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Note: This booklet is intended to be a summary of the employee benefit program at The City of Monroe. These benefits can change at any time. Please refer to your Medical and Dental summary plan description and health insurance enrollment kit for detailed specifications and coverage levels. In the case of any discrepancy, the information contained in the Summary Plan Descriptions, Plan Documents and Insurance Contracts will prevail.

Benefits Overview

As an employee of the City of Monroe, the following benefits are available to you:

Medical Insurance
Dental Insurance
Term Life and Accidental Death Insurance
Flexible Spending Accounts
Supplemental Life Insurance
Voluntary Short-Term and Long Term Disability
Voluntary Cancer Protection Plan
Voluntary Accident Coverage
Voluntary Medical Gap Coverage
Voluntary Vision Plan
Pre-tax payment of certain insurance premiums

The benefits plan year is July 1st through June 30th.

All full-time employees wishing to make a change, or enroll in the Flexible Spending Accounts must complete an Enrollment Form during Open Enrollment. Remember, you must re-enroll in the FSA program each year as your previous election does not carry over into the new plan year.

Medical Insurance

PHYSICIAN OFFICE SERVICES

Office Visit:

Includes Office Surgery, Consultation , X-Rays and Lab

Primary Care Provider	\$20 Copayment
Specialist	\$30 Copayment

Preventive Care:

Routine Examinations, Well-Child Care, Immunizations, Pap Smears, Mammograms, Prostate Specific Antigen Tests (PSAs)

Primary Care	\$20 Copayment
Specialist	\$30 Copayment

Therapies

Short-term Rehabilitative Therapies (Maximums apply to Home, Office and Out-patient Settings):

Physical/Occupational: 20 visits per Calender Year

Speech Therapy: 20 visits per Calender Year

Primary Care Provider	\$20 Copayment
Specialist	\$30 Copayment

Urgent Care Centers and Emergency Room

Urgent Care Centers	\$30 Copayment
Emergency Room Visit (co-pay waived if admitted)	\$100 Copayment

Ambulatory Surgical Center

\$75 Copayment

Inpatient and Outpatient Hospital Services

Hospital and Hospital Based Services	90% after deductible
Professional Services	90% after deductible
Outpatient X-rays and Lab with surgery or other services (Hospital and Professional)	90% after deductible
Outpatient X-rays and Lab without surgery or other services (Hospital and Professional)	100%

Other Services

Skilled Nursing Facility (60 days per Calender Year)	90% after deductible
Home Health Care, Ambulance, Durable Medical Equipment and Hospice	90% after deductible

Maternity

Office Visits	90% after deductible
Hospital Services (Delivery)	90% after deductible
Professional Services (Delivery)	90% after deductible

Transplants

Hospital Services	90% after deductible
Professional Services	90% after deductible

Infertility and Sexual Dysfunction Services*Up to \$5,000 per Lifetime*

Primary Care Provider	\$20 Copayment
Specialist	\$30 Copayment
Hospital Services	90% after deductible
Inpatient and Outpatient Professional Services	90% after deductible

Vision Care

Comprehensive Eye Exam (Maximum \$150 benefit per Calendar Year)	\$30 Copayment
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Lifetime Maximum, Deductibles & Coinsurance Maximums*The following Deductibles and Coinsurance Maximums only apply to the services that precede this section:*

Lifetime Benefit Maximum	\$2,000,000
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Deductibles

Individual (per Calendar Year)	\$300
Family (per Calendar Year)	\$900

Coinsurance Maximum

Individual (per Calendar Year)	\$1,500
Family (per Calendar Year)	\$3,000

Prescription Drugs: Copayments. Infertility Drugs up to \$5,000 per Lifetime.

