health care available to you in the qualified high-deductible health plan (HDHP) with the option of a health savings account. This medical plan choice may allow you to pay less in monthly premiums.

A health savings account (HSA) is a tax-advantaged checking account that gives you the ability to save for future medical expenses or pay current ones. It is individually owned; however, you may elect to designate an authorized signer who may also withdraw funds and be issued a debit card.

HSA Eligibility

To be eligible to make deposits to an HSA, the account holder:

- Must be currently enrolled in an HSA-qualified health plan.
- May not be enrolled in any other non-HSA qualified health plan.
- May not have, or be eligible to use, a general purpose flexible spending account (FSA).
- Cannot be claimed as a dependent on another person's tax return.
- May not be enrolled in Medicare, Medicaid or Tricare.
- Must not have used VA medical benefits in the past three months, with the exception of preventive services or treatment for a service-connected disability.

Distributions from your HSA

- You, or an authorized signer, can make withdrawals (or distributions) for qualified expenses.
- Distributions from your HSA can be made by check, debit card, ATM, online bill payment or by in-person request.
- Distributions for qualified medical expenses are tax free.
- Distributions made for anything other than qualified medical expenses are subject to IRS tax

plus a 20% penalty. The penalty is waived if the account owner is 65 or older, or due to death or disability.

- Qualified medical expenses for your spouse and your tax dependents may be paid from your HSA, even if those individuals are not covered under your high-deductible health plan (HDHP).
- You're responsible for keeping receipts for all distributions from your HSA. The bank does not monitor how the funds are spent.

HSAs at Tax Time

- You'll receive Form 1099 SA for your distribution total in January for the previous year. These figures are reported to the IRS and you are required to report them on IRS Form 8889 when filing your federal taxes. See IRS Publication 969 or consult your tax advisor for further information.
- You may make contributions to your HSA for the previous calendar year up to the tax filing deadline, which is normally April 15. If you make prior-year deposits, you will receive a Form 5498 SA in May with your complete contribution total to keep with your tax records.

Insurance Coverage Changes

- If you start an HSA-qualified health plan mid-year, you may contribute the full annual maximum to your HSA. However, a testing rule applies to those that start an HDHP any time other than January 1. Per the IRS, you must remain an HSA-eligible individual through December 31 of the next calendar year. If you're not sure you'll remain on the plan, you may want to prorate your contribution amount in order to avoid having the excess added to your gross income and an additional 10% tax on that amount.
- If your insurance coverage changes from individual to family mid-year, you're eligible for the full family contribution limit for that calendar year.
- If your insurance coverage changes from family to individual mid-year, your contribution limit will need to be prorated according to how many months you were on each type of insurance coverage.

Health Savings Account: ALLOWABLE EXPENSES

To be a qualified medical expense, the expense has to be primarily for the diagnosis, cure, mitigation, treatment or prevention of disease. It must be to alleviate or prevent a physical or mental defect or illness. These expenses may or may not apply to your insurance deductible depending on the coverage provided by your medical plan.

Vision and dental expenses, such as glasses, contact lenses, eye exams, dental cleanings and orthodontia are all allowable expenses from your HSA. Medical supplies such as Band-Aids, crutches, test strips and even contact solution are allowable.

Insurance premiums are allowable *only under the following circumstances*: while receiving federal or state unemployment benefits, COBRA premiums, qualified long-term care insurance premiums and Medicare and other health care premiums after age 65 (with the exception of Medicare supplement policies such as Medigap).

Note: The list of allowable expenses is not complete. For detailed information or to see a complete list, refer to IRS publication 502 at www.irs.gov/publications/.

