

2026 EMPLOYEE

# ***BENEFITS GUIDE***



# TABLE OF CONTENTS

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- Enrollment & Eligibility** [3](#)
- Contact Information** [4](#)
- How to Enroll** [5](#)
- Medical Overview** [6](#)
  - HDHP** [7](#)
  - PPO Plan** [8](#)
  - EPO Plan** [9](#)
- Rx Benefits** [10](#)
- CVS Minute Clinics** [12](#)
- CVS Health Virtual Primary Care** [13](#)
- Telemedicine (Teladoc)** [14](#)
- Tips for Smart Healthcare** [15](#)
- Find a Provider** [16](#)
- Aetna Mobile App** [17](#)
- Health Savings Account (HSA)** [18](#)
- Flexible Spending Account (FSA)** [19](#)
- Dental Benefits** [20](#)
- Vision Benefits** [21](#)
- Life Insurance** [22](#)
- Disability Insurance** [23](#)
- Accident Insurance** [24](#)
- Critical Illness Insurance** [25](#)
- Employee Assistance Program (EAP)** [26](#)
- Missouri LAGERS Benefits** [27](#)
- 457(b) Plans** [28](#)
- High Blue Wellness Center** [29](#)
- Sick Leave Pool & Paid Family Leave Benefits** [30](#)
- Insurance Terms & Glossary** [31](#)



# CONTACT INFORMATION

Benefit	Vendor	Phone Number	Website/Email
Medical	Aetna Network: <b>HDHP &amp; PPO:</b> Open Choice PPO <b>EPO:</b> (KS/MO) KC Care Network Plus – Choice PPO II Network	1 (800) 872-3862	<a href="http://www.aetna.com">www.aetna.com</a>
Prescription Drugs	Aetna Formulary: Advanced Control Formulary Aetna Insured	1 (800) 872-3862	<a href="http://www.aetna.com">www.aetna.com</a>
Telemedicine	Teladoc	1 (855) TELADOC (835-2362)	<a href="http://www.Teladoc.com/Aetna">www.Teladoc.com/Aetna</a>
Dental	Aetna Network: Dental PPO/PDN with PPO II and Extended	1 (800) 872-3862	<a href="http://www.aetna.com">www.aetna.com</a>
Vision	Aetna Network: Aetna Vision Preferred	1 (800) 872-3862	<a href="http://www.aetna.com">www.aetna.com</a>
Health Savings Account	UMB	(816) 474-4472	<a href="http://www.umb.com">www.umb.com</a>
Flexible Spending Account	BASIC Health, Dependent Care FSA	(800) 444-1922	<a href="http://www.basiconline.com">www.basiconline.com</a>
Life & Disability	The Standard	(888) 937-4783	<a href="http://www.standard.com">www.standard.com</a>
Employee Assistance Program	SupportLinc	(888) 881-LINC (5462)	<a href="http://www.supportlinc.com">www.supportlinc.com</a> Login code: belton
457(b) Plan	MissionSquare Retirement  Nationwide	MissionSquare: (202) 759-7053  Nationwide: (888) 401-5272	<b>Mission Square:</b> <a href="mailto:jahoffman@missionsq.org">jahoffman@missionsq.org</a> Retirement Specialist: Jake Hoffman <b>Nationwide:</b> <a href="mailto:sunderw@nationwide.com">sunderw@nationwide.com</a> Retirement Specialist: Wade Sundermann
Wellness Center	High Blue Wellness Center	(816) 348-7400	<a href="http://www.beltonparks.org/27/High-Blue">www.beltonparks.org/27/High-Blue</a>
Supplemental Health	MetLife	1 (800) GET-MET8 (1-800-438-388)	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
Missouri LAGERS	Missouri LAGERS	1 (800) 447-4434	<a href="mailto:info@molagers.org">info@molagers.org</a> <a href="http://www.molagers.org">www.molagers.org</a>



# ENROLLMENT & ELIGIBILITY

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## Your Benefits

The City of Belton believes your benefits are an important part of your overall compensation and work year-round. Our goal is to provide you with the most competitive and comprehensive benefits program that is affordable for all.

This Employee Benefits Guide is intended to provide a broad overview of your benefits and is presented for illustrative purposes only. More detailed information is included in the Plan Documents, which are available in Employee Navigator or by request through the Human Resources Department. In the case of a discrepancy, the actual plan documents will prevail.

## Who is Eligible?

### Full-Time Employees:

Benefits are effective the first day of the month following 60 days of employment. If you are a full-time employee, you are eligible for our full benefits package.

### Dependents:

If you are eligible to enroll in the benefit plans, you may also enroll your eligible family members including:

- your legally married spouse or domestic partner
- children up to age 26 (natural born children, legally adopted children, step-children, and children for whom you are the legal guardian)

## How Do I Change Coverage During the Year?

Once you elect your benefits, you cannot change your elections until the next annual open enrollment period, unless you experience one of the following qualifying life changes

- Marriage, divorce or legal separation
- Birth or adoption
- Dependent's loss or gain of coverage or eligibility
- Job loss or reduction in work hours
- Medical Child Support Order
- Death of a dependent
- Change in Medicaid/CHIP Status
- Entitlement to Medicare

Changes must be made within 30 days of the qualifying event. If they are not made during that time, you must wait until the next open enrollment period to make changes.

To make a change, submit the qualifying event through Employee Navigator, and contact Human Resources if you have questions.

# HOW TO ENROLL

## Where & When Can I Enroll?

Open Enrollment will be held Monday, November 3 to Monday, November 17, 2025. During this time, you **MUST** login to Employee Navigator at [www.employeenavigator.com](http://www.employeenavigator.com) using your user ID and password to enroll.

### Or you can:

Use your phone's camera to scan the QR Code and quickly access the website.