	Retail (30 day supply)	Mail Order (90 day supply)
Tier 1 (Generic)	\$10 Copayment	\$20 Copayment
Tier 2 (Preferred Brand)	\$25 Copayment	\$50 Copayment
Tier 3 (Brand)	\$40 Copayment	\$80 Copayment

Mental Health and Substance Abuse Service**Certification is required for inpatient services/treatment.***Mental Health Services**

Office (30 visits per Calendar Year)	\$30 Copayment
Inpatient /Outpatient (30 Days per Calendar Year)	90%

Substance Abuse Services

Office Visit	\$30 Copayment
Inpatient/outpatient	90%
Benefit Period Maximum	\$8,000
Lifetime Maximum	\$16,000

Chiropractic Services

20 Visits per Calender Year
(Maximum benefit payment of \$100 per visit)

\$30 Copayment

Note: Exclusive Provider Organization (EPO)

The City of Monroe has an Exclusive Provider Organization (EPO) that requires you to use network medical providers in order for a medical service to be considered eligible (with the exception of care provided as a result of an emergency) under the Plan. Any care provided by a non-network medical provider **is not covered** under the Plan, unless the network does not provide access to a provider practicing in a particular field of medicine or the closest network provider practicing in a particular field of medicine is thirty (30) miles away from the Plan Participant's home zip code. Out of Network services incurred when traveling or covered Dependent student living away form home will be payable at the In Network benefit level.

A list of MedCost Network Providers may be viewed at www.medcost.com or you may call 1-800-824-7406. Maximum reimbursement is received from the Plan when the Network Providers are utilized.

Participants do not need a Primary Care Physician (PCP) referral to utilize the services of a network specialist.

Important Note:

Ancillary and Physician services rendered in a Network facility (whether as in or outpatient) will be considered under the In Network benefit levels, regardless of whether or not the Provider performing the service is an In Network Provider. This provision will only apply if the selection of a Provider is out of the Plan Participant's control.

Please refer to your Medical Summary Plan Description Booklet for a full explanation of your benefits.

To promote healthier lifestyles for employees and their spouses, the City of Monroe promotes a wellness strategy known as the Health IQ Program. Those employees who choose to participate will receive a discounted rate on their medical premium. Participants will be given an annual health risk assessment, including blood labs and biometrics, which gives them a personal and confidential record to keep track of their health status.

Dental Plan

SCHEDULE OF DENTAL BENEFITS

**Maximum Lifetime Benefit for
Orthodontia Services:**

\$4,000 Per Covered Person

**Maximum Calendar Year Benefit for
Preventive, Basic and Major Services:**

\$2,000 Per Covered Person

Deductible Amount

Accumulation Period - Calendar Year

Individual Deductible:

\$50

(applies to all services except
Orthodontia Services)

Benefit Percentage

Preventive Services:

100% after \$50.00 deductible

Basic Services:

80% after \$50.00 deductible

Major Services:

50% after \$50.00 deductible

Orthodontia Services:

60% after \$50.00 deductible

(services for covered dependent children up to age 19 or age 26 if full-time student)

***12 month waiting period applies to Major Services and Orthodontia Services**

Please refer to your Dental Summary Plan Description Booklet for a full explanation of your benefits.

Vision Plan

	In-Network	Out-of-Network
Eye Exam Frequency*	Every 12 months	Every 12 months
Co-pay for eye exam* <i>Ophthalmologist/ Optometrist</i>	\$10	Reimbursed up to \$44/\$39
Co-pay for materials	\$25	None
Frame Frequency	Every 12 months	Every 12 months
Frame Allowance	covered up to \$125 retail	up to \$64, after copay
Lens Frequency	Every 12 months	Every 12 months
Lens Allowance	Single Vision, Bifocal, Trifocal, Lenticular are covered in full after copay	Single Vision up to \$34, Bifocal up to \$48, Trifocal up to \$64, Lenticular up to \$88
Optional items - i.e. scratch coating, UV coating, anti-reflective, ect.	Out of Pocket Maximums Scratch Coat - \$13 UV Coat - \$15 Anti-Reflective - \$50 Tints - \$25 Polycarbonate - \$40	Employee pays retail
Contact lens allowance (in lieu of eyeglasses)	Every 12 months, medically necessary - covered in full, elective - up to \$120	Medically necessary - up to \$210, elective - up to \$100
Contact Lens Fitting Fee	\$25	Not Covered
Refractive Surgery	20% off UCR at Preferred Providers	Not Covered
*Eye Exam not covered under Materials Only Plan.		

- **There are 2 vision plans available:**
 - **Full Coverage Plan**
 - **Materials Only Plan**

- **For a list of providers, please visit www.superiorvision.com.**

Term Life Insurance

SCHEDULE OF BENEFITS

BASIC EMPLOYEE LIFE INSURANCE AND AD&D

One times base annual salary rounded to the next \$1,000 - up to \$150,000 - is provided at no cost to you.

