

2022

# EMPLOYEE BENEFITS GUIDE

**CITY OF LITTLE ROCK**



JT SFINANCIAL

INTENTIONALLY DIFFERENT.

## 2022 Benefit Guide

### City of Little Rock Employees,

We are excited to present your 2022 benefits to you! The City of Little Rock is committed to providing their employees with comprehensive and affordable benefit options. The 2022 Health and Welfare benefit offerings provide employees with unlimited flexibility that reflects the City's optimal culture.

This guide will help you understand the full range of health and welfare benefits that will be available January 1, 2022. After reading through the enclosed information, be sure to use this guide as a benefits resource you can refer to throughout the year.

At the City of Little Rock, we want to encourage and support our employees in living their best and happiest life. With this in mind, we recommend our employees start utilizing the benefits available to you now, to make these positive habits easier to embrace in 2022 and beyond!

### Programs available through United Healthcare at [no cost to you!](#)

- Simply Engaged - this is a program designed to get you proactively involved with your health
- Healthy Pregnancy App - additional resources and guidance for those that are expecting
- Quit for Life - tobacco cessation program
- RealAppeal - take steps to help lose weight and keep it off, at no additional cost
- Rally - personalized health recommendations, just for you. Rally can help you get healthier, one small step at a time
- Advocate 4 Me - Do you need assistance understanding your benefits and claims, advice on a medical bill or what payment to make?
- Back Pain Management - through this program your first three visits to a network physical therapist or chiropractor will be at a \$0 out-of-pocket cost
- Type 2 Diabetes Management Level 2 - this program is designed to help eligible participants with type 2 diabetes reduce spikes in blood sugar levels or even achieve remission, leveraging a combination of continuous glucose monitors (CGM), activity trackers, app-based alerts and one-on-one clinical coaching to help encourage healthier lifestyle decisions

For your reference, City of Little Rock Human Resources Benefit personnel contact information is below:

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**PLEASE NOTE: YOU WILL NOT BE AUTO-ENROLLED IN YOUR FSA. YOU MUST RE-ENROLL EVERY YEAR!**

# ENROLLMENT

## PROCESS OPTIONS

**THE CITY OF LITTLE ROCK** provides electronic enrollment through the Transamerica Selerix platform. Selerix provides eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events.

- ▶ Please review the benefits available and determine which plans best meet your needs.
- ▶ Please review the family members you want covered under the plan. During the annual open enrollment period, please verify that your dependents meet City of Little Rock's benefit eligibility requirement. You may be required to provide supporting documentation.
- ▶ Please ensure all your personal information, such as address, phone, email, etc., are updated and correct.

## 3 WAYS TO ENROLL

- 1 SELF-SERVICE ENROLLMENT** - Our new electronic enrollment platform, Selerix, makes accessing your online enrollment simple! Instructions on using the system are on pages 8-11.
- 2 VIRTUAL ENROLLMENT APPOINTMENT** - Take advantage of the optional call center enrollment with a one on one appointment with one of our JTS benefit consultants. A benefit consultant is available to answer questions or simply assist you with your enrollment over the phone.
- 3 FACE TO FACE** - Prefer to sit down and walk through the benefits with someone in person? We will have benefit counselors set up at different locations throughout open enrollment!

# WHAT YOU NEED TO KNOW

## **We recommend that you review your current information, including...**

- Beneficiaries
- Removing ineligible dependents
- If you have Spousal Life Insurance coverage, and you have divorced, your ex-spouse may no longer be eligible for this coverage
- If a child no longer qualifies for coverage as a dependent (i.e. stepchildren who are no longer eligible due to divorce, loss of guardianship, etc.)

## **If you are a current employee (not a new hire), please keep the following information in mind:**

- You cannot make any changes until the annual “open enrollment period”, which allows employees, who may have previously declined to enroll, the opportunity to enroll in new coverage. (Certain restrictions and limitations may apply to employees who initially declined coverage when they first became eligible to enroll.)

However, there are certain qualifying events that allow current employees to make benefit changes. These include, but are not limited to:

- *marriage, divorce, adoption or birth of child, death of a spouse or other eligible dependent.*

## **PRE-TAX PAYROLL DEDUCTIONS**

To help offset your contributions for the medical, dental and vision plans, we offer these benefits on a pre-tax basis through the City of Little Rock Section 125 (or “cafeteria” ) plan. By making your contributions for these benefits on a pre-tax basis, the premium is withheld from your pay before federal, state (in most cases) and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck.

## **EMPLOYEE ELIGIBILITY**

To be eligible for benefits, you must be a regular full time employee. Benefits for new employees go into effect the 1st of the month following 30 days of employment.

## **DEPENDENT ELIGIBILITY**

You must be covered or enrolled in a benefit plan to enroll your eligible dependents. These include your spouse, children up to age 26, stepchildren of lawful spouse, children for whom benefits must be provided through a Court Order Mandate, or grandchildren who are legally recongized as dependents.

*DISCLAIMER: This benefit summary is provided for illustrative purposes only and is simply an overview of your benefits. For a detailed explanation for each policy you should review a copy of the actual policy on file with the Human Resources Department or you may specifically request a copy of each policy from JTS Financial Services, LLC*

# GLOSSARY

## OF INSURANCE TERMS

**Annual Maximum** - The total dollar amount that a plan will pay for care incurred by an individual enrollee or family (under a family plan) in a specified benefit period.

**Benefit Year** - A period in which covered expenses are accrued and are counted toward the annual maximums, deductibles, and/or out-of-pocket limits.

**Benefits** - Items or services covered under an insurance plan.

**Beneficiary** - A person or entity entitled to receive the claim amount and other benefits upon the death of the benefactor or on the maturity of the policy.

**Broker** - An individual agent or agency who represents the buyer, rather than the insurance company, and tries to find the buyer the best policy. The broker can make specific recommendations about which plans best suit you and your family's needs.

**COBRA** - A federal law that may allow the insured to temporarily keep insurance coverages after employment ends.

**Claim** - A request for payment under an insurance plan. A claim will list the services rendered, the date of service, and an itemization of cost.

**Coinurance** - Insurance in which the insured is required to pay a fixed percentage of the cost of expenses after the deductible has been paid.

**Copayment (Copay)** - A fixed amount that the insured is required to pay before receiving the service.

**Deductible** - An out-of-pocket amount that an insured must pay prior to an insurance plan paying a claim.

**Dependent** - A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

**Elimination Period** - A period of continuous disability which must be satisfied before you are eligible to receive benefits.

**Evidence of Insurability (EOI)** - Part of the application process for an insurance policy during which an applicant provides health information. Coverage does not become effective until approval of the EOI.

