



CITY OF MARSHALLTOWN

Benefits Effective January 1, 2011

This summary is not intended to be a complete description of your benefits. Please consult your summary plan description and/or insurance certificate for additional details including plan limitations and exclusions. In the event of an error in this summary, the plan documents will apply.

The City of Marshalltown offers you a comprehensive program of employee benefits. These plans are intended to protect you from financial hardship while controlling health care costs.

You are eligible for the Employee Assistance Program (EAP) benefit on your date of employment. You are eligible for the remaining plans listed below on the first day of the month after hire.

Special Enrollment

If you did not enroll in the medical and dental program when you were first eligible, you may enroll only if you get married, have a child, adopt a child, or lose your other coverage. If you do not elect coverage for your dependents when they are first eligible, you may only increase your coverage (change from single to family) if you get married, have a child, adopt a child, or your dependents lose their other coverage.

For Your Information

Contacts	
For answers to your questions, please contact:	
Medical/Dental	<p>Nathan Stucky City of Marshalltown Human Resource Director (641) 754-5704 nstucky@ci.marshalltown.ia.us</p> <p>First Administrators, Inc. (TPA) (800) 206-0827 Leisa Stapp X 8497 Group Number: 40057</p> <p>Bernie Lowe & Associates (Consultant) (800)942-4718 Skip Lowe or Jane Underwood skiplowe@bernielowe.com junderwood@bernielowe.com</p>
Flexible Spending Accounts	<p>First Administrators, Inc. (877) 457-2137 Group Number: 40057</p>

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MEDICAL BENEFITS

Participating Providers

This is a PPO plan. If you use PPO providers, you will receive greater benefits. See your medical plan ID card for the name of your PPO. A list of PPO providers is available upon request or to locate a preferred provider:

States	PPO	Phone	Website
Iowa	SelectFirst	(800) 206-0827	www.firstadministrators.com
Other	PHCS	(866) 680-7427	www.phcs.com

Certification Requirements

You are required to call Wellmark at (800) 344-5822 for the following services:

- **Inpatient Care** – Call in advance of a planned admission or within 2 business days of an emergency admission. If you do not call, your benefits will be reduced by \$500. This reduction does not apply to maternity stays of less than 48 hours for normal delivery and 96 hours for c-section.
- **Maternity Care** – Call FAI within the first 3 months of pregnancy or within 31 days of becoming covered to receive valuable information regarding pregnancy and child development. If you do not call, your well child care benefit will be reduced from 100% to 90% for PPO providers, 70% for NonPPO providers and 80% for out-of-area providers.
- **Case Management** – Failure to participate in case management when requested to do so by the Plan will result in a benefit reduction of \$500.

Pre-existing Conditions

Any condition existing within the 6 month period prior to your eligibility date (or your effective date if you qualify for Special Enrollment) will not be covered until 12 months from your eligibility date. You may receive credit toward this waiting period for your prior coverage.

Filing Your Claims

Participating providers should file your claims for you. Other claims should be sent to: **First Administrators, Inc.**, PO Box 9900, Sioux City, IA 51102. All claims must be received within 1 year of the date of service, or they will be denied.

Monthly Medical/Dental Cost

2011	City Paid 85%	Employee 15%	Total Cost
Single Plan	\$ 420.00	\$74.00	\$ 494.00
Family Plan	\$ 989.00	\$174.00	\$1,163.00
2010	City Paid 85%	Employee 15%	Total Cost
Single Plan	\$ 393.00	\$69.00	\$ 462.00
Family Plan	\$ 924.00	\$163.00	\$1,087.00

The Cost of Care

Health care costs continue to increase at a rate that is much higher than the rate of inflation. These cost increases affect all of us.

Not only do you pay for your coverage each paycheck, you must pay deductibles, coinsurance and copayments when you use the plan. It is important to remember that our claims determine our future premiums.

Using the plan costs you money today and later in the form of increased premiums. Consider the following tips to help keep plan costs down for everyone:

- Schedule regular exams
- Use PPO providers
- Use the doctor's office instead of the ER
- Ask for generic drugs
- Ask about alternatives to surgery and other treatment
- Eat a healthy diet
- Exercise regularly
- Avoid illegal drugs and tobacco
- Drink alcohol in moderation if you drink
- Practice safety (use seatbelt, helmets...)

MEDICAL		First Administrators, Inc. All Participants PPO/NonPPO/OOA*
Deductible ¹ per cal year Individual (Family)	\$500 (\$1,000) / \$1,000 (\$2,000) / \$500 (\$1,000)	
Coinsurance ²	90% / 70% / 80%	
Out-of-Pocket Maximum³ Individual (Family Max) (Includes deductible, co pays excluded)	\$1,250 (\$2,500) / \$2,500 (\$5,000) / \$1,875 (\$3,750)	
Lifetime Maximum	No Maximum	
Physician Office Services	\$20 copay ⁴ , exceptions are listed in the Benefit Plan. Copay does not apply to the calendar year deductible or out-of-pocket maximum / Non-PPO providers 70%/80% coinsurance after deductible	
Well Child Care Preventive care under age 7 Immunizations under age 7	100%; \$500 lifetime REQUIRES MATERNITY CARE CERTIFICATION (SEE PAGE 2) 100%	
Inpatient Hospital	90%/70%/80% after deductible	
Outpatient Hospital	90%/70%/80% after deductible	
Emergency Room	90%/70%/80% after deductible	
Chiropractic Care	90%/70%/80% after deductible	
Mental Health/Substance Abuse Inpatient & Outpatient	No lifetime maximum 90%/70%/80% after deductible	
Preventive Care Includes vision exams	100%	
Smoking Cessation Prescriptions	100%	
Prescription Drugs Retail	80% after deductible and discount. Up to 90 day supply.	
Mail Order	Generic \$30 copay, Brand \$60 copay Up to 90 day supply.	

