

Benefits Program 2016

Plan Year: January 1, 2016 — December 31, 2016



Life is sure to take some unexpected turns. That's why the Town of Erie is dedicated to providing a solid foundation of employee benefits to help you and your family maintain your health, your financial security, and a work/life balance. The Town of Erie realizes the importance of financial security for the things that matter most to you and your family.

This guide offers an overview of the key features of your plans, along with enrollment and cost information, to assist you in making the right choices for your situation. If you have questions regarding your benefits, please contact Jan Sloat or Brittni Wilts.

| | |
|-----------------------------|--------------------|
| Medical | Anthem |
| Dental | Delta Dental |
| Vision | VSP |
| Life & AD&D | Sun Life Financial |
| Optional Life & AD&D | Sun Life Financial |
| Short-Term Disability | Sun Life Financial |
| Long-Term Disability | Sun Life Financial |
| Flexible Spending Accounts | 24HourFlex |
| Employee Assistance Program | Mines & Associates |
| Voluntary Products | AFLAC |

**Your single portal for
employee benefits education**



To login:

<https://pcms.plansource.com/>

Username: toe

Password: benefits

We are proud to offer these benefits to you. Thank you for your service!

Note: This guide is intended to provide you with a brief overview of your benefits. Refer to the insurance company materials for full plan details and exclusions. If there is a discrepancy between this guide and the insurance company's documents, the insurance company's documents will govern.

your 2016 benefits prog

Health Benefit Options:

The Town of Erie provides you with medical, dental and vision benefits and pays a portion of the employee premium to make these benefits more affordable for you. Coverage for medical, dental and vision is effective on the 1st of the month following date of hire for benefited employees working at least 30 hours per week in an eligible class. Each year at open enrollment you have the option of changing your elections, but please note that if you do not elect coverage when you are first eligible, you may have waiting periods for some services. Please see Jan Sloat or Brittini Wilts for details.

Medical Benefits

You may choose from four medical plans through Anthem. Two plans are HMO plans, which require you to visit a self-selected primary care physician. The other two plans are PPO plans, which allow you to visit providers outside the plan's network, but you will typically pay more to do so.

The table below outlines your share of the cost for services under the medical plans. For full details, refer to your Anthem plan description. To find an in-network doctor or hospital, go to www.anthem.com, or call (877) 811-3106.

| Medical Plan: | Anthem HMO BD | Anthem HMO AD | Anthem PPO 5 | | Anthem PPO 2 | |
|---|---|---|--|--|--|--|
| Provider Selection: | In-Network Only | In-Network Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible <i>(per calendar year)</i> | \$750 individual; \$2,250 family | \$500 individual; \$1,500 family | \$1,000 individual; \$3,000 family | \$2,000 individual; \$6,000 family | \$500 individual; \$1,500 family | \$1,000 individual; \$3,000 family |
| Annual Out-of-Pocket Maximum <i>(per calendar year)</i> | \$3,000 individual; \$9,000 family | \$2,000 individual; \$6,000 family | \$3,000 individual; \$7,000 family | \$6,000 individual; \$14,000 family | \$2,500 individual; \$5,500 family | \$5,000 individual; \$11,000 family |
| <i>(out-of-pocket maximum includes deductible and copays; including Rx)</i> | | | | | | |
| Doctor Office Visits | PCP: \$20 copay; Specialist: \$40 copay | PCP: \$15 copay; Specialist: \$30 copay | PCP: \$30 copay; Specialist: \$60 copay | 30% after deductible | PCP: \$20 copay Specialist: \$40 copay | 30% after deductible |
| Inpatient Hospital/ Outpatient Surgery | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible | 10% after deductible | 30% after deductible |
| Emergency Care <i>(covered in- or out-of-network)</i> | \$300 copay | \$300 copay | 10% after deductible | | 10% after deductible | |
| After Hours Urgent Care | \$40 copay | \$30 copay | \$60 copay; then 10% after deductible | 30% after deductible | \$40 copay; then 10% after deductible | 30% after deductible |
| Lab & X-ray | No charge <i>(deductible does not apply)</i> | <i>No charge (deductible does not apply)</i> | 10% after deductible | 30% after deductible | 10% after deductible | 30% after deductible |
| MRI, Scans, etc. | 20% after deductible | 20% after deductible | 10% after deductible | 30% after deductible | 10% after deductible | 30% after deductible |
| Prescription Drugs | <i>Retail-30 day supply</i> \$150 deductible per family member up to \$300 max for tier 2 & tier 3 Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$60 copay Tier 4: 30% up to \$250 | <i>Retail-30 day supply</i> \$100 deductible per family member up to \$200 max for tier 2 & tier 3 Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$60 copay Tier 4: 30% up to \$250 | <i>Retail-30 day supply</i> Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$60 copay Tier 4: 30% up to \$250 | Not covered | <i>Retail-30 day supply</i> Tier 1: \$15 copay Tier 2: \$40 copay Tier 3: \$60 copay Tier 4: 30% up to \$250 | Not covered |