**Flexible Spending Account (FSA)** - A type of account that provides the account holder with specific tax advantages on qualified medical and/or dependent care expenses (ex. Medical Reimbursement, Dependent Care, and/or Limited Purpose FSA).

**Guaranteed Issue** - A predetermined benefit amount allowed by an insurance plan without requiring Evidence of Insurability (EOI). GI allows you to enroll regardless of health status, age, gender, or other factors that might predict the use of health services. This does not, however, preclude the application of the pre-existing condition exclusions.

**Long-Term Care** - A range of services and supports you may need to meet your personal care needs in the event of a chronic illness or disability.

**Medically Necessary** - A covered health service or treatment that is mandatory to protect and enhance the health status of a patient, and could adversely affect the patient's condition if omitted, in accordance with accepted standards of medical practice.

**Network** - The facilities, providers and suppliers your insurance plan has contracted with to provide health care services (i.e. "in-network").

**Non-Preferred Provider** - A provider who does not have a contract with your insurance carrier or plan to provide services to you. You'll pay more to see a non-preferred provider. (i.e. "out-of-network").

**Out-of-Pocket Maximum** - The maximum amount of money you may pay for services in a benefit year.

**Pre-Existing Condition** - A medical condition that is excluded from coverage by an insurance company because the condition was believed to exist prior to the individual obtaining a policy from the insurance company.

**Premium/Rate** - The amount you pay for your insurance premiums each month.

**Qualifying Life Event (QLE)** - A change in your situation that can make you eligible for a special enrollment period, allowing you to enroll in an insurance plan outside the yearly open enrollment period. (ex. Loss of coverage, getting married or divorced, having a baby/adopting a child, or a death in the family).

# SELF

# ENROLLMENT

▶ ENROLL IN YOUR BENEFITS: One step at a time.

<https://transamerica.benselect.com/enroll>



To login, enter your Social Security Number.

**Enrollment Site**

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

Employee ID or SSN

PIN  [Forgot Password](#)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the Consent to Enroll Electronically.

[Security Info](#) [Privacy Policy](#) [Admin Site](#)

All PIN's have been reset. The PIN will be the last four digits of your SSN and the last two digits of your birth year. For example, if your SSN is \*\*\*-\*\*-1234 and your birth year is 1987, your PIN is 123487.

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## Change My Pin

Your PIN (Personal Identification Number) is the secret code you use to access the system. Entering your PIN is the equivalent of your digital signature. Please change your PIN. You may choose any combination of letters and numbers.

You'll then be prompted to change your PIN and designate a security question. Be sure to jot down your PIN.

Employee User ID:

Old PIN:

New PIN:

Re-enter your new PIN to verify:

## Security Questions

Before you can complete your PIN change, you must select a security question, answer it, and provide your email address. This will allow you to reset your PIN if you forget it.

Select Security Question:

Answer:

E-MAIL:

E-MAIL:





Status



Home You & Your Family - My Benefits - Sign & Submit

Next

## Welcome to Your Benefit Enrollment for Plan Year 2022

At City of Little Rock, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- 1. First, review and contact HR to update personal information about you or your covered dependents.
- 2. Review each of your benefit elections and make your choices.
- 3. Sign the Enrollment Confirmation form to complete your enrollment.

Click Next to begin.

### ✓ Your Benefit Options

- Health
- Dental
- Vision
- Basic Life (Class 2, 3, 4, 6, 7, 8, 9, 10, 11)
- Basic AD&D (Class 1, 2)
- Long-Term Disability
- Employee Voluntary Term Life
- Spouse Voluntary Term Life
- Child Voluntary Life
- Voluntary AD&D Rider
- MLAC Group Accident
- Critical Illness - Employee
- Critical Illness - Spouse
- Critical Illness - Child
- Transamerica Term Life
- Health Savings Account
- Dependent Care Reimbursement
- Pension Acknowledgement
- Trustmark Critical Line Events
- Trustmark Accident
- Trustmark Universal Life

Read the welcome message and Click Next.

Press Next to review personal information and begin enrollment.

Next

### Personal Info

Name:

First MI Last Suffix

Marital Status:

Date of Birth:

SSN:

Gender:  Male  Female  Other

Wellness Credit:

### Contact Info

Address:

Country

Street

Street (cont.)

City State Zip

Home Phone:

Mobile Phone:

Email:

Review and update your personal information.

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the Next button when you are finished.

## Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads	+
No Items found.						

## Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

+ Add Dependent

Review and update your dependent information.

Back

Next

## Benefit Summary

Below is a list of your current benefit elections. For each of the benefit options below, your "Quick Enroll" option is shown. Click the Quick Enroll link to accept on each one, or click "Review" to review your other options.

### Health

You have to complete enrollment in this plan.

Review

My Benefits	
<input type="radio"/> Health	\$0.00
<input type="radio"/> Dental	\$0.00
<input type="radio"/> Vision	\$0.00
<input checked="" type="radio"/> Basic Life (Class 2,3,4,6,7,8,9,10,11)	\$0.00
<input checked="" type="radio"/> Vol AD&D (Class 1-8)	\$0.00
<input type="radio"/> Long-term Disability	\$0.00
<input type="radio"/> Employee Voluntary Term Life	\$0.00
<input type="radio"/> Spouse Voluntary Term Life	\$0.00
<input type="radio"/> Child Voluntary Life	\$0.00
<input type="radio"/> Voluntary AD&D Rider	\$0.00

Review your current elections. If you'd like to review or make changes, this is the place!

### Your Benefits

Plan	Description	Pretax Cost	Posttax Cost	Employer Paid
<a href="#">Health</a>	Base Plan; ED	\$17.14	\$0.00	\$294.02
<a href="#">Dental</a>	Waived			
<a href="#">Vision</a>	Waived			
<a href="#">Basic Life (Class 2,3,4,6,7,8,9,10,11)</a>	Basic Life (Salary); \$150,000	\$0.00	\$0.00	\$14.10
<a href="#">Basic AD&amp;D (Class 1-8)</a>	Basic AD&D (Salary); \$50,000	\$0.00	\$0.00	\$0.80
<a href="#">Long-term Disability</a>	Core Long Term Disability; \$2,500	\$0.00	\$0.00	\$9.17
<a href="#">Employee Voluntary Term Life</a>	Waived			
<a href="#">Spouse Voluntary Term Life</a>	N/A			
<a href="#">Child Voluntary Life</a>	N/A			
<a href="#">Voluntary AD&amp;D Rider</a>	Waived			
<a href="#">AFAC Group Accident</a>	Waived			
<a href="#">Critical Illness - Employee</a>	Waived			
<a href="#">Critical Illness - Spouse</a>	N/A			
<a href="#">Critical Illness - Child</a>	N/A			
<a href="#">Transamerica TransElite</a>	Waived			
<a href="#">Flexible Spending Account</a>	Waived			
<a href="#">Dependent Care Reimbursement</a>	Waived			
<a href="#">Pension Acknowledgements</a>	Pension Acknowledgement	\$0.00	\$0.00	\$0.00
<a href="#">Trustmark Critical Life Events</a>	Waived			
<a href="#">Trustmark Accident</a>	Waived			
<a href="#">Trustmark Universal Life</a>	Waived			
<b>Total</b>		<b>\$17.14</b>	<b>\$0.00</b>	<b>\$277.89</b>

Review your deductions and make sure you're satisfied with your elections. Then click next.

### Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
<input checked="" type="checkbox"/> Benefits Confirmation Form	Unsigned	

Next



Status



Home You & Your Family My Benefits Sign & Submit

# Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Your enrollment is complete! Simply logout and be sure to check your payroll deductions to ensure they reflect your elections.

Total:		17.14	0.00
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**Enrollment Agreement / Payroll Deduction Authorization**

- To the best of my knowledge and belief, all statements and answers made on this form and all associated application forms are true, complete, and correct.
- I understand that omissions or misrepresentations in the information I have provided may constitute fraud and may result in my coverage being void.
- Pursuant to IRC § 125, 'pre-tax' elections are irrevocable during the plan year. No changes to 'pre-tax' elections are allowed during the plan year unless you experience a qualified change in status event. Qualified change in status events include: change in marital status, change in dependent status, change in employment status. You have 30 days from the date of the change to contact human resources to change your benefit elections.
- Upon acceptance by the insurers, I hereby authorize my Group to deduct from my earnings the amounts indicated above.
- My authorization shall continue thereafter until the earlier of (a) termination of my employment, (b) written notice from me canceling this authorization, or (c) termination of the Payroll Deduction Plan.
- I understand that it is my responsibility to verify the deduction amounts from my paycheck and to notify my Employer immediately of any discrepancies.
- I understand any unused balance in a Dependent Care or Health Care Reimbursement account in which I am enrolled will be forfeited under the "Use It or Lose It" rule. Expenses must be incurred during

Your total deductions per pay period...	Total Deductions
	\$ 17.14

Employee Signature

Date

Enroller Name

Default

[Download Form](#)

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

→ PIN:



To sign your benefit confirmation, you'll use the same PIN you created earlier and then click Sign Form.



# HEALTH

# INSURANCE

▶ Health insurance covers you and your family for your basic health needs after you've met your coverage deductible (some benefits include copay after deductible). Coverage includes visits with a primary care physician and specialty physicians, inpatient and outpatient hospital care, and ambulance services.

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>CALENDAR YEAR DEDUCTIBLE</b>			
Per Covered Person	\$3,000	\$2,000	\$1,000
Per Family Unit	\$6,000	\$4,000	\$2,000
Coinsurance	20%	20%	20%
<b>OUT-OF-POCKET CALENDAR YEAR MAXIMUM</b>			
Per Covered Person	\$6,500	\$4,000	\$4,000
Per Family Unit	\$13,000	\$8,000	\$8,000

The following charges apply towards the maximum out-of-pocket. Once this amount is reached, the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise:

- Deductible(s)
  - Coinsurance
  - Medical and Pharmacy Copayments
- For both In-Network and Out-of-Network Benefits, some services may require pre-authorization by United Healthcare. For details and to access the most current listing of services requiring pre-authorization, visit <https://prod.member.myuhc.com/>.
  - All benefit payments are subject to the Maximum Allowable Charge. Use of an Out-of-Network provider may result in you being balance billed and having higher out-of-pocket costs. Amounts in excess of the Maximum Allowable Charge do not count toward Deductible or Coinsurance limits.
  - Calendar Year maximums are combined between In-Network and Out-of-Network. If, for example, "30 Visits per Calendar Year" are listed under both In-Network and Out-of-Network Providers, you are only allowed a combined maximum of 30 visits.

SEMI-MONTHLY RATES	BASE	Buy Up Plan 1	Buy Up Plan 2
Employee Only	\$17.14	\$53.89	\$67.22
Family	\$288.45	\$369.80	\$399.32

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>IN-NETWORK SERVICES</b>			
Inpatient Services	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery/ Ambulatory Surgical Center	20% after deductible	20% after deductible	20% after deductible
Emergency Room Services	\$350 Copayment	\$300 Copayment	\$300 Copayment
Urgent Care Services	\$75 Copayment	\$75 Copayment	\$75 Copayment
Ambulance Service Per Trip Maximum: \$5,000 for Ground Ambulance and \$10,000 for Air Ambulance	20% after deductible		
Skilled Nursing/Rehabilitation Facility 60 days Calendar Year Maximum	20% after deductible	20% after deductible	20% after deductible
<b>PHYSICIAN SERVICES</b>			
Primary Care Physician Office Visits (PCP) Evaluation & Management	\$40 Copayment	\$30 Copayment	\$25 Copayment
Specialists Office Visits (SCP) Evaluation & Management	\$70 Copayment	\$60 Copayment	\$50 Copayment
Routine Procedures such as Routine X-rays & Labs in a physician's office  <i>Includes services such as Routine Wellness Checkups, Immunizations, and Lab and X-ray services for Mammogram, Pap Smear, Prostate and Colorectal Cancer screenings.</i>	No Copayment	No Copayment	No Copayment
Advanced Diagnostic services, such as advanced imaging (CT, MRI, PET, MRA), Nuclear Medicine, Pharmaceutical Products, Scopic Procedures; Therapeutic Treatments and Genetic Testing. As well as, advanced surgical services performed in a physician's office.	20% after Deductible	20% after Deductible	20% after Deductible