Examples of Allowable Expenses

| | |
|--------------------------------------|---|
| Acupuncture | Medicare deductibles |
| Alcoholism treatment | Nursing homes |
| Ambulance | Nursing services |
| Artificial limb or teeth | Operations (surgery) |
| Bandages | Ophthalmologist |
| Birth control pills | Optician |
| Breast reconstruction | Organ transplant and donor's expenses |
| Car hand controls (for disability) | Orthodontia |
| Breast pumps/supplies | Over-the-counter medications (if prescribed) |
| Chiropractors | Oxygen and equipment |
| Contact lenses | Personal care services (for chronic illness) |
| Crutches | Physical examination |
| Dental treatment | Prenatal care |
| Diagnostic devices | Prescription drugs and medicines |
| Disabled dependent care expenses | Prosthesis |
| Drug addiction treatment (inpatient) | Psychiatric care |
| Eyeglasses | Psychologist |
| Eye exam or surgery | Qualified long-term care services |
| Fertility enhancement | Sterilization |
| Guide dog or other service animal | Stop-smoking programs |
| Hearing aids | Surgeon/surgical room costs |
| Home care | Therapy |
| Hospital services | Transportation expenses for health care treatment |
| Insurance premiums | Vaccines |
| Laboratory fees | Vitamins (if prescribed) |
| Lactation expenses | Weight-loss program (certain expenses) |
| LASIK surgery | Wheelchair |
| Lodging for outpatient treatment | Wig (hair loss from disease) |
| Long-term care | X-rays |
| Meals (tied to receiving treatment) | |

Health Savings Account: NON-ALLOWABLE EXPENSES

Insurance premiums are not eligible expenses (exceptions listed above).

Costs associated with non-medically necessary treatments are not eligible. This includes cosmetic surgery and items meant to improve one's general health (but which are not due to a specific injury, illness or disease) such as health club dues, gym memberships, vitamins and nutritional supplements.

Over-the-counter medications are not eligible unless you obtain a prescription from a doctor. The prescription is not required for purchase; however, retain it for your records in the event it is required by the IRS.

Examples of Non-Allowable Expenses

| | |
|---|--|
| Advance payment for future medical expenses | Maternity clothes |
| Automobile insurance premium | Non-prescription medicines |
| Babysitting fees (healthy children) | Nutritional supplements |
| Community expenses for disabled | Premiums for accident insurance |
| Controlled substances | Premiums for HSA qualified health plan (prior to age 65) |
| Cosmetics and hygiene products | Premiums for life or disability insurance |
| Diaper service | Scientology counseling |
| Domestic help | Teeth whitening |
| Electrolysis (hair removal) | Travel for general health improvement |
| Funeral expenses | Tuition in a particular school for problem |
| Hair transplant | |
| Health club/gym membership | |
| Household help | |
| Illegal operations or treatments | |
| Illegally procured drugs | |

Frequently Asked Questions About Health Savings Accounts

Q. Do unused funds in an HSA account roll over year after year?

A. Yes, the unused balance in your account automatically rolls over year after year. You will not lose your money if you do not spend it within the year.

Q. Do my contributions have to be made in equal amounts each month?

A. No, changes to your withholding contribution can be made quarterly.

Q. What are the tax benefits of an HSA?

A. The cash contributions you make to an HSA during a tax year are deductible from your FICA federal and state gross income. Contributions made through payroll deduction are pre-tax and contributions made by the City are not included in your gross income. Interest earnings are tax-deferred and you will never pay federal taxes on them if you eventually spend the money on qualified medical expenses.

Q. Can I use the money in my HSA to pay for medical care for a family member?

A. Yes, you may use your HSA funds to pay for the medical expenses for any of your eligible dependents. See publication 502 at [irs.gov/publications/](https://www.irs.gov/publications/) for a complete list of qualified medical expenses.

Q. Does the City contribute to my HSA account if I select the HSA medical plan?

A. Yes, in 2020 the City will continue to contribute monthly contributions the first pay period of each month (see page 2 for contribution amounts).

Q. What happens to my HSA if I leave or retire?

A. As the account owner, you can take 100% of the deposited funds with you when you change employers or retire.

Q. Do I have to spend a certain amount of my HSA annually or can I save it for the future?

A. You can choose whether to spend the money on current medical expenses or save the money for future use. Unused funds carry over to the next year and there is no “use it or lose it” provision.