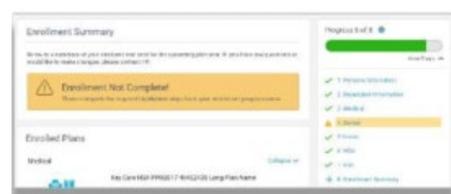
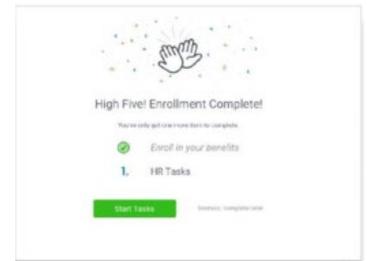
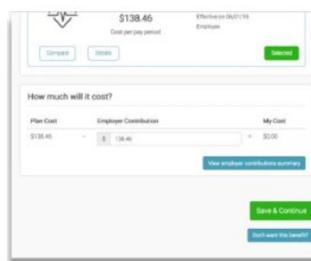
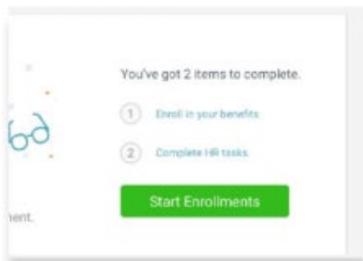


## Show Me How

**STEP 1:** After you have logged in, click **“Start Enrollment.”** You'll need to complete some personal & dependent information before moving to your benefit elections.

**STEP 2:** To enroll dependents in a benefit, click the checkbox next to the dependent's name under **“Who am I enrolling?”**

**STEP 3:** Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **“Select Plan”** underneath the plan cost. Then click **“Save & Continue”** at the bottom of each screen to save your elections.

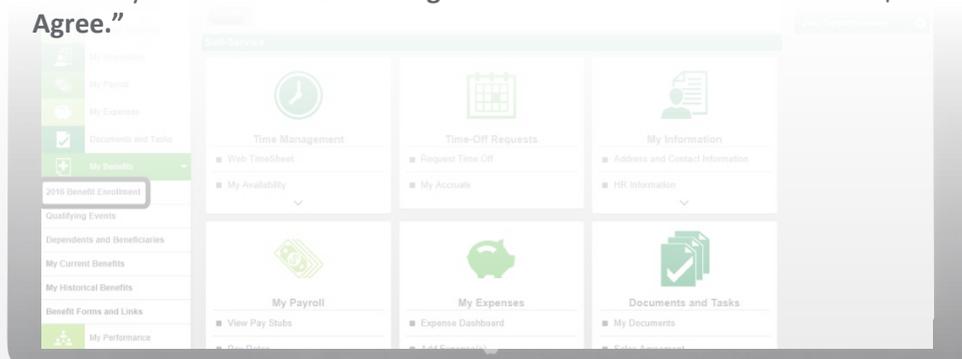


**STEP 4:** If you don't want a benefit, click **“Don't want this benefit?”** at the bottom of the screen and select a reason from the drop-down menu.

**STEP 5:** If you have elected benefits that require a beneficiary designation or completion of an Evidence of Insurability form, you will be prompted to add in those details.

**STEP 6:** Review the benefits you selected on the enrollment summary page to make sure they are correct and click **“Sign and Agree.”**

**TIP:** If you miss a step you'll see **“Enrollment Not Complete”** in the progress bar with the incomplete step highlighted.



# MEDICAL OVERVIEW



The City of Belton offers three medical plans through Aetna: a **Qualified High Deductible Plan**, a **PPO Plan** and an **EPO Plan**.

You may use the health care provider of your choice; however, you will receive greater benefits by seeing an in-network provider. Participating network providers have agreed to considerably discount their services, so you pay less out-of-pocket.

## Medical Plans Overview

	HDHP	PPO Plan	EPO Plan
<b>Deductible</b>	<i>In Network / Out-of-Network</i>		<i>In-Network Coverage Only</i>
Single	\$3,400 / \$6,000	\$2,000 / \$4,000	N/A
Family	\$6,800 / \$12,000	\$4,000 / \$8,000	N/A
<b>Coinsurance</b>			
Member Pays	20% / 50%	20% / 50%	\$0
<b>Out-of-Pocket Maximum</b>			
Single	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,500
Family	\$8,000 / \$16,000	\$10,000 / \$20,000	\$11,000

## Which Medical Plan is Right for Me?

All three medical plans offer unique benefits. The following pages will review each plan and what they offer so you can make the best decision for you and your family.



# HDHP PLAN

## Plan Summary (HDHP with HSA)



For this plan, you pay all your healthcare expenses until you meet the deductible. The plan can also be accompanied by a Health Savings Account (HSA) See [page 16](#) for more information regarding HSA's. The HDHP utilizes Aetna's Open Choice PPO Network of providers.

Medical/Rx Plan Design	Aetna HDHP	
Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)	Embedded Deductibles	
Individual	\$3,400	\$6,000
Family	\$6,800	\$12,000
<b>Coinsurance</b>	20%	50%
<b>Out-Of-Pocket Max.</b> (includes deductible, copays, coinsurance, RX copays and RX coinsurance)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
<b>Physician Services</b>		
Preventive Care	Covered 100%	Ded + 50%
Primary Care Office Visits	Ded + 20%	Ded + 50%
Specialist Office Visits	Ded + 20%	Ded + 50%
<b>Emergency Services</b>		
Emergency Room Visit	Ded + 20%	
Urgent Care	Ded + 20%	Ded + 50%
<b>Inpatient/Outpatient Services</b>		
Inpatient Care	Ded + 20%	Ded + 50%
Outpatient Surgery	Ded + 20%	Ded + 50%
Diagnostic Lab / X-Ray	Ded + 20%	Ded + 50%
High Tech Scans (MRI, CT, etc.)	Ded + 20%	Ded + 50%
Physical/Occupational/Speech Therapy	Ded + 20%	Ded + 50%

Prescription Drugs	Retail	Mail Order
Retail	After Deductible: \$15 / \$50 / \$85	After Deductible
Preferred Specialty	20% to \$150 Max	\$37.50 / \$125 / \$212.50
Non-Preferred Specialty	20% to \$250 Max	

Monthly Contributions	Employee Contribution	City Contribution
Employee Only	\$0.00	\$903.50*
Employee + Spouse	\$84.74	\$1,830.56
Employee + Child(ren)	\$84.74	\$1,830.56
Employee + Family	\$303.40	\$1,841.44

\*Includes the City's \$89.54 monthly contribution to the Employee's HSA



# PPO PLAN

## Plan Summary (PPO Plan)



This plan is a traditional PPO plan with copays for office visits and prescription drugs. The Base PPO Plan utilizes Aetna's Open Choice PPO network of providers.