HEALTH BENEFITS	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>PREVENTATIVE CARE SERVICES</b>			
<i>Preventive health benefits are intended for the early detection of diseases by screening for their presence in an individual who has neither symptoms nor findings suggestive of those diseases. Some tests are not covered as part of the preventive health screening benefit because they are not recommended by the United States Preventive Services Task Force (USPSTF) or approved medical policies. Those services that will be considered to be a preventive health service are subject to change at any time in order to align with and be consistent with the USPSTF guidelines and medical policies.</i>			
<b>Routine Well Baby Care &amp; Immunizations</b>	No Cost to You	No Cost to You	No Cost to You
<b>Routine Well Child/Adult Care &amp; Immunizations</b>	No Cost to You	No Cost to You	No Cost to You
<b>Routine Vision Exam (limit 1 every 24 months)</b>	No Cost to You	No Cost to You	No Cost to You
<b>MATERNITY SERVICES</b>			
<b>Physician Services Initial Office Visit</b>	The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.		
<b>MENTAL DISORDERS / SUBSTANCE ABUSE</b>			
<b>Inpatient Hospital Services</b>	20% after deductible	20% after deductible	20% after deductible
<b>Professional Services (Office/Outpatient Visits)</b>	\$40 Copayment	\$30 Copayment	\$25 Copayment
<b>Professional Services (Inpatient/Outpatient Facility)</b>	20% after Deductible	20% after Deductible	20% after Deductible
<b>HEALTH BENEFITS</b>			
	Base Plan	Buy Up Plan 1	Buy Up Plan 2
<b>Prosthetic and Orthotic Services and Devices</b>	20% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.	20% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.	20% after Deductible  Limited to a single purchase of each type of prosthetic device every three years.
<b>Transplantation Services</b>	The amount you pay is based on where the covered health care service is provided.		
<b>Temporomandibular Joint Disorders (TMJ)</b>	The amount you pay is based on where the covered health care service is provided.		
<b>Hearing Aid Device Covered once every 3 years</b>	No Cost to You  Limited to a single purchase per hearing impaired ear every three years.		

PRESCRIPTION DRUG BENEFITS

(30 DAY SUPPLY RETAIL)			
	Base Plan	Buy Up Plan 1	Buy Up Plan 2
Tier 1 - Generic	\$0 Copayment	\$15 Copayment	\$15 Copayment
Rx Deductible (Tier 2, 3, 4)	\$200 Single/\$600 Family	No Deductible	
Tier 2 - Preferred	\$20 Copayment	\$45 Copayment	\$45 Copayment
Tier 3 - Nonpreferred	\$40 Copayment	\$70 Copayment	\$75 Copayment
Tier 4 - Specialty	\$80 Copayment	N/A	N/A
(90 DAY SUPPLY RETAIL OR MAIL ORDER)			
	Base Plan	Buy Up Plan 1	Buy Up Plan 2
Tier 1 - Generic	\$0 Copayment	\$37.50 Copayment	\$37.50 Copayment
Rx Deductible (Tier 2, 3, 4)	\$200 Single/\$600 Family	No Deductible	
Tier 2 - Preferred	\$50 Copayment	\$112.50 Copayment	\$112.50 Copayment
Tier 3 - Nonpreferred	\$100 Copayment	\$175 Copayment	\$175 Copayment
Tier 4 - Specialty	\$200 Copayment	N/A	N/A
Note: If your prescription drugs are dispensed at your physician's office/ facility, see your medical plan for your cost share.			

**CERTAIN DOCUMENTATION IS REQUIRED** if you are providing dependent coverage for medical, dental or vision through the City of Little Rock then we will need to receive copies of the appropriate documentation listed below. This information can be dropped off at our offices or scanned and emailed to HRBenefits@littlerock.gov. **NOTE: We will not accept documents that are not legible or pictures of documents.** We NEED actual copies.

**REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS:**

<b>To verify a legal spouse</b>	A photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been properly recorded with the County and/or State. A church ceremony document will not be acceptable if it does not meet these requirements.
<b>To verify a natural or adopted child, or stepchild who is eligible to age 26</b>	Provide a legible photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may provide a paternity test.  If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.
<b>To verify PERMANENT Legal Guardianship or Legal Custodian for children under age 18.</b>  <b>NOTE: Children placed in temporary custody are not eligible</b>	Language states: any child for whom either the Card Holder or Card Holder's spouse is the legal Guardian or Custodian. **Definition of Custodian = a person who, by court order, has permanent custody of a child. **Definition of Legal Guardian = an individual who is either the natural guardian of a child or who was appointed a guardian of a child in a legal proceeding by a court having the appropriate jurisdiction. Standard document: court document that is signed and/or stamped by a member of the court assigning minor child to employee or the employee's spouse.



## Get your health info, wherever you go!

When you're out and about, the United Healthcare app puts your health at your fingertips. Download it today to get instant access to your health plan details.

### Find care

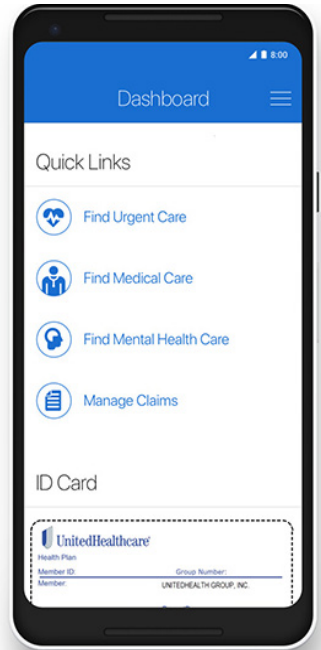
- Find network care options for doctors, clinics and hospitals in your area
- Talk to a doctor by video 24/7
- See reviews and rating for doctors

### Manage your health plan details

- Generate and share digital health plan ID cards
- View claims and account balances
- Manage prescription drugs and refills

### Stay on top of costs

- Estimate the costs of common procedures
- View your copays, annual deductible and out-of-pocket expenses







# VIRTUAL HEALTH

## SEE A DOCTOR WHENEVER, WHEREVER.

When you're sick and need care quick, a Virtual Visit is a convenient way to start feeling better faster.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer - 24/7, no appointment needed.

The doctor can give you a diagnosis and prescription, if needed.

And with our UnitedHealthcare plan, **your cost will be based on the plan you are enrolled**

To get started with a Virtual Visit, go to [uhc.com/virtualvisits](http://uhc.com/virtualvisits).

You can also download the UHC app and conveniently chat with a doctor on the go.



### GET CARE IN 20 MINUTES OR LESS

Use a Virtual Visit for minor medical needs like the following:

- *Bladder infection/ Urinary tract infection*
- *Bronchitis*
- *Cold/ flu*
- *Fever*
- *Pinkeye*
- *Rash*
- *Sinus problems*
- *Sore throat*
- *Stomach ache*

### PREPARE FOR YOUR VIRTUAL VISIT

Have these items ready to register and complete your Virtual Visit:

- *Download the Doctor On Demand App*
- *Health plan ID card*
- *Credit, debit or flex card*
- *Your preferred pharmacy information*

## DID YOU KNOW

### Virtual Visits can save time and money.

An estimated 25 percent of ER visits could be treated with a Virtual Visit — which brings a potential \$1,900 cost down to \$10.