OPTIONAL EMPLOYEE LIFE INSURANCE AND AD&D

One times annual salary rounded to the next \$1,000, up to \$150,000.

OPTIONAL DEPENDENT LIFE INSURANCE - FAMILY COVERAGE

\$5,000 on your spouse AND

\$5,000 on each of your eligible children

YOUR MONTHLY* COST IS:

\$0.27/\$1,000 of coverage

EXAMPLE:

Employee has annual salary of \$19,783.

He or she follows these steps to calculate the Optional Life and AD&D Coverage premium per month:

- Round annual salary to the next \$1,000 or \$20,000.
- \$20,000 divided by \$1,000 = 20
- 20 X \$0.27 = \$5.40
- The premium for \$20,000 of Optional Life and AD&D is \$5.40 per month.

EXAMPLES OF MONTHLY* DEDUCTIONS FOR OPTIONAL EMPLOYEE LIFE AND AD&D:

Annual Salary	Monthly Deductions
\$15,000	\$4.06
\$25,000	\$6.76
\$30,000	\$8.10
\$50,000	\$13.50
\$70,000	\$18.90

Optional Dependent Life Insurance

Family Coverage (*Regardless of the number
of children*)

\$1.42

* Please note that premiums for optional life insurance will be deducted monthly from the second paycheck of each month.

Voluntary Benefits

Voluntary Short & Long Term Disability

- **Short-Term:** Should you be unable to work due to accident or illness, having this coverage will protect up to 60% of your paycheck, whether ill or hurt *off the job*. Benefits begin the 15th day for an accident or an illness. This benefit protects you for 180 days.

- **Long-Term:** After 180 days, if you are still unable to work, this coverage will protect up to 60% of your paycheck, whether ill or hurt off the job. Benefits begin the 181st day for an accident and protect you up to age 65. Benefits begin the 181st for an illness and will protect you up to 5 years per illness.

- You may elect short term coverage alone, long-term coverage alone or both short term and long term coverage as a combination plan for a reduced rate.

- The cost of coverage is an after-tax deduction.

Voluntary Life Insurance (Term Plan Only)

- 10, 20, or 30 year plans that are guaranteed renewable to age 90.

- Simplified underwriting up to \$100,000

- You may take coverage with you when you leave employment.

- The cost of coverage is an after-tax deduction

Voluntary Cancer Protection Plans

- Over a million new cancer cases will be diagnosed this year, and the cost of treatment can run into the tens of thousands of dollars. Cancer Protection provides additional financial security over and above regular group medical benefits to help with out-of-pocket costs.

- Benefits paid directly to you in CASH, a portable program.

- Both Cancer Protection Plus (Series 10) and Cancer Indemnity programs are available.

- The cost of coverage is a pre-tax deduction.

Voluntary Accident Coverage Plan

- Provides medical expense benefits for accident on or off the job and pays in addition to any other coverage you may have.
- Benefits paid directly to you in CASH, and coverage is portable
- The cost of coverage is a pre-tax deduction

Voluntary Medical GAP Coverage Plan

- Closes the GAP on what your medical insurance covers and the cost of medical treatment
- Up to \$1,000 coverage for hospital stays of 18 hours or more, \$200 per visit to ER or urgent care and \$25 per non-wellness visits (up to 5 each year)
- Benefits paid directly to you in CASH
- The cost of coverage is a pre-tax deduction

Flexible Spending Account

This provides a way to pay for certain dependent care expenses and medical expenses that are not reimbursed by a medical plan with untaxed dollars. Each year you may elect to contribute up to \$3,000 for healthcare related expenses and/or up to \$5,000 (\$2,500 if married and filing tax separately) for Dependent Care expenses. You do not have to participate in the City of Monroe's medical plan to be eligible for this benefit. This is a voluntary program that you can choose to participate in each year.

Plan year: July 1 through June 30

City of Monroe Website

The City of Monroe provides to their employees access to a Benefit Website on the Internet that allows quick access to benefit information, plan documents, helpful links, and forms that can be downloaded.

Follow these easy instructions to access the City of Monroe website:

- 1) Go to www.monroenc.org
- 2) Click on Departments
- 3) Click on Human Resources
- 4) Click on Employee Benefits