Medical/Rx Plan Design	Aetna PPO	
Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)	Embedded Deductibles	
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
<b>Coinsurance</b>	20%	50%
<b>Out-Of-Pocket Max.</b> (includes deductible, coinsurance, RX copays and RX coinsurance)		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Physician Services</b>		
Preventive Care	Covered 100%	Ded + 50%
Primary Care Office Visits	\$30 Copay	Ded + 50%
Specialist Office Visits	\$60 Copay	Ded + 50%
<b>Emergency Services</b>		
Emergency Room Visit	\$200 Copay then Ded + 20%	
Urgent Care	\$50 Copay	Ded + 50%
<b>Inpatient/Outpatient Services</b>		
Inpatient Care	Ded + 20%	Ded + 50%
Outpatient Surgery	Ded + 20%	Ded + 50%
Diagnostic Lab / X-Ray	Ded + 20%	Ded + 50%
High Tech Scans (MRI, CT, etc.)	Ded + 20%	Ded + 50%
Physical/Occupational/Speech Therapy	Ded + 20%	Ded + 50%

Prescription Drugs	Retail	Mail Order
Retail	\$10 / \$45 / \$70 /	
Preferred Specialty	20% to a \$150 Max	\$25 / \$112.50 / \$175
Non-Preferred Specialty	20% to \$250 Max	

Monthly Contributions	Employee Contribution	City Contribution
Employee Only	\$0.00	\$903.50
Employee + Spouse	\$307.94	\$1,818.02
Employee + Child(ren)	\$307.94	\$1,818.02
Employee + Family	\$574.88	\$1,805.88



# EPO PLAN

## Plan Summary (EPO Plan)



The EPO Plan only includes coverage for In-Network services. If you see an Out-of-Network provider, you will not have coverage. This plan utilizes Aetna's (KS/MO) KC Care Network Plus – Choice POS II Network, which excludes St. Luke's Hospitals and Providers and Prime Hospitals (which includes St. Joseph's, St. Mary's & Providence).

Medical/Rx Plan Design	Aetna EPO	
Schedule of Benefits	In-Network	Out-of-Network
<b>Deductible</b> (per calendar year)		
Individual	N/A	N/A
Family	N/A	N/A
<b>Coinsurance</b>	0%	0%
<b>Out-Of-Pocket Max.</b> (includes deductible, coinsurance, RX copays and RX coinsurance)		
Individual	\$5,500	N/A
Family	\$11,000	N/A
<b>Physician Services</b>		
Preventive Care	Covered 100%	Not Covered
Primary Care Office Visits	\$30 Copay	Not Covered
Specialist Office Visits	\$60 Copay	Not Covered
<b>Emergency Services</b>		
Emergency Room Visit	\$300 Copay	
Urgent Care	\$50 Copay	Not Covered
<b>Inpatient/Outpatient Services</b>		
Inpatient Care	\$750 per day for the first 5 days	Not Covered
Outpatient Surgery	Covered 100%	Not Covered
Diagnostic Lab / X-Ray	Covered 100%	Not Covered
High Tech Scans (MRI, CT, etc.)	Covered 100%	Not Covered
Physical/Occupational/Speech Therapy	\$30 / \$30 / \$60	Not Covered

Prescription Drugs	Retail	Mail Order
Retail	\$10 / \$45 / \$70 / \$50 Copay	Not Covered
Preferred Specialty		
Non-Preferred Specialty		

Monthly Contributions	Employee Contribution	City Contribution
Employee Only	\$191.52	\$903.50
Employee + Spouse	\$703.65	\$1,872.99
Employee + Child(ren)	\$703.65	\$1,872.99
Employee + Family	\$1,062.61	\$1,822.83

### Important Note!

This plan includes a narrower network of providers. Be sure to confirm that your current providers are in-network before enrolling in this plan!

# Rx BENEFITS

## Prescription Drug Plan

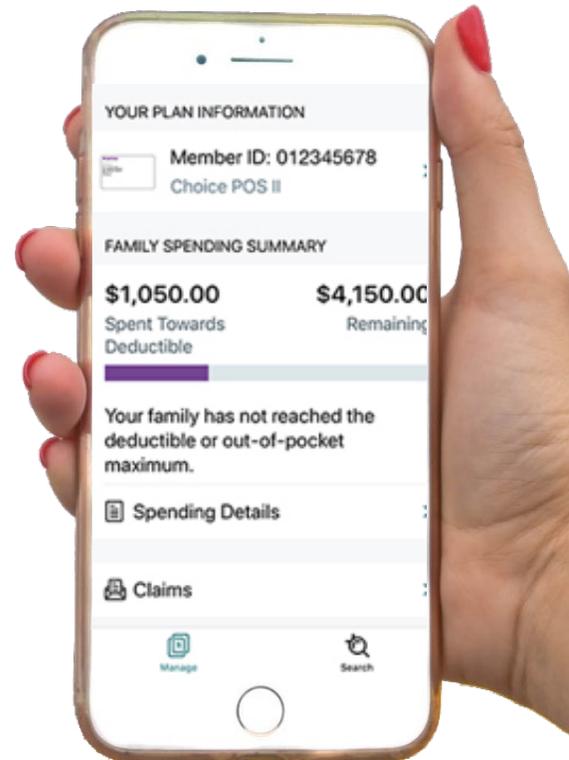
The City of Belton's prescription drug plan is administered by Aetna.