What if...

You receive a medical bill or are paying for a prescription at the pharmacy and you want to use your HSA funds.

Pay using your HSA debit card, HSA checks or through online bill pay.

You're at the pharmacy and realize you don't have your HSA debit card or checks or you don't have enough funds in your health savings account.

Pay for the purchase with personal funds and later reimburse yourself by writing an HSA check to yourself.

You're faced with a medical emergency and don't have enough in your HSA to cover your portion of the hospital bill.

OPTION 1: Ask the provider to set up a payment plan. As funds are deposited into your HSA, make payments to the provider using your HSA debit card, online bill pay or checks.

OPTION 2: Pay with another personal checking account, savings account or credit card. Reimburse yourself as funds accumulate in your HSA. Many providers will agree to offer a discount for paying the bill in full.

You're required to pay for treatment at the time of service. Later you receive a reimbursement check from the provider.

OPTION 1: Cash the check and pay for other eligible medical expenses and save those receipts.

OPTION 2: Deposit the check into your HSA account.

You purchase groceries and a prescription. How should you handle the transaction?

OPTION 1: Pay for the groceries separately and use your HSA debit card or checks for the prescription only.

OPTION 2: Pay for everything with non-HSA funds and later reimburse yourself for the medical portion.

Dependent Care Healthcare Flexible Spending Account (FSA)



Your Dependent Care FSA

WHAT IS A DEPENDENT CARE FSA?

A Dependent Care FSA is a reimbursement account that allows you to set aside a certain amount of money each paycheck on a pre-tax basis to pay for your eligible dependent day care expenses. The amount you elect at the beginning of each plan year is deducted from your gross earnings before federal and state taxes are calculated. By using your FSA to pay for qualified expenses, **you save 20-30% on dependent care expenses.**

HOW DOES THE DEPENDENT CARE FSA WORK?

With a Dependent Care FSA, you must decide on your contribution amount at the beginning of the plan year. The amount you designate will be equally divided among pay periods. To estimate your dependent care expenses, consider your expenses from last year. An expense worksheet is provided for you to help you determine the amount of money to allocate for your Dependent Care FSA. The IRS requires that all money in your account be used during the plan year. Once you decide how much you want to contribute each paycheck, the money is automatically deposited into your account. As you incur expenses, you may fax a claim form and receipts to Gilsbar for reimbursement. An eligible dependent is defined as any person who can be claimed as a dependent for federal tax purposes and who is:

- A child under 13 years of age
- A child over the age of 13 who is physically or mentally incapable of caring for himself or herself
- Your spouse and is physically or mentally incapable of caring for himself or herself
- An elderly parent who resides with you and is physically or mentally incapable of caring for himself or herself



I just saved
\$53.09 in taxes
this pay period.
That's an annual
tax savings of
\$1,380.34!!

HOW CAN A DEPENDENT CARE FSA SAVE ME MONEY?

The following example illustrates the per pay period savings for an employee on a bi-weekly payroll with a tax status of "single" with one exemption:

| | With FSA | Without FSA |
|----------------------------------|-----------------|-----------------|
| Salary | \$1000.00 | \$1000.00 |
| Less Pre-Taxed Dollars | | |
| Dependent Day Care Reimbursement | -\$192.00 | \$0.00 |
| Taxable Income | \$808.00 | \$1000.00 |
| Less: | | |
| Federal Income Tax (15%*) | -\$121.20 | -\$150.00 |
| State Income Tax (5%*) | -\$40.40 | -\$50.00 |
| Social Security (7.65%*) | -\$61.81 | -\$76.50 |
| Net Take Home Pay | \$584.59 | \$723.50 |
| Less Dependent Care Expenses | -\$0.00 | -\$192 |
| Net After Expenses | \$584.59 | \$531.50 |

*Your income tax rates may vary based on your income and the state in which you reside.

HOW EASY IS IT TO USE THE DEPENDENT CARE FSA?