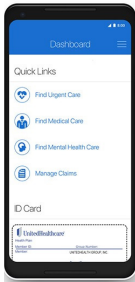
*(American Cancer Society, 2017)*



# PRESCRIPTION SAVINGS

Use the following tools to help find the lowest prescription costs for your health care needs.

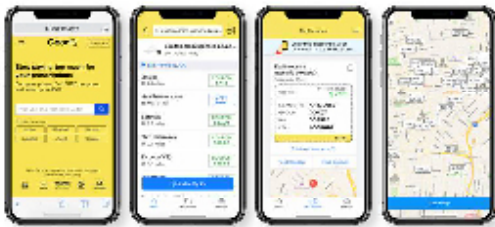
## UHC APP/WEBSITE



Search for **FREE GENERIC** maintenance medications and lower-cost alternatives right on your phone or computer.

Just login to [myuhc.com](https://myuhc.com) or use the UnitedHealthcare app available in the App Store or Google Play. (see page 19)

## GOODRx APP/WEBSITE



*GoodRx* is an easy to use tool to help you find the lowest local prices for your prescriptions.

Visit [GoodRx.com](https://GoodRx.com) OR download the app, type in your prescription, find the lowest prices, use available coupon at purchase.

*\*These services are completely free to use at any time on any device. Download the UHC app & the GoodRx app on your smartphone today.*



# MAIL ORDER



# RX

## Are you missing out on a simpler way to save money?



**Savings:** You may pay less for your medication with a 3-month supply. You will be able to access medications for 2.5 copays at the retail pharmacy.



**Convenience:** Medications are delivered to your mailbox- with free standard shipping.

### Personalized pricing tool and reminders:



- Use the drug pricing tool for cost-saving opportunities and personalized medicine options.
- Set up text and email reminders to help you remember to take or refill your medications.

## TAKE ACTION NOW TO START SAVING

CHOOSE ONE OF THE FOLLOWING WAYS TO GET STARTED WITH OPTUMRx HOME DELIVERY



**ePrescribe:** Ask your doctor to send an electronic prescription to OptumRx.



**myuhc.com or UnitedHealthcare app:** Easily find your medications and set up home delivery in just a few steps. Fill out the form and start receiving your prescriptions.



**Phone:** Call the toll-free number on your health plan ID card.

*Need your medication right away? Ask your doctor for a 1-month supply that can be immediately filled at a participating retail pharmacy.*

**For more information, call the toll-free number on your ID card, or visit myuhc.com**



**DELTA DENTAL**

# DENTAL INSURANCE

With Delta Dental you can receive care from any dentist. However, Delta Dental has contracts with a large network of dentists who have agreed to not charge more than a specified amount for particular services. If you use one of these network dentists, you won't have to worry about being charged for additional amounts above the allowable amount covered by the plan.

Locate a Dentist within the Delta Dental network at [www.deltadental.com](http://www.deltadental.com)

DENTAL SERVICES		LOW PLAN	HIGH PLAN
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b> (No Deductible)			
<ul style="list-style-type: none"> <li>Exams</li> <li>Cleanings</li> <li>Fluoride</li> <li>X-rays</li> <li>Sealants</li> <li>Brush Biopsy</li> </ul>		80%	100%
<b>BASIC SERVICES</b>			
<ul style="list-style-type: none"> <li>Emergency Palliative Treatment</li> <li>Minor Restorative Services - Fillings and Space Maintainers</li> <li>Endodontic Services - Root Canals</li> <li>Non-Surgical Periodontic Services</li> <li>Oral Surgery Services</li> <li>Other Basic Services</li> </ul>		80%	80%
<b>MAJOR SERVICES</b>			
<ul style="list-style-type: none"> <li>Surgical Periodontic Services</li> <li>Major Restorative Services - Crowns</li> <li>Relines and Repairs - Bridges, Implants, Crowns, and Dentures</li> <li>Prosthodontic Services - Bridges and Implants</li> </ul>		50%	50%
<b>ORTHODONTIC SERVICES</b>			
<ul style="list-style-type: none"> <li>Orthodontia is considered a PRE-EXISTING CONDITION if TREATMENT is initiated prior to the date the COVERED PARTICIPANT became eligible under this PLAN and will not be considered a BENEFIT under this PLAN.</li> </ul>		N/A	50%
<b>CARRY OVER BENEFIT RIDER</b>			
<ul style="list-style-type: none"> <li>Carry Over Benefit</li> </ul>		<u>\$312.50</u>	<u>\$437.50</u>
<ul style="list-style-type: none"> <li>Carry Over Benefit Maximum</li> </ul>		<u>\$1,250</u>	<u>\$1,750</u>
<b>ANNUAL MAXIMUM</b>		<u>\$1,250 per person per calendar year</u>	<u>\$1,750 per person per calendar year</u>
<b>ORTHODONTIC LIFETIME MAXIMUM</b>		N/A	<u>\$1,500 lifetime maximum</u>
<b>DEDUCTIBLE</b>		\$50 per person / \$150 per family	\$50 per person / \$150 per family
<b>COVERAGE TIER</b>		<b>LOW PLAN</b>	<b>HIGH PLAN</b>
<b>Semi-Monthly Payroll Deductions</b>	<b>Employee</b>	\$0.00	\$8.77
	<b>Family</b>	\$17.46	\$44.38



# VISION INSURANCE

▶ Regular vision checkups can help identify vision issues, and corrective lenses can make the difference between performing well on the job and at school, as well as affecting safe driving. That's why we offer you the opportunity to purchase voluntary vision coverage for you and your family.

VISION SERVICES	In-Network	Out-of-Network
<b>Exam</b>	Covered in full	Up to \$50 retail
<b>Frames</b>	\$120 allowance for a wide selection of frames \$140 allowance for featured brands 20% savings on amount over allowance	Frames - up to \$70.00 Single - up to \$50.00 Lined bifocal - up to \$75.00 Lined trifocal - up to \$100.00
<b>Contact Lens Fitting (standard)</b>	Covered in full	Not covered
<b>Contact Lens Fitting (specialty)</b>	\$50 Retail Allowance	Not Covered
<b>Contact Lenses</b>	\$105 allowance for contacts; copay does not apply Exam, fitting and evaluation - up to \$60 copay	Up to \$105
LENSES		
<b>Lens Enhancements</b>	Standard Progressive - \$50 Premium Progressive - \$80-\$90 Custom Progressive - \$120-\$160 35%-40% off other lens enhancements	Up to \$28 retail

SERVICES	FREQUENCY
<b>Exam</b>	12 months
<b>Frames</b>	24 months
<b>Lenses</b>	12 months
<b>Contacts</b>	12 months
CO-PAYS	
<b>Exams</b>	\$10
<b>Materials</b>	\$20
<b>Contact Lens Fitting</b>	\$30

**Diabetic Eyecare Plus Program** - \$20 copay for services related to diabetic eye disease, glaucoma and age-related macular degeneration. Retinal screening for eligible members with diabetes.