NEW!

LiveHealth Online — LiveHealth Online lets you interact with a doctor using live two-way video on your computer or mobile device—anywhere with an internet connection. With LiveHealth you can connect with in-network doctors through secure video access. This service is available 24 hours a day, 7 days a week. Your PCP copay will be due at the time of service. If you would like more information on LiveHealth online please contact Jan Sloat or Brittini Wilts.



Dental Benefits

Dental benefits are provided through Delta Dental. The dental plan is a Preferred Provider Organization (PPO) plan, which utilizes a network of providers.

Your dental plan allows you to visit any provider of your choice; however, your benefits will be greater if you visit a PPO dentist.

The table below outlines your share of the cost for the dental plan. Refer to your plan description for full details. To find a dentist, search online at www.deltadentalco.com or call (303) 741-9300.

| Delta Dental Plan | | |
|--|--|--|
| Provider Selection: | In-Network (PPO) | Out-Of-Network (Premier or Non-Participating**) |
| Maximum Annual Benefit | \$1,500 per person per calendar year | \$1,000 per person per calendar year |
| Annual Deductible <i>(per calendar year)</i> | \$50 per person up to \$150 per family | |
| Coinsurance | | |
| Diagnostic & Preventive Services <i>(i.e., oral exams & cleanings, fluoride, etc.)</i> | No charge <i>(deductible waived)</i> | 20% of eligible expenses <i>(deductible waived)</i> |
| Basic Services <i>(i.e., fillings, extractions, root canals, periodontics)</i> | 20% of eligible expenses after deductible is met | 40% of eligible expenses after deductible is met |
| Major Services <i>(i.e., dentures, crowns, etc.)</i> | 50% of eligible expenses after deductible is met | 60% of eligible expenses after deductible is met |
| Orthodontia <i>(children up to age 19 only)</i> | | |
| Maximum Orthodontia Benefit | \$1,000 per person lifetime benefit | |
| Coinsurance | 50% <i>(deductible waived)</i> | |

Know Before You Go — Get a Pre-Treatment Estimate

When the costs for your dental treatment (other than emergency treatment) are expected to exceed \$500, you should ask your dentist for a pre-treatment estimate before treatment begins.

** If you choose to see an out-of-network dentist, you will incur additional out-of-pocket expenses, and you will be billed the total amount the dentist charges (called balanced billing). When you see a Delta Dental PPO or Premier® dentist, you are protected from balance billing.

Vision Benefits

Vision benefits are provided through Vision Service Plan (VSP). Your VSP plan offers benefits in- or out-of-network. Please keep in mind, if you choose to visit a provider out-of-network, your benefits may be substantially reduced, and you will be required to provide payment upfront and submit a claim to VSP for reimbursement.

Your vision plan benefits are highlighted in the table below; see your VSP plan summaries for details and for out-of-network reimbursements. To find an in-network doctor, use the online provider search at www.vsp.com.

| VSP Vision Plan | |
|---|---|
| Provider Selection: | In-Network |
| Vision Exam <i>(available every 12 months)</i> | \$10 copay |
| Lenses/Frames/Contacts Copay | \$25 copay |
| Prescription Lenses <i>(available every 12 months)</i> | Single vision, lined bifocals/trifocals, lenticular, polycarbonate for children are covered in full, after copay. |
| Frames <i>(available every 12 months)</i> | \$130 allowance, member receives 20% discount on balance |
| Contact Lenses & Exam <i>(available every 12 months in lieu of prescription lenses)</i> | \$130 allowance for contacts |

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to deduct money from your paycheck pretax to pay for certain qualified expenses, so that you realize tax savings on those expenses.