Very easy! Visit www.myGilsbar.com and log in 24/7 to access claims information and FSA balances online. Once you are logged in, select the *Reimbursement Account Center* link to view your personalized FSA dashboard. If you are new to myGilsbar, complete the brief site registration to log in. You will need your group number, Social Security number, and a valid email address to complete this section. As a registered user, you can:

- Access balance information.
- View images of receipts and claim forms online within 24 hours of submission.
- Receive an email when the claim is received and is viewable online, and again when it is processed and posted for payment.
- View account elections, account deposits, reimbursement payments, claim status details, receipt images, and denials.
- File appeals to denied claims online.
- Receive end-of-year reminders about available account balances, and much more!



2100 Covington Centre • Covington, LA • 70433
800.445.7227 • www.gilsbar.com



Dependent Care Healthcare Flexible Spending Account (FSA)

WHAT EXPENSES ARE COVERED?

Eligible dependent care expenses are those which allow you and your spouse, if you are married, to work or attended school full time. Private school tuition K4 and above is not eligible for reimbursement. Below are some examples of eligible dependent care expenses:

- Day care facility fees
- Before / after school care
- Summer day camp (not overnight)
- Nursery school or preschool, if child is too young for Kindergarten
- In home babysitting fees, if not provided by another dependent and claimed as income by the care provider

HOW DO I GET REIMBURSED?

As you incur eligible expenses, you must complete a Dependent Care FSA claim form and attach proof of payment from your day care provider or from the individual who provides the care. Dependent Care FSA claims must include the federal tax identification number or Social Security number, name, and address of the provider, dates of service, type of service rendered, and name of dependent. The individual who provides the care cannot be your spouse or a dependent under the age of 19. With a Dependent Care FSA, you will be reimbursed as you set funds aside. If you submit a claim for more than what has been set aside for that account, the unreimbursed claim portion will be placed in "pending" status until funds are received through payroll deduction, at which time you will receive reimbursement.

CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

Generally, you may not change your FSA elections during the plan year unless you have a change in family status. Otherwise, you may change during the annual enrollment period for the coming plan year. There is an exception to this rule: you may change or revoke your deferral rate in the Dependent Care FSA during the plan year if you have a qualifying status change. Examples of a qualifying status change may include:

- Marriage, divorce, or legal separation
- Birth, adoption, or placement for adoption of a child
- Death of a dependent or spouse
- Change in your or your spouse's employment status
- A significant change caused by a third party in the cost of your dependent care coverage

DEPENDENT CARE FSA EXPENSE WORKSHEET

The worksheet below has been prepared to help you determine the amount of money you wish to allocate to your Dependent Care FSA. You may want to review your checkbook register or credit card statements from last year to identify expenses you paid out of your own pocket. Using this information and the worksheet, you can estimate the amount you wish to allocate, on a pre-tax basis, to your Dependent Care FSA (keeping in mind to only budget for those expenses specifically eligible for your Dependent Care FSA).

| DEPENDENT CARE EXPENSES YOU PAID LAST YEAR COULD INCLUDE: | |
|--|----------|
| Costs of Child or Adult Care Facilities* | |
| Day Care Center / Nursery School | \$ _____ |
| Family Day Care / Adult Day Care Centers** | \$ _____ |
| Wages paid to a nanny or in home care provider*** | \$ _____ |
| Other dependent care expenses considered eligible by the IRS | \$ _____ |
| TOTAL ESTIMATED DEPENDENT CARE EXPENSES | \$ _____ |
| Compare last year's typical expenses to those eligible under your Dependent Care FSA and budget accordingly for the upcoming year. | |
| * The facility must follow all local and state laws. | |
| ** These costs are eligible only if the adult dependent spends at least eight hours per day at your home. | |
| *** Please note these expenses are not eligible if the care services are provided by someone that you claim as a dependent. | |