Discounts on Covered Materials	
<b>Frames</b>	20% off amount over allowance
<b>Lens options</b>	20% off retail
<b>Progressives</b>	20% off amount over standard progressive retail

COVERAGE TIER	SEMI-MONTHLY RATES
<b>Employee</b>	\$0.00
<b>Family</b>	\$1.00



**EMPLOYER PAID**

**Lincoln**  
Financial Group®

# **BASIC LIFE INSURANCE**

▶ Lincoln Financial is our group term life and accidental death and dismemberment provider. Term life coverage provides benefits to your designated beneficiary for loss of life. AD&D coverage provides payment for the loss of life or limbs sustained as a result of accidental bodily injury.

## **BENEFIT AMOUNT**

**The City of Little Rock provides Basic Life Insurance and AD&D through Lincoln Financial Group for all eligible employees at no cost to the employee. The Basic Life insurance benefit is based on your employee group with a maximum of up to \$500,000 of coverage. The AD&D benefit is 1 times your annual salary rounded to the next thousand of coverage.**

## **REDUCTION SCHEDULE**

**Benefits reduce to 65% at age 70, to 50% at age 75.**

EMPLOYER PAID



# LONG TERM DISABILITY

If you stopped receiving a paycheck today, how would you pay for your mortgage, bills, food, and other monthly expenses? Could you maintain your current lifestyle?

BENEFITS	BENEFIT AMOUNTS
Maximum Monthly Benefit	60% of your paycheck; up to \$7,500 per month
Maximum Benefit Duration	SSNRA, Social Security Normal Retirement Age
Elimination Period	180 Days (6 months)
Pre-existing condition	You may not be eligible for benefits if you have received treatment for a condition within the past 3 months until you have been covered under this plan for 12 months.

### EMPLOYER PROVIDED BENEFIT

The City of Little Rock provides eligible employees with Long-Term Disability Insurance. It is designed to provide protection if you become disabled and can no longer work due to a covered Accidental Injury or Sickness.

**NOTE:** This benefit is not offered to uniformed employees of the Police or Fire Departments.

### HOW THE PLAN WORKS

If you become disabled due to a covered accident or sickness, long-term disability income insurance will pay up to 60% of your monthly income (once you have satisfied the elimination period.) Disability benefits will be payable up to the benefit period stated in your policy.

### BENEFITS BEGIN

Accidental injury and sickness benefits will become payable beginning on the 181st day of disability.

### EMPLOYER PROVIDED BENEFIT

- Mental illness: 24 months
- Substance Abuse: 24 months
- Special illness: 24 months

# VOLUNTARY

## TERM LIFE & AD&D

▶ Your needs vary greatly upon age, number of dependents, dependents' ages and your financial situation. Term Life is designed to provide benefits to your designated beneficiary for loss of life.

	EMPLOYEE	SPOUSE	DEPENDENT
<b>Coverage Amount</b>	Salary based options available: 1, 2, 3 times annual salary. Rounded to the next higher \$1,000.	<p>Increments of \$5,000. Not to exceed 1.5 times the employee's annual salary or 50% of the employee's benefit amount. Rounded to the next higher \$5,000.</p> <p><i>Employee must have coverage under voluntary life plan to have coverage on spouse.</i></p>	<ul style="list-style-type: none"> <li>• Newborn - 14 days: \$500</li> <li>• 14 days - 6 mo.: \$500</li> <li>• 6 mo. - Age 15: \$5,000 to \$10,000</li> </ul> <p><i>Employee must have coverage under voluntary life plan to have coverage on dependent.</i></p>
<b>Maximum Amount</b>	\$500,000	\$50,000	\$10,000
<b>Guarantee Issue (Newly Eligible for Coverage)</b>	\$500,000	\$30,000	--
<b>Benefit Reduction</b>	<p>Benefits will reduce to 65% at age 70; additional 15% decrease of original amount at age 75;</p> <p>Benefits terminate at retirement.</p>	<p>Benefits will reduce to 65% at age 70; additional 15% decrease of original amount at age 75;</p> <p>Benefits terminate when employee retires.</p>	<p>Terms at age 19 (or 25 unless unmarried &amp; a full-time student).</p>

### ACCIDENTAL DEATH & DISMEMBERMENT

<b>Employee</b>	<p>An amount, elected by You, equal to multiples 1 to 10 times Your Basic Annual Earnings, rounded to the next higher \$1,000</p> <p>Maximum of 500k</p>
<b>Spouse Only</b>	<p>An amount, elected by You, which is a multiple of \$5,000 equal up to 60% of Your Voluntary Accidental Death and Dismemberment Insurance.</p> <p>Maximum of 300k</p>
<b>Spouse &amp; Children</b>	<p>An amount equal to: (a) 50% for Your Spouse Only; and (b) 10% for each Child; of Your Voluntary Accidental Death and Dismemberment Insurance</p>
<b>Child(ren) Only</b>	<p>An amount equal to 20% of Your Voluntary Accidental Death and Dismemberment Insurance for each Child</p> <p>Maximum of 100k</p>

RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS. CONTACT JTS WITH QUESTIONS.





# VOLUNTARY ACCIDENT INSURANCE

▶ Accident coverage pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an on or off-the-job accidental injury occur.

## BENEFITS

<b>Emergency Room Treatment</b>	Hospital Emergency Room with X-Ray \$400 Hospital Emergency Room without X-Ray \$250
<b>Urgent Care</b>	Urgent Care Facility with X-Ray \$300 Urgent Care Facility without X-Ray \$150
<b>Doctor's Office or Facility</b>	Doctor's office or facility (other than a hospital emergency room or Urgent Care) with X-Ray \$300 Doctor's office or facility (other than a hospital emergency room or Urgent Care) without X-Ray \$150
<b>Initial Hospitalization</b>	\$2,000 We will pay the amount shown when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury.
<b>Hospital Confinement</b>	\$500 per day, maximum of 365 days per accident within 6 months of the accident
<b>Ambulance</b>	Air Ambulance \$1,500 ; Ground Ambulance \$500
<b>Annual Wellness Benefit</b> *See page 31 for details on this benefit	\$100
<b>Burns</b>	Up to \$15,000
<b>Fractures</b>	Up to \$4,000 based on a schedule
<b>Laceration</b>	Up to \$1,000
<b>Eye Injury</b>	\$400
<b>Portable</b>	Yes

## MEETING YOUR NEEDS

- Coverage that is guaranteed issue; not required to take medical exams or tests
- Benefits that correspond with treatment for on and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, and more.
- Benefits paid directly to you (unless you assign them to someone else)

COVERAGE TIER	SEMI-MONTHLY RATES
Employee	\$11.22
Employee + Spouse	\$17.90
Employee + Child(ren)	\$22.01
Family	\$28.69



# VOLUNTARY CRITICAL ILLNESS

► Critical Illness benefits can help meet the needs your family by offering financial support when it is needed the most. Critical Illness Insurance supplements any existing medical benefits you may already have.