Access online or download the Aetna mobile app shown on [page 15](#) to begin quickly and efficiently accessing its benefits, including the ones below:

## Maintenance Choice® Program

With this benefit, you have the freedom to decide where you fill the prescription drugs that you take on a regular basis – these are called maintenance medications.

- **Your Choice, Your Way**
  - Fill a 90-day supply of your maintenance drugs at a discounted rate. You can do this with our mail service pharmacy or at CVS Pharmacy® locations.
  - After two retail fills, you'll need to fill 90-day supplies with CVS Caremark Mail Service Pharmacy or at CVS Pharmacy stores.
- **How to Opt Out**
  - You can opt out of Maintenance Choice® for all your maintenance medications. Just let us know that you'd like to continue to fill your 30-day supply at your retail pharmacy.
  - When you do, you'll pay the regular retail copay for your 30-day supply. If we don't hear from you, you'll pay the full cost of your medications on the third fill.
  - Call Aetna anytime to opt out of the program and continue filling 30-day supplies:
    - 1-888-Rx Aetna (TTY: 771) or
    - 1-888-792-3862 (TTY: 711)



## Enjoy the Convenience

**Save time and money:** You'll save time, and you can enjoy convenience of receiving your 90-day refills by mail. Since copays for 90-day refills are 2.5x the 30-day copay, you may also save money by receiving 90-day refills.

**Have piece of mind:** You'll have the medicines you need, when you need them.



# Rx BENEFITS CONT.

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## Delivery Perks

- **CVS Caremark Mail Service Pharmacy:** Subscribe to the mail-order service and your prescription will arrive every 90 days.
- **CVS Pharmacy on-demand delivery:** Ask for 4-hour delivery within 10 miles of any CVS Pharmacy store, for a small fee (*some restrictions and caveats may apply*).
- **CVS Pharmacy one- to two-day delivery:** Get free delivery within one to two days from the United States Postal Service (*some restrictions and caveats may apply*).



## Let's Get Started!

- **If you're filling your prescription at a local CVS Pharmacy,** your pharmacist can change your prescription to 90-day refills.
- **If you're not filling your prescription at a CVS Pharmacy** and would like to switch to a mail service pharmacy:
  - Call Customer Care at [1-888-Rx-Aetna \(TTY: 771\)](tel:1-888-Rx-Aetna) or [1-888-792-3862 \(TTY: 711\)](tel:1-888-792-3862), or
  - Order Online. Visit the website that's on your member ID card, and then sign in to your account to submit your order.



# CVS MINUTE CLINICS®

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## The Care You Need – In Person or Virtually

With your included MinuteClinic® benefit in your plan, healthier happens together. You get more options for where and when you get care. Plus, it's a lower-cost alternative to the emergency room or urgent care.