FAX FSA claims & proof of expense to:
(866) 635-1329



2100 Covington Centre • Covington, LA • 70433
 800.445.7227 • www.gilsbar.com



Dental Plan Information

City of Show Low
Dental Highlight Sheet



Dental Plan Summary

Effective Date: 1/1/2017

| | |
|-------------------------------------|--|
| Plan Benefit | |
| Type 1 | 100% |
| Type 2 | 80% |
| Type 3 | 50% |
| Deductible | \$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum |
| Maximum (per person) | \$2,000 per calendar year |
| Preventive PlusSM | Included |
| Allowance | 90th U&C |
| Waiting Period | None |
| Annual Eye Exam | None |
| LASIK Advantage® | None |
| Annual Open Enrollment | Included |

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

| Type 1 | Type 2 | Type 3 |
|---|---|---|
| <ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under) | <ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Anesthesia | <ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions |

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **City of Show Low**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Preventive PlusSM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

Dental Plan Information

City of Show Low Dental Highlight Sheet



Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

All Dental Claims are to be directed to:
Ameritas Life Insurance Corp.
Group Claims Office
P.O. Box 82520
Lincoln, Nebraska 68501

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Vision Care Benefits

City of Show Low
Eye Care Highlight Sheet



Plan 1: ViewPointe® Plan H Summary

Effective Date: 1/1/2017

| | EyeMed Select Network | Out of Network |
|----------------------------------|--|--------------------------------------|
| Deductibles | | No deductible |
| Annual Eye Exam | \$10 Exam | |
| Lenses (per pair) | \$10 Eye Glass Lenses Covered in full | Up to \$30 |
| Single Vision | Covered in full | Up to \$25 |
| Bifocal | Covered in full | Up to \$40 |
| Trifocal | Covered in full | Up to \$55 |
| Lenticular | 20% discount | No benefit |
| Progressive | See lens options | NA |
| Contacts | | |
| Fit & Follow Up Exams | | |
| Standard | Standard: Member cost up to \$40 | No benefit |
| Premium (Allowance) | Premium: 10% off of retail | No benefit |
| Elective | Up to \$130 | Up to \$120 |
| Medically Necessary | Covered in full | Up to \$200 |
| Frames | \$130 | Up to \$75 |
| Frequencies (months) | | |
| Exam/Lens/Frame | 12/12/24 Based on date of service | 12/12/24 Based on date of service |

Lens Options (member cost)

| | EyeMed Select Network | Out of Network |
|----------------------------------|---|----------------|
| Progressive Lenses | | No benefit |
| Standard | Standard: \$65 + lens deductible | |
| Premium | Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost | |
| Std. Polycarbonate | \$40 | No benefit |
| Tint (solid and gradient) | \$15 | No benefit |
| Scratch Resistant Coating | \$15 | No benefit |
| Anti-Reflective Coating | \$45 | No benefit |
| Ultraviolet Coating | \$15 | No benefit |
| Lasik or PRK | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | No benefit |

Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Select network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-723-0514

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: ameritas.com

View plan benefit information at: eyemedvisioncare.com



Vision Care Benefits

City of Show Low Eye Care Highlight Sheet



Additional ViewPoint® H Features

| | |
|--|---|
| EyeMed In-Network Discounts | 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses. |
| EyeMed In-Network Secondary Purchase Plan | Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only. |
| Contact Lens Replacement by Mail Program | After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details. |

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Understanding Your Prescription Benefit Program

Providing you with the tools and resources to help you make better drug therapy decisions

Dedicated Partner

As your prescription benefits manager, Magellan Rx Management is dedicated to giving you the best information and resources to help you make better healthcare decisions. Our wide range of prescription benefit programs emphasize quality and cost-effective solutions that lead to better drug therapy choices.

Maximize Your Benefit

Your decisions play a key role in the effectiveness of your prescription benefit. Here are a few tips to help you maximize your benefit.

Request Generics

- Generic medications provide quality, cost-effective alternatives to brand medications and may help reduce costs to you and your plan.
- Ask your local pharmacy if they offer any low-cost generic programs. Use your prescription benefit card to process your order and receive the lower priced alternative, whether it is the pharmacy's generic program price or your copay.