BENEFIT DESCRIPTION	BENEFIT AMOUNTS
<b>Maximum Principal Sum</b> <b>Employee</b> <b>Spouse</b> <b>Child</b>	\$25,000 \$25,000 \$12,500
<b>Guarantee Issue</b> <b>Employee</b> <b>Spouse</b> <b>Child</b>	\$25,000 \$25,000 \$12,500
<b>Employee Coverage</b>	<i>Increments of \$5,000</i>
<b>Spouse Coverage</b>	<i>Increments of \$2,500 not to exceed 100% of the employee benefit amount</i>
<b>DEPENDENT COVERAGE</b>	<i>Increments of \$2,500 not to exceed 100% of the employee benefit amount</i>
<b>Annual Wellness Benefit</b> <small>*See page 31 for details on this benefit</small>	\$50
<b>Covered Critical Illnesses</b>	Heart attack, arterial vascular disease (25%), stroke, major organ failure, end stage renal failure, invasive cancer, and non-invasive cancer/cancer in situ (30%)  Severe traumatic brain injury, severe burns, and permanent paralysis also covered
<b>Portable</b>	Yes
<b>Benefit Waiting Period</b>	None
<b>Pre-existing Period</b>	None
<b>Benefit Reduction</b>	None

*RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING ENROLLMENT PROCESS.*



# VOLUNTARY UNIVERSAL LIFE

Universal Life coverage provides permanent life insurance protection with a premium that never increases due to age or a specified term. Life Insurance is a promise to your family to help protect their future. The death benefit can be used any way you or your family sees fit.

**GUARANTEED  
ISSUE\***  
*(new hires only)*

## ELIGIBILITY

**EMPLOYEE**  
- \$150,000

To be eligible for insurance, an employee must satisfy all of the following requirements:

- be age 16 through 80.
- be on active service, performing in the usual manner all of the regular duties of his or her occupation at one of the places of business where he or she normally works or at some location directed by the employer; and
- be continuously employed for the amount of time and working the minimum number of hours per week as you require to be eligible for benefits. These requirements will be defined on the Life and Health Group Application and Agreement.

**SPOUSE**  
- \$25,000

To be eligible for insurance, a spouse (or equivalent as defined by state law or otherwise agreed upon between you and us) must satisfy all of the following requirements:

- must be age 16 through 65.
- must be legally married to the employee as determined by the laws of the state in which the employee resides or meet the eligibility requirements required by the group to be benefit eligible.
- must not be disabled.
- must not be eligible as an employee under the group policy.

**CHILD**  
- \$25,000

To be eligible for universal life insurance, a child must satisfy all of the following requirements:

- must be under the age of 26.
- must be an employee's natural child, stepchild, grandchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian.
- must not be disabled.
- must not be eligible as an employee under the group policy.

**CHILD TERM  
RIDER**  
- \$10,000

To be eligible for insurance under this rider, a child must satisfy all of the following requirements:

- must be 15 days through age 25.
- must be an employee's natural child or stepchild, legally adopted child or child for whom adoption proceedings have begun, or a child for whom the employee has been appointed legal guardian.
- must not be eligible as an employee under the group policy.

*RATES WILL BE CALCULATED BY BENEFIT AMOUNT AND AGE DURING  
ENROLLMENT PROCESS.*

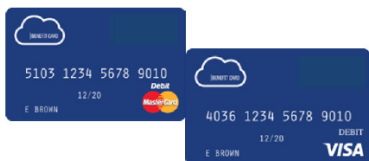
# FLEXIBLE SPENDING ACCOUNT



**PLEASE NOTE: YOU WILL NOT BE AUTO-ENROLLED IN YOUR FSA. YOU MUST RE-ENROLL EVERY YEAR!**

## Features of an FSA

<p><b>Why an FSA?</b></p>	<p>Using a Flexible Spending Account (FSA) is great way to stretch your benefit dollars. You use before-tax dollars in your FSA to reimburse yourself for eligible out-of-pocket medical expenses. That means you can enjoy tax savings and increased take-home pay—all with the convenience of a prepaid debit card.</p>
<p><b>Employee Benefits</b></p>	<ul style="list-style-type: none"> <li>• <b>Reduces your income taxes</b> (Federal, state, and FICA) because setting aside pre-tax FSA dollars results in a lower taxable salary.</li> <li>• Using pre-tax dollars to pay for eligible medical and/or dependent care expenses translates into <b>savings of as much as 30%</b>.</li> <li>• Offers <b>immediate access to elected healthcare FSA funds</b> via an FSA debit card.</li> <li>• Most common expenses such as <b>medical, dental, orthodontic, vision, prescription drug, and daycare expenses are eligible</b> for reimbursement with supporting documentation.</li> </ul>
<p><b>How it Works</b></p>	<ul style="list-style-type: none"> <li>• <b>Decide how much you will contribute to your FSA each year</b>, up to the maximum allowed by your employer's FSA plan. This election amount (divided equally by the number of payroll periods) is automatically deducted from your paycheck by your employer. From a tax perspective, the more you elect to put into your FSA, the more you save!</li> <li>• <b>You can choose to be reimbursed for eligible medical expenses up to the amount of your annual election</b> by submitting a request to CAS via your online FSA portal, by email/fax, or on your CAS FSA phone app. Or you may choose to use your convenient FSA debit card to pay for the eligible expense at the point of purchase, eliminating the need to request reimbursement (<i>per IRS requirements, note that additional substantiating documentation may be requested by CAS for debit card purchases</i>).</li> </ul>



## MAXIMUM CONTRIBUTION AMOUNTS

- \$2,750 - Medical Reimbursement
- 90 Days - Runout Period
- \$5,000 Dependent Care Reimbursement

## FOR EMPLOYEES/PARTICIPANTS

- Convenient CAS Mobile Technology (mobile app)
- Multiple account management tools (web, phone, and fax)
- Fast reimbursements
- Toll-free Customer Care Center
- Easy online enrollment or re-enrollment
- Tax Savings Calculator





# DEPENDENT CARE REIMBURSEMENT

## PLAN FEATURES

A section 125 Cafeteria Plan (FlexSystem FSA) allows for the inclusion of Dependent Care (Section 129 of the Internal Revenue Code) benefits. Eligibility for the dependent care benefit requires that certain criteria be met with respect to the expense, the provider, etc.