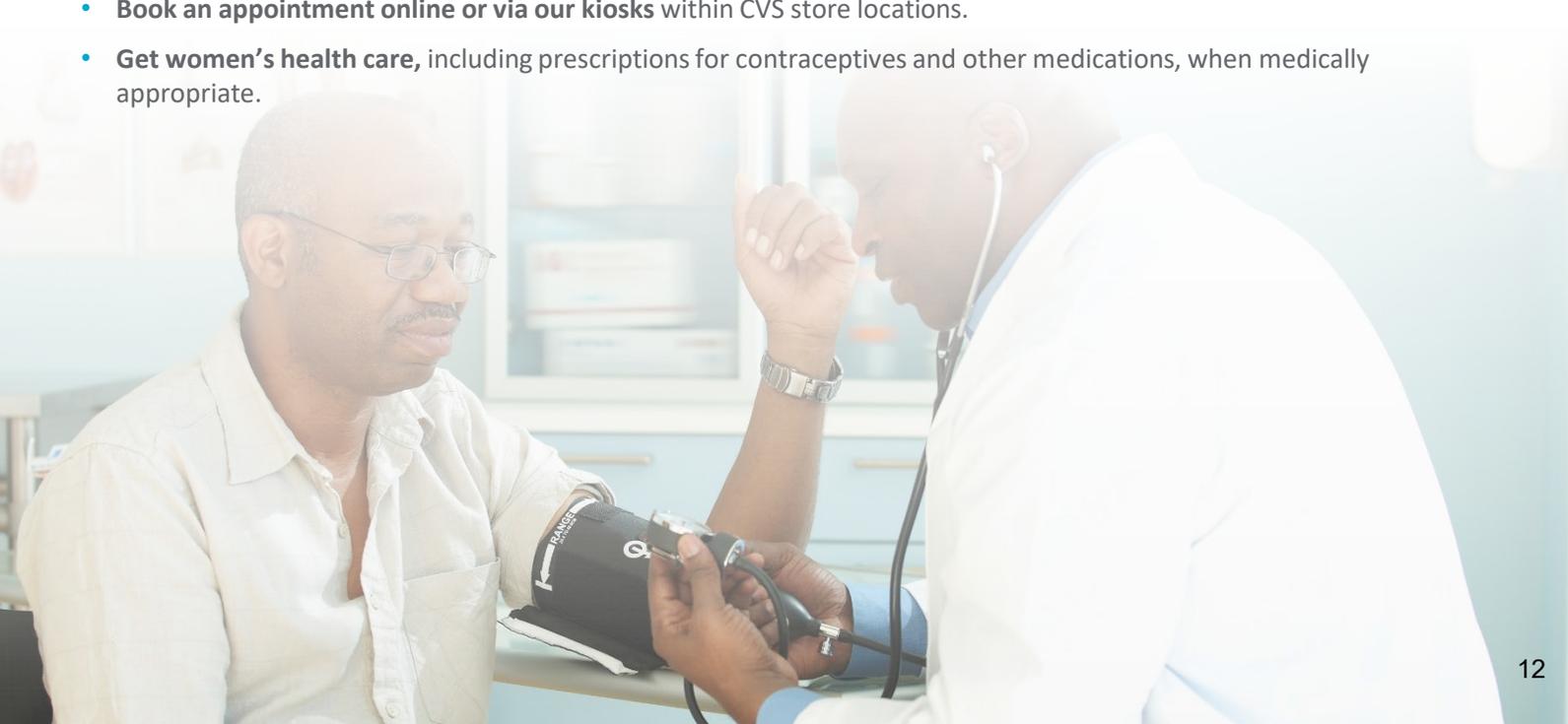


## MinuteClinic Can Help You:

- **Get care 7 days a week**, including evenings so you can feel better faster.
- **Choose in-person and virtual care** options to easily access care your way.
- **Treat a variety of conditions, illnesses and injuries including:**
  - Asthma and allergies
  - Bronchitis and upper respiratory infections
  - Insect stings
  - Diabetes
  - Sore throats and ear infections
  - Minor cuts, blisters and wounds

## Affordable Care, One-Stop Convenience

- **Find more than 1,150 MinuteClinic® locations** in 35 states and the District of Columbia.
- **Get virtual care.** At home or wherever you are, there's someone here to help.
- **\$0 copay for members in copay-based plans, such as the PPO and EPO Plans.** Members with high-deductible health plans pay a discounted rate. After the deductible is met, there is no charge.
- **Book an appointment online or via our kiosks** within CVS store locations.
- **Get women's health care**, including prescriptions for contraceptives and other medications, when medically appropriate.



# CVS HEALTH VIRTUAL PRIMARY CARE

From wellness visits to quick care, we've got you covered. Easily schedule a Virtual care appointment from anywhere. You can use CVS Health Virtual Primary Care in addition to your traditional network of providers. Access is included in your medical plan, made available through Aetna, a CVS Health company.



Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, Emergency Medicine or Pediatrics. They average 15 years practice experience and incorporate Teladoc into their day-to-day practice.



**Get Started Today!**

Scan the QR code or go to [cvs.com/virtual-care](https://cvs.com/virtual-care)



## On-Demand Care

- Coughs, colds, flu and strep
- Joint, head, and stomach pain
- Infections (ear, sinus, skin, UTI)
- Medication refills

## Mental Health Services

- Anxiety and mood disorders
- Depression screening
- Medication management
- Support with stress, life adjustments and conflict resolution
- Sleep and related health behaviors

## Primary Care Service

- Chronic illnesses (asthma, diabetes)
- Sick care
- Wellness and annual health assessment
- Follow-ups from in-person visits
- Medication adjustments and refills

## Some visits cost as low as zero dollars

Get coordination of in-person care, when needed, to nearby MinuteClinic locations\*\* - or in-network provider clinics. You get to choose your provider and enjoy flexible appointments that work with your busy lifestyle.

\*Members enrolled in qualified high deductible health plans must meet their deductible before receiving covered non-preventive services at no cost share.

\*\*MinuteClinic in-person services are not included with this product and are subject to plan benefit.

# TELEMEDICINE

## 24/7 Healthcare Access

The City of Belton offers a telemedicine benefit through Teladoc to employees. This plan provides employees 24/7/365 access to healthcare services that is an affordable and convenient alternative to urgent care and emergency room visits.



Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, Emergency Medicine or Pediatrics. They average 15 years practice experience and incorporate Teladoc into their day-to-day practice.

### What Can They Treat?

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

### When Can I Use It?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or Urgent Care Center for a non-emergency
- On vacation, a business trip, or away from home
- Short-term prescription refills

**General Medical:** \$56 or less per visit

**Mental Health:** \$90 or less per therapist visit



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone or online video



Prompt treatment, average call back in 16 min



A network of doctors that can treat children of any age



Secure, personal and portable electronic health record (EHR)



No limit on consults, so take your time

## How to Get Started

Setting up your account is quick and easy, so when you need care, a Teledoc doctor is just a call or click away.

### 1. Set Up Your Account:

- **Online:** Go to [Teladoc.com/Aetna](https://Teladoc.com/Aetna) and “set up account”
- **Mobile App:** Download the app in the Google Play or App Store, and click “Activate account” or visit [Teladochealth.com/start/mobile](https://Teladochealth.com/start/mobile)
- **Call Teladoc:** A representative can help you register your account over the phone. Call 1-855-TELADOC (835-2362)

### 2. Provide Medical History:

- It provides Teladoc doctors the information they need to make an accurate diagnosis

### 3. Request a Consult:

- Once your account is set up, request a consult any time.

# TIPS FOR SMART HEALTHCARE

## Help Control the Rising Costs

Everyone can play a role in controlling the rising cost of healthcare. City of Belton employees and covered family members have been doing a great job by using in-network doctors and hospitals and getting routine preventive care. It’s important to continue these practices because making good choices leads to keeping the plan costs down.

Below are some ways that we can do our part in controlling the cost of healthcare.