Take Your Medications As Directed

- Taking medications exactly as prescribed is one of the most important things you can do to enhance your health and prevent medical complications.
- Missing doses, stopping medication early or swapping medications with other people can lead to serious problems that may negatively impact health outcomes.

Take Advantage of Over-The-Counter (OTC) Products

- Some medications that used to only be available by prescription (e.g., Claritin®, Prilosec®, and Zyrtec®) are now available over-the-counter without a prescription.
- Ask your doctor if any OTC alternatives are available to effectively treat your condition. Switching to an OTC product could save both you and your plan money.

Our Commitment

Your prescription benefit program is designed to help you and your eligible dependents obtain prescription medications conveniently and at reasonable prices. We are committed to:

- Helping you achieve the best possible health outcomes
- Promoting the use of safe, cost-effective and clinically appropriate medications
- Helping you save money and providing convenient access to your prescription medications

Online Tools at magellanrx.com

Secure online connection, protecting your confidentiality and providing useful tools and information.

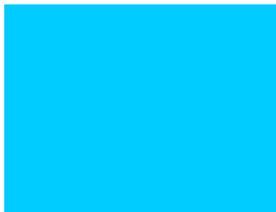
- Easy-to-use tools that allow you to view, refill, renew and transfer prescriptions
- Drug formulary & lookup tools
- Trusted drug information & education
- Real-time benefit information
- Access to View and download pharmacy claims
- A participating pharmacy locator tool
- Downloadable claim, prior authorization request and mail order forms

Questions? Contact Magellan Rx Customer Service 24/7 at 1.800.424.0472 with any questions about your prescription benefit.

magellanrx.com

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MagellanRx
MANAGEMENTSM



You. Your family. Your job.

Confidential, free help for personal, family and work problems.

The Assistance Program has one purpose – to work closely with you to correct situations before they hurt you, your family or your job. We do this with high quality clinical and personal care. **JBG Clinical Care** is described on this page; **JBG Personal Care** on the reverse side.

What types of problems are covered by JBG Clinical Care?

Confidential assessment and brief counseling for:

- Marital Relationship
- Parent/Child Conflicts
- Grief and Loss
- Anxiety
- Stress
- Depression
- Substance Abuse
- Workplace Issues
- Gambling
- Other Concerns

How do I contact JBG Clinical Care and what should I expect?

Call **Jorgensen Brooks Group** at **520-575-8623** [toll free, **888-520-5400**].
Local, in-person clinical appointments can be made Monday through Friday, 8:00am through 4:30pm.
Telephone and Internet Chat clinical appointments [45 minutes with licensed therapists] are offered, Monday through Saturday, 5:00am through 6:00pm. *Crisis services are available 24 hours/7 days.*

How many counseling sessions do I get and how many times can I use JBG Clinical Care?

You and your family can have **up to six (6)** sessions per problem, per person, per year. If you experience additional problems within the year, another series of **up to six (6)** free sessions will be authorized. Sessions for marital/relationship and family/child issues are for the group involved; separate sessions cannot be authorized for each participant

What if I need services beyond JBG Clinical Care?

JBG Clinical Care can guide you to available options, including self-help groups; behavioral health professionals; treatment programs; or other resource based on your condition, financial needs and/or insurance coverage. Always, **JBG Clinical Care** will first refer you to network providers in your medical plan. Once referred, you will be responsible for the cost of these services.

JBG Clinical Care

Your employer is not told who uses **JBG Clinical Care** or **JBG Personal Care**

Call – 24 hours/7 days
Tucson: 520-575-8623
Toll Free: 888-520-5400

Welcome to health care made simple.



Your organization has selected Teladoc to provide you and your eligible dependents with 24/7/365 access to U.S. board-certified doctors and pediatricians by phone or online video.

With Teladoc you can:

Resolve many of your medical issues

Teladoc can diagnose, recommend treatment and prescribe medication, when appropriate, for many of your medical issues.