A) The dependent care expenses must be work related. The care must be necessary for the employee and the employee’s spouse to work, to look for work, to attend school full-time or are physically unable to care for their children.

B) The dependent care expenses provided during a calendar year cannot exceed \$5,000. In the case of a separate return by a married individual, the limit is \$2,500.

The dependent care expenses must be for the care of one or more qualifying persons. A qualifying person is one of the following:

A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.

B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.

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

## ELIGIBLE AND INELIGIBLE EXPENSES FOR FSA DEPENDENT CARE (PARTIAL LIST):

- FICA/FUTA taxes of dependent care provider
- Nanny expenses attributed to dependent care
- Nursery school (pre-school)
- Late pick up fees
- Day Camp—primary purpose must be custodial care and not educational in nature

## INELIGIBLE EXPENSES

- Kindergarten
- Activity fees/supplies
- Late payment/charges
- Overnight camp
- Transportation



# BENEFITS OVERVIEW

Below is a list of available benefits and respective carriers for the 2022 plan year. Please reach out to a JTS representative if you have any questions at open enrollment or throughout the year.

BENEFIT	CARRIER	WEBSITE
Medical	United Healthcare	<a href="https://www.myuhc.com/member/">https://www.myuhc.com/member/</a>
Telemedicine	United Healthcare	<a href="https://www.myuhc.com/member/">https://www.myuhc.com/member/</a>
Dental	Delta Dental	<a href="https://www.deltadentalar.com/">https://www.deltadentalar.com/</a>
Vision	VSP	<a href="https://www.vsp.com/login">https://www.vsp.com/login</a>
Long Term Disability	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a> Questions? Call 800-423-2765 and mention ID: 967667
Non-Uniform Pension Retirement Plan	City of Little Rock	<a href="mailto:HRBenefits@littlerock.gov">HRBenefits@littlerock.gov</a>
Arkansas Local Police and Fire Retirement System	LOPFI	<a href="mailto:dcollins@lopfi-prb.com">dcollins@lopfi-prb.com</a>
Deferred Compensation	Arkansas Diamond	Cheryl Daughenbaugh <a href="mailto:cheryl.daughenbaugh@stephens.com">cheryl.daughenbaugh@stephens.com</a>
Voluntary Life	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a> Questions? Call 800-423-2765 and mention ID: 967667
Critical Illness	Lincoln Financial Group	<a href="http://www.lfg.com">www.lfg.com</a> Questions? Call 800-423-2765 and mention ID: 967667
Accident Insurance	AFLAC	<a href="https://www.aflac.com/individuals/myaflac/default.aspx">https://www.aflac.com/individuals/myaflac/default.aspx</a>
Universal Life	Transamerica	<a href="https://www.transamerica.com/login">https://www.transamerica.com/login</a>
Flexible Spending Account	Consolidated Admin Services (CAS)	<a href="https://www.consolidatedadmin.com/">https://www.consolidatedadmin.com/</a>

**JTS FINANCIAL SERVICES**



**Customer Service**  
1 (501)227.0194 | [info@jtsfs.com](mailto:info@jtsfs.com)

**Your Team:**  
Charles Angel  
Elizabeth Barger  
Breezy Beck

# VOLUNTARY BENEFITS

## REFERENCE GUIDE

Below is a quick reference guide on the annual wellness benefits offered through the accident and critical illness policies. You must be enrolled in the critical illness or accident policy in order to receive the applicable wellness benefit below.

Critical Illness Policy			
<b>\$50 Critical Illness Assessment</b>			
<b>To File:</b>	<i>By Mail</i>		<i>By Fax</i>
Email: fileclaim@LFG.com	P.O. Box 2609 Omaha, NE 68103-2609		(877) 668-5331
<i>Information Needed</i>	<p>Employer Employee's name Policy number Employee's Social Security, number or work ID Employee's address, phone number and email Patient's name and birthdate Payment preference (check or direct deposit) Tests performed</p> <p>Physician information: -- Name -- Specialty -- Phone number -- Fax number -- Address</p>		
<i>Covered Tests</i>	<p>Abdominal, aortic, or carotid ultrasound; angiography; blood chemistry profile; bone marrow testing; breast ultrasound; CA 15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); colonoscopy; CT angiography; dental Brush biopsy or other FDA-approved screening for oral cancer; diabetes (A1C or fasting glucose); double contrast barium enema; electrocardiogram (EKG/ECG); flexible sigmoidoscopy; helical CT scan; hemoccult stool analysis; hepatitis screening; HIV screening; human papillomavirus screening; mammography; pap smear; PSA (blood test for prostate cancer); serum protein electrophoresis (blood test for myeloma); or stress test</p>		
Accident Policy			
<b>\$100 Health Screening</b>			
<b>To File:</b>	<i>By Mail</i>		<i>Online</i>
	Aflac, 1932 Wynnton Road, Columbus, GA 31999		<a href="https://www.aflac.com/file-a-claim/default.aspx">https://www.aflac.com/file-a-claim/default.aspx</a>  <a href="https://myaflac.aflac.com/">https://myaflac.aflac.com/</a>
<i>Information Needed</i>	<p>Include Bill or Statement as proof of test. Bill/statement should include the following:</p> <ul style="list-style-type: none"> <li>• Full Name</li> <li>• Name and address of the facility where the test/procedure was performed</li> <li>• The specific test/procedure performed</li> </ul>		
<i>Covered Tests</i>	<p>We will pay the amount shown for the following wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Annual physical exams; Flexible Sigmoidoscopy; Mammograms PSA Tests; Pap Smears Ultrasounds; Eye Examinations; Blood Screening; Immunizations</p>		

# JTS FINANCIAL

INTENTIONALLY DIFFERENT™

## **CUSTOMER SERVICE**

**Customer Service**

1 (501)227.0194 | [help@jtsfs.com](mailto:help@jtsfs.com)

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**Elizabeth Barger**

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**Fax: 1 (888) 965.4050**

**Business Hours: Monday-Friday, 8:00-5:00**