Understanding Your Medical Benefits

¹ Deductible

You must satisfy a calendar year deductible before benefits are payable.

² Coinsurance

This is the percentage the plan pays after the deductible is met.

³ Out-of-Pocket Maximum

This is the maximum amount of deductible and coinsurance you must pay in a calendar year.

⁴ Copayment (Copay)

A copay is a flat dollar amount you must pay for certain services.

⁵ Age 26-39: 1 baseline; Age 40-49: 1 every 2 years; Age 50+: 1 every year

⁶ Age 40-49: 1 every 2 years; Age 50+: 1 every year

* OOA - Out-of-area

DENTAL BENEFITS - First Administrators, Inc.

Filing Your Claims

Most providers file your claims for you. Other claims should be sent to: **First Administrators, Inc.**, PO Box 9900, Sioux City, IA 51102. All claims must be received within 1 year of the date of service, or they will be denied.

Pretreatment Review

Dental services expected to exceed \$300 may be forwarded to First Administrators, Inc. for an estimate of benefits payable.

DENTAL	
Deductible per year (waived for Preventive Services)	
Individual	\$50
Family maximum	\$100
Preventive Services Includes cleanings, exams, x-rays	100% Adults 1 every 12 months 100% Dependent children 2 every 12 months
Basic Includes fillings, root canals, and periodontic treatment	80% paid after deductible
Major Includes bridges, crowns, dentures	50% paid after deductible
Orthodontia \$1,500 lifetime	50%
Annual Benefit Maximum	\$1,500
Orthodontia Lifetime Benefit	\$1,500

LONG-TERM DISABILITY BENEFITS - Assurant

- Waiting Period** 180 days
This is the period of time you must be disabled before long-term disability benefits are payable.

- Monthly Benefit** 60% of base earnings with a maximum of \$6,000
This is the amount you will receive in the event you are disabled. Benefits are reduced by other income benefits including, but not limited to, Social Security, Workers' Compensation, retirement benefits, group insurance benefits, salary continuation, and sick leave benefits.

- Maximum Benefit** To Social Security Normal Retirement Age
This is the maximum period that disability benefits will be payable. Extended benefits may be available for individuals disabled after age 62.

LIFE INSURANCE BENEFITS

	BASIC LIFE & AD&D Lincoln Financial 100% of premium paid by the City	VOLUNTARY LIFE AND AD&D Midwest Benefit Consultants Underwritten by Fort Dearborn Life
For Employee	100% of annual earnings up to \$125,000	\$10,000 to \$300,000, in multiples of \$10,000
For Spouse	None	\$10,000 to \$150,000, in multiples of \$10,000, up to 50% of employee amount
For Eligible Children	None	\$2,000, \$5,000, or \$10,000
Guarantee Issue	Covered	New Hires Only \$100,000 under age 60
Coverage Reduction	Upon retirement, benefits reduce by 35% at age 65; to 50% at age 70.	Conversion available upon retirement

Monthly Voluntary Life and AD&D Costs	
Age	Per participant (per \$10,000)
<30	\$1.00
30-34	\$1.20
35-39	\$1.60
40-44	\$2.20
45-49	\$3.60
50-54	\$6.10
55-59	\$9.70
60-64	\$14.50
65-69	\$14.50
70 +	\$42.10
For Your Children	
\$2,000	\$0.42 - \$5,000 \$0.84 - \$10,000 \$1.68

Benergy Website

Features including portal to Health & Wellness resources, benefit summaries, forms, contacts, links to carriers. Secured sign-on: www.cityofmarshalltown.benergy.com

City Employee Intranet

Employee portal to department web pages, committee meeting minutes, monthly newsletter, etc.

EMPLOYEE ASSISTANCE PROGRAM (EAP) - Ceridian Lifeworks

The EAP is available to help you and your family with:

- Alcohol and drug problems
- Anxiety and depression
- Career and employment issues
- Financial problems
- Legal issues
- Marriage and family problems
- Personal relationship issues
- Stress management

Visit the EAP website for more information:

Call for confidential assessment and referral:

Ceridian Lifeworks Services
(888) 267-8126

FLEXIBLE SPENDING ACCOUNTS – Administrative Solutions Inc.

Flexible spending plans allow you to pay certain expenses before Federal, Social Security, and State income taxes.

Pre-Tax Premiums. If you participate in the City's medical/dental plan your group health insurance premiums are automatically deducted from your pay check on a pre-tax basis unless you notify Human Resources in writing BEFORE January 1 each year that you wish to have them deducted on an after-tax basis.

Because your premiums are paid with pre-tax dollars IRS regulations will not allow you to change your coverage during the Plan Year without a qualifying event. You will not be allowed to change your group health coverage from family to single coverage or from single to family unless you experience what the IRS considers a family status change. Any mid-year change in election must be consistent with and because of the event and you must notify Human Resources within 31 days of a change in status.

Medical Spending Account. You may set aside from \$0.00 to \$5,000 on a pre-tax basis through payroll deductions to pay non-covered, qualifying health care expenses. Examples include your deductibles, copays, coinsurance, and other out-of-pocket costs.

Dependent Care Spending Account. You may set aside from \$0.00 to \$5,000 on a pre-tax basis through payroll deductions for qualifying dependent care expenses. This includes care for your dependents under the age of 13 or dependent adults, while you and your spouse are working and/or attending school full-time.