### 1. Choose the Right Setting

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. The chart below can help you select the right setting for your needs:

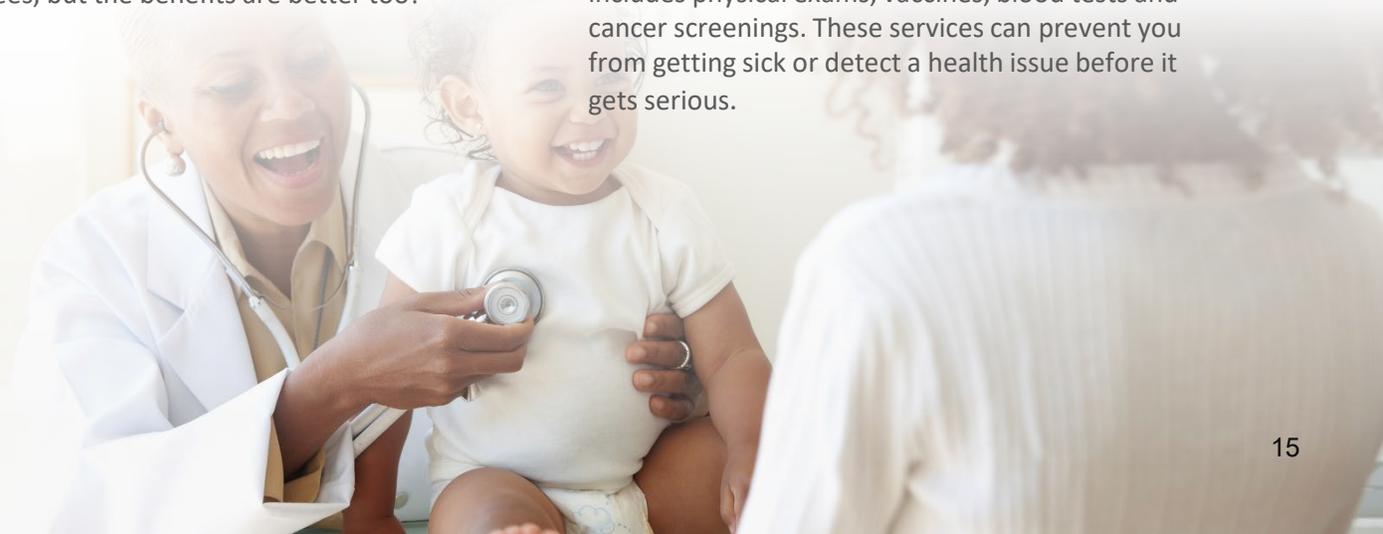
	Telemedicine	Convenience Care Clinic	Urgent Care	Emergency Room	Your Doctor’s Office
When to Use	<ul style="list-style-type: none"> <li>• Cold or flu</li> <li>• Bronchitis</li> <li>• Respiratory infection</li> <li>• Sinus problems</li> <li>• Allergies</li> <li>• Urinary tract infection</li> <li>• Pediatric care</li> <li>• Poison ivy or pink eye</li> </ul>	<ul style="list-style-type: none"> <li>• Colds or flu</li> <li>• Sinus infections</li> <li>• Allergies</li> <li>• Vaccinations or screenings</li> <li>• Minor sprains, burns or rashes</li> <li>• Headaches or sore throats</li> </ul>	<ul style="list-style-type: none"> <li>• Sprains / strains</li> <li>• Mild asthma attacks</li> <li>• Sore throats</li> <li>• Minor broken bones or cuts</li> <li>• Minor infections or rashes</li> <li>• Earaches</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden change in vision, weakness or trouble talking</li> <li>• Large, open wounds</li> <li>• Difficulty breathing</li> <li>• Severe head injury</li> <li>• Heavy bleeding</li> <li>• Spinal injuries</li> <li>• Chest pain</li> <li>• Major burns</li> <li>• Major broken Bones</li> </ul>	<ul style="list-style-type: none"> <li>• Preventive services and vaccinations</li> <li>• Medical problems or symptoms that are not an immediate, serious threat to your health or life</li> </ul>
Approx. Wait Time	15 minutes	15 minutes	20 – 30 minutes	1 – 3 hours	1 week

### 2. Stay In-Network

Seeing in-network doctors saves you money because the providers have agreed to drastically discount their usual fees, but the benefits are better too!

### 3. Stay Healthy

All City of Belton health plans cover Routine Preventive services at 100% in-network which includes physical exams, vaccines, blood tests and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious.



# FIND A PROVIDER

## Aetna Provider Search

It's important to use in-network providers to save both you and the health plan money! Follow the instructions below to find a new in-network provider or to determine if your current providers are in-network.

### Medical Plans:

Visit [www.aetna.com/docfind](http://www.aetna.com/docfind)

- Under **Continue as guest** enter your zip code, city, state or county then click Search.
- Next, choose the appropriate plan from the **Select a Plan** drop down menu.
  - *For the HDHP and PPO Plans:* Under **Aetna Standard Plans** choose **Open Choice PPO** and click Continue
  - *For the EPO Plan:* Under **Kansas & Missouri Preferred Networks** choose **(KS/MO) KC Care Network Plus – Choice POS II**
- Input in the provider's name or the type of provider for which you are searching (examples include primary care physicians or urgent care)

### Prescription Drugs:

Visit [www.aetna.com](http://www.aetna.com)

- Click on **Find a Medication** at the top of the screen.
- Enter **2026** in the **Plan Year** drop down and **Advance Control Plans – Aetna** in the **Choose a Plan** drop down, then click **View Pharmacy Plans**
- Click **Find a Covered Drug** and search for your prescription to check its status

A screenshot of the Aetna website's "Select a Plan" interface. The interface is divided into two main sections. The top section is a search bar with a magnifying glass icon and the text "Enter plan name to narrow list below, e.g. Managed Choice". Below this is a purple button labeled "Show all plans (including those not in my area)". The bottom section is a list of plan categories on the left and a list of specific plans on the right. The categories on the left include "Aetna Standard", "Open Choice", "Managed", "HMO", "QPOS®", "Aetna Affiliates", "Aetna Select", and "Aetna Voluntary". The specific plans listed on the right include "Local Best MO Open Access Managed Choice", "Local Best MO Choice POSII", "Local Best Select PPO", "Kansas & Missouri Preferred Networks (includes HealthFund Plans)", "KC Region Preferred Open Choice PPO", "KC Region Preferred Managed Choice (Open Access)", "KC Region Preferred Aetna Choice POS II", "KC Region Preferred Elect Choice EPO (Open Access)", "KC Region Preferred Aetna Select (Open Access)", "KC Region Preferred Health Network Only", "KC Region Preferred Health Network Option", and "(KS/MO) KC Care Network Plus - Choice POS II". A purple "Continue" button is located at the bottom right of the list.