Speak with U.S. board-certified doctors

Our national network includes the highest quality, state-licensed doctors who will call you back within 24 minutes, on average.

Use it anywhere/anytime

On vacation? Stuck home with sick kids? 3 a.m. and need care now? No problem.

Teladoc doctors are available 24/7/365 via phone and online video consults.

Save money

Teladoc costs you much less than urgent care or ER visits. And it's \$0 co-pay!

Talk to a Doctor Anytime!

Visit Teladoc.com or call 1-800-Teladoc (835-2362)

Quality care for conditions including:

- ❖ Sinus problems
- ❖ Cold and flu symptoms
- ❖ Bronchitis
- ❖ Urinary tract infection
- ❖ Allergies
- ❖ Respiratory infection
- ❖ Poison ivy
- ❖ and more!

Get Started with Teladoc Today!

Step 1: SET UP YOUR ACCOUNT

Simply go to Teladoc.com and click 'Set up account'. Were you given a Teladoc Username? Select 'Yes' or 'No'.

If you have your username and select 'Yes', proceed with entering the following information: first name, last name, date of birth, username and hit 'Continue'. The Teladoc system will then be able to uniquely identify your account based upon the provided information.

If you do not have your username and select 'No', proceed with entering the following information: first name, last name, date of birth, and hit 'Continue' (the company code/member ID/ promotional field is optional and not required). The Teladoc system will then attempt to uniquely identify your account and provide access. If Teladoc is unable to uniquely identify your account online, please call 1-800-Teladoc for assistance.

Step 2: COMPLETE YOUR MEDICAL HISTORY

Informed doctors equal better care. Log in to your account and complete the My Medical History section.

Step 3: REQUEST A CONSULT

A doctor is just a click or call away. Visit Teladoc.com or call 1-800-Teladoc (835-2362).

2020 Payroll & Holiday Calendar

January

| S | M | T | W | T | F | S |
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February

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March

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May

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June

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July

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August

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September

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October

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November

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December

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↓
Half days

Additional Employee Benefits

Retirement

The City is a member employer of the Arizona State Retirement System (ASRS) and Public Safety Personnel Retirement System (PSPRS), providing matching benefits in accordance with state law. For more information and eligibility requirements, see the ASRS website at www.azasrs.gov or PSPRS at www.psprs.com. These retirement programs are legislated by the State Legislature and are subject to change.

457 Plans

A 457 plan is a retirement/pension plan that provides benefits to government employees and employees of tax-exempt organizations. Employees participating in a 457 plan are allowed to defer their compensation on a before-tax basis via regular payroll deductions. Money placed in these accounts grows on a federally tax-free basis until withdrawn.

What are the benefits of participating in a 457 plan? You reduce your current income taxes while investing for retirement. Your 457 earnings grow tax deferred (which means your earnings are not taxed until a later time, often after retirement). You can dollar-cost average through convenient payroll deductions (which means investing whatever you can afford each pay period spread over your years of employment). You may be allowed to make additional “catch-up” contributions if you are 50 years (or older) or within three years of your normal retirement age and already contributing the maximum to your plan. If you change jobs, you have the flexibility to move your account into your new employer’s retirement plan. If you retire or leave service early, there is no penalty for withdrawals.

The City’s 457 plan vendors are Nationwide Retirement.

Life Insurance

At the death of the insured individual, the beneficiary will receive the face amount of the policy. The total amount received will be free from income tax. There is also a voluntary buy-up option. You may purchase additional life insurance for you and your family members at your own expense. The premiums will be deducted from your paycheck.

Your death benefit is two times your annual salary with a maximum benefit of \$300,000 and a minimum of \$50,000. Voluntary insurance is available with up to \$100,000 guaranteed issue for the employee, \$50,000 for a spouse, and \$10,000 for dependent children. The guaranteed issue amount is only valid if selected during your new hire enrollment period.

The City’s life insurance provider is Prudential.