You may elect up to the following amounts:

- \$2,550 for your Health FSA, and
- \$5,000 for your Dependent Care FSA.

\$500 Rollover for Health FSA

The IRS now allows you to roll over up to \$500 of your unused Health FSA funds into the following plan year.

Any unused funds in your 2015 plan year account, up to \$500, will automatically be rolled over for use in the 2016 plan year. Even if you do not make a new election for the 2016 plan year Health FSA, you are still eligible to use your carried over funds in 2016.

See your 24HourFlex FSA materials for complete details.



Coverage for LTD benefits would begin following the 90 day waiting period and would provide you with 60 percent of your monthly pre-disability earnings up to \$5,000 per month.

Voluntary Benefits

The Town of Erie is providing you with the option of purchasing voluntary benefits through AFLAC. Your voluntary options include:

- Accident Insurance
- Critical Illness
- Hospital Confinement

Time-Off Benefits

The Town of Erie believes in a balance between work and play. That's why we offer you the following time-off benefits.

Paid Time-Off (PTO): PTO accrues in pay periods in which the employee received pay. Time will accrue on a per pay period basis according to the schedule below and are provided to benefited employees regularly scheduled to work 30 or more hours.

| Length of Continuous Service | Accrual Per Pay Period | Total Annual Hours |
|------------------------------|------------------------|--------------------|
| < 3 years | 5.6 | 146 |
| 3-5 Years | 7.2 | 187 |
| 5-6 Years | 7.5 | 195 |
| 6-7 Years | 7.8 | 203 |
| 7-8 Years | 8.1 | 211 |
| 8-9 Years | 8.4 | 218 |
| > 9 Years | 8.7 | 226 |

Paid Holidays: The Town of Erie recognizes the following holidays each year:

- New Year's Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Life & Accident Coverage

The Town of Erie provides you with basic life and accidental death & dismemberment (AD&D) coverage and pays the full premium. You are covered for one and a half times your annual salary up to \$150,000.

Optional Life and AD&D: You may choose to supplement your basic life and AD&D policy with optional coverage through Sun Life. You may purchase coverage for yourself, your spouse and your dependents.

Disability Coverage

Disability insurance provides you with income protection should you be disabled and unable to work due to an illness or accident that occurs while you are not at work.

The Town of Erie provides you with short-term disability (STD) and long-term disability (LTD) coverage and pays the full premium.

Should you qualify for STD benefits, your plan would begin paying you on the 15th day of disability due to injury or illness. Your STD benefits would replace 60 percent of your weekly pre-disability earnings up to \$1,000 per week and could continue up to 11 weeks.

Contact Information

Town of Erie

Jan Sloat,
Human Resources Manager
(303) 926-2745
jsloat@erieco.gov

Brittni Wilts,
Human Resources Administrative
Coordinator
(303) 926-2744
bwilts@erieco.gov

Medical (Group# R25434)

Anthem
Customer Service: (877) 811-3106
Pharmacy Call Center:
(800) 297-1011
www.anthem.com

Dental (Group# 11889)

Delta Dental
(303) 741-9300
www.deltadentalco.com

Life and AD&D, Disability

(Group# 238135)
Sun Life Financial
(800) 247-6875
www.sunlife.com/us

Vision (Group# 12065530)

VSP
(800) 877-7195
www.vsp.com

Flexible Spending Accounts

24HourFlex
(303) 369-7886 or (800) 651-4855
www.24HourFlex.com

Employee Assistance Program

Mines & Associates
(800) 873-7138
www.minesandassociates.com
Username: townoferie
Password: employee

Voluntary Products

AFLAC
(941) 286-8101
Jennifer_foss@aflac.com
www.aflac.com

Mesirow Financial

(303) 750-6200
www.mesirowfinancial.com