# AETNA MOBILE APP

## Features of the Mobile App

- **Find a doctor** – it's easy to search for doctors, dentists and specialists in your area.
- **Message center** – one location for all Aetna email correspondence from Member Services.
- **Check benefits and coverage information** – just clear, accurate details when you click.
- **Pharmacy** – find a pharmacy, get drug costs, or refill a prescription on the go.
- **Member payment estimator** – real time estimates for out-of-pocket medical expenses based on your health plan.
- **Look up symptoms on the iTriage app** – it's easy to search symptoms, conditions and medicine.
- **Search claims** – no more guesswork when you don't have the paperwork with you.
- **Pull up your medical and/or dental ID card information** – if you left your ID card at home, it's no problem.

## How do I get started?

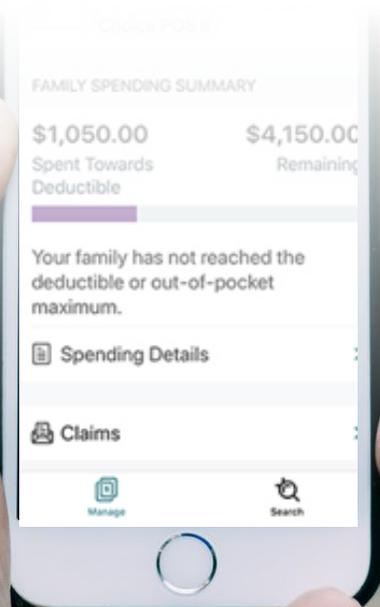
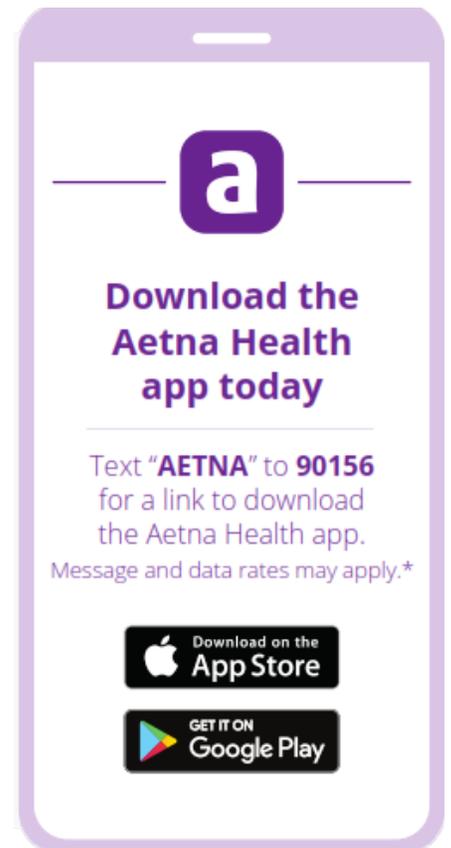
To use the app, you have to be registered for your secure member website.

Visit [MyAetnaWebsite.com](http://MyAetnaWebsite.com) and select register.

## Download the app:

There are two ways to download the app:

- Text AETNA to 90156 (data and messaging rates may apply)
- Download from Google Play or the App Store



# HEALTH SAVINGS ACCOUNT (HSA)

## How Does an HSA Work?

If you enroll in the HDHP, you may contribute to your Health Savings account through payroll deductions on a pre-tax basis. Annual maximum contribution limits are set each year by the IRS and are illustrated below. For 2026, if you have single coverage your maximum contribution is \$4,400. If you cover a Spouse and/or Children, your maximum contribution is \$8,750.



For HSA accountholders aged 55 and older, an additional \$1,000 annual "catch up" contribution is allowed each year.

**The City of Belton will contribute \$89.54 per month to your HSA if you are enrolled in Employee Only coverage on the HDHP.**

## How Do I Use the Funds?

**Using your HSA funds is easy.** The UMB HSA debit card conveniently allows you to pay for eligible expenses using the funds in your HSA. Your HSA funds don't just benefit you. You can use the funds for your spouse and tax dependents for their eligible expenses too – even if they're not covered by your medical plan. Eligible expenses are determined by the IRS, and it is your responsibility to ensure you use the funds for eligible items. The IRS also requires you to keep your receipts for up to 5 years in the event you are audited.

### Important Notes!

Contribution changes can always be made in Employee Navigator.

Unlike a Flexible Spending Account, the funds in your HSA rollover every year.

## Who is Eligible to Participate in the HSA?

- You must be covered under a Qualified High Deductible Health Plan, like the one offered by the City.
- You cannot establish an HSA if you or your spouse also have a Medical FSA.
- You cannot be enrolled in Medicare or TRICARE due to age or disability.
- You cannot set up an HSA if you have insurance coverage under another plan, such as your spouse's employer, unless that secondary coverage is also a Qualified High Deductible Health Plan.
- You cannot be claimed as a dependent under someone else's tax return.



# FLEXIBLE SPENDING ACCOUNT (FSA)



## How Does an FSA Work?

The City of Belton offers employees enrolled in the PPO or EPO Plans the opportunity to participate in the Flexible Spending Plan. This plan will be administered by BASIC.

A Flexible Spending Account (FSA) is an account in which you set aside pre-tax dollars to pay for eligible health care or dependent care expenses not covered by insurance.

The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck pre-tax. Funds can be used for expenses incurred from January 1, 2026 through March 15, 2027 (a total of 14.5 months). You have until March 31, 2027, to submit claims and receipts for reimbursements from the 2026 plan year. Unused funds left in the account(s) from the previous year that are not used to reimburse expenses incurred by the end of the plan year are subject to the use-it-or-lose-it rule and are forfeited.