Short-term Disability

Short term disability is offered to offset the loss of income experienced in the event of a non-work-related accident or illness which, in turn, causes an employee to miss a substantial amount of time at work. The City provides a short-term disability plan, at 100% of the premium, for employees. Apply for short-term disability claims through the Human Resources department. Eligibility is determined on a year-to-year basis through health insurance plan documents.

The benefit begins on the 31st day after either an accident or sickness in which you are not able to work. The benefit paid is 60% of your income with a maximum benefit of \$1,000 per week and lasts up to 22 weeks. Employees are capable of using PTO (paid time off) to supplement the loss of income.

Leave Benefits Schedule

All regular and probationary full-time employees in an active pay status receive 10 specified days off with pay (New Year’s Day, Martin Luther King Jr. Day, President’s Day, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving, Day after Thanksgiving, and Christmas), except for employees who must work to

Additional Employee Benefits

provide critical services to the community. Employees required to work on a holiday will receive holiday pay. All regular and probationary employees will receive half-days (four hours) off for Christmas Eve and New Year's Eve when those days fall on Monday through Thursday.

Holidays falling on a Saturday will be observed the preceding Friday. Holidays falling on a Sunday will be observed the following Monday. Employees on paid leave when a holiday occurs receive no additional pay and will not be charged from their PTO bank. An employee who is on unpaid leave at the time of a holiday does not receive holiday pay. Employees whose first day of work follows a holiday do not receive pay for the holiday. Employees retiring from the City do not need to work the day following a holiday in order to receive pay for that holiday. Employees required to physically work more than 32 hours during a holiday week will receive overtime or compensation pay at the rate of time-and-one-half for each hour worked over 32 hours.

Paid Time Off (PTO)

All regular, full-time employees are eligible to accrue/earn paid time off (PTO) beginning on the employee's first day of employment with the City. Eligible employees are able to use accrued/earned PTO immediately. Employees are expected to use accrued PTO responsibly to assure necessary rest and relaxation away from work. Employees are also expected to maintain an appropriate balance of PTO for use in unexpected emergencies or in cases of serious illnesses or injuries. An eligible employee shall accrue PTO in every completed pay period the employee is in active pay status at the accrual rates shown below, based on the employee's length of service.

The maximum amount of PTO that may be accrued by employees is 640 hours. Upon reaching the maximum, an employee shall cease accruing PTO until the employee's hours drop below the maximum. An employee may request payment for up to a total of 80 hours of PTO each fiscal year. Such request shall be in writing on approved forms. However, an employee may request a PTO payment no more than once per quarter. Requests may be granted within available fiscal constraints at the discretion of the City Manager following approval of the department director and Human Resources Manager. Employees must maintain a PTO balance of at least 160 hours after deducting the hours for the payout.

PTO is accrued in sufficient amounts to allow employees to take time away from work. The amount of an employee's accrued and unused PTO is reported on the biweekly pay stub. Employees are responsible for knowing the amount of PTO available for their use. PTO to the employee's credit may be requested by the employee for time off due to planned or unplanned time away from work. Such use must be requested and approved in advance. Granting of requests is subject to the approval of the supervisor and operational demands.

| Years of Service | Annual PTO Accrual (hours) | Annual Accrual Rate Per Pay Period (hours) |
|------------------|----------------------------|--|
| <1 year | 152 | 5.85 |
| 1 | 157 | 6.04 |
| 2 | 162 | 6.23 |
| 3 | 167 | 6.42 |
| 4 | 172 | 6.62 |
| 5 | 182 | 7.00 |
| 6 | 187 | 7.19 |
| 7 | 192 | 7.39 |
| 8 | 197 | 7.58 |
| 9 | 202 | 7.77 |
| 10 | 212 | 8.15 |
| 11 | 217 | 8.35 |
| 12 | 222 | 8.54 |
| 13 | 227 | 8.73 |
| 14 | 232 | 8.92 |
| 15+ | 240 | 9.23 |