By setting aside pre-tax dollars to pay for out-of-pocket expenses you would normally pay for using after-tax dollars, you are reducing your "taxable income" because it reduces the amount of federal, state and FICA taxes you pay. **This means more take-home pay for you!**

## How Do I Use the Funds?

1. You can use the BASIC debit card instead of your own cash or credit cards to pay for eligible expenses. When you use it, the amount of the expense is deducted from your account balance at the point of sale.
2. You can pay for your expenses up front using your own cash or credit cards and reimburse yourself by submitting a claim form. Completed claim forms and itemized receipts can be submitted online at [www.basiconline.com](http://www.basiconline.com).

## Eligible Expenses Examples for Healthcare FSA:

- Coinsurance & Copayments
- Hearing devices and batteries
- Contraceptives
- Hospital bills
- Crutches
- Deductible amounts
- Dental expenses
- Orthodontia
- Dentures
- Prescription drugs
- Diagnostic expenses
- Psychologist expenses
- Eyeglasses
- Oxygen
- Handicapped Care
- Laboratory fees

**Contact Basic:** Call (800) 444-1922 or log on to [www.basiconline.com](http://www.basiconline.com)

## Healthcare FSA

You may elect an amount up to **\$3,400** per plan year to be used for medical, prescription, drug, dental and vision expenses for you and eligible dependents. Funds can be used for expenses incurred from January 1, 2026 - March 15, 2027.

## Dependent Care FSA

The City offers a Dependent Care FSA (max contribution of **\$7,500** per year or \$3,750 per year if married and filing separate tax return), which is a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school, and child or adult daycare.



# DENTAL BENEFITS

## About Your Dental Plan

The City of Belton offers a dental plan through Aetna utilizing the Dental PPO/PDN with PPO II Extended Network. You may use the dental provider of your choice; however, you will receive greater benefits by seeing an Aetna participating network provider. Aetna network providers have agreed to considerably discount their services, so you pay less out of pocket. If you see a Non-Participating provider, your out-of-pocket expenses may be much greater because you would not be receiving the discounts that Participating network providers offer. Also, if you go out of network the non-network dentist may balance bill you for the difference between Aetna's accepted fee and the provider's actual charge.



To search for a Participating network provider, go to [aetna.com/docfind](https://www.aetna.com/docfind) and search the Dental PPO/PDN with PPO II and Extended Network.

Dental Plan Design		
Calendar Year Deductible	In-Network	Out-Of-Network
Individual / Family	\$50 / \$150 <i>(applies to Basic &amp; Major services)</i>	
Calendar Year Maximum	\$1,250 <i>(applies to Preventive, Basic &amp; Major services)</i>	
Class I - Preventive & Diagnostic Services		
Oral Evaluations, Cleanings, X-Rays, Fluoride Treatments, Sealants	100%	100%
Class II - Basic Services		
Fillings, Endodontics, Periodontics, Simple & Surgical Extractions	90%	80%
Class III - Major Services		
Oral Surgery (except for extractions covered under Basic), Prosthetics: bridges & dentures, Crowns, Jackets, Veneers, Inlays, Onlays	60%	50%
Orthodontia (Adult & Children)		
Diagnostics & Treatment	50% up to the \$1,250 lifetime maximum	

**The entire cost of your Dental Insurance is paid for by the City of Belton, regardless of which coverage tier you elect!**



# VISION BENEFITS

## About Your Vision Plan

The City of Belton offers a comprehensive vision plan through Aetna. You may use the vision provider of your choice; however, you will receive much greater benefits by seeing an Aetna Vision Preferred Network provider. To search for a network provider, please visit Aetna's website at [www.aetna.com/docfind](http://www.aetna.com/docfind).



Vision Plan Design		
	In-Network	Out-of-Network
Exam Copay	\$10 copay	Up to \$25 retail
<b>Frequency (based on date of service)</b>		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
<b>Lenses</b>		
Single	\$10 copay; 100% covered	Up to \$20 retail
Bifocal	\$10 copay; 100% covered	Up to \$40 Retail
Trifocal	\$10 copay; 100% covered	Up to \$65 Retail
Standard Progressive Lenses	\$75 copay; up to \$120 reimbursement	Up to \$40 Retail
<b>Contact Lenses (instead of eyeglass lenses)</b>		
Fitting Fee	\$0 copay	N/A
Contact Lenses	Up to \$130 Retail	Up to \$90 Retail

**The entire cost of your Vision Insurance is paid for by the City of Belton, regardless of which coverage tier you elect!**

### Special Promotions for All Members:

To use these benefits, just show the provider you have Aetna Vision insurance.

- \$50 off purchase at CVS Optical
- Up to \$25 off Transitions lenses
- \$25 off purchase at Lens Crafters
- \$20 off any purchase or \$50 off any purchase of \$200 or more at SUNGLASS HUT
- \$25 off at Target Optical
- \$25 off at Pearle Vision
- Up to \$20 off at contactsDirect.com
- 15% off retail prices or 5% off promotional prices on LASIK or PRK from US Laser Network

# LIFE INSURANCE

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## Company-Paid & No Cost to You

If others depend on you for financial support, part of your financial plan should include how you will provide for them in the event of your death.



The City of Belton provides life insurance coverage for you at no cost. Basic Life Insurance pays a benefit in the event of a death, while Accidental Death & Dismemberment Insurance provides an additional benefit to you or your beneficiaries in the event of an accidental death or other covered loss.

- **Employee:** Basic Life and AD&D coverage is equal to 1.5 times your annual salary up to a maximum of \$250,000. Your coverage will decrease by 35% when you turn age 65, and an additional 15% reduction at age 70. Note: The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The taxable value is called "imputed income" and will be included in your taxable income on your Form W-2.

## Voluntary Life / AD&D Insurance

You may purchase Voluntary Life/AD&D insurance for yourself, your spouse and/or your dependent children. In order to purchase coverage for your spouse and/or children, you must also elect coverage for yourself.

- **Employee:** You may purchase coverage in increments of \$10,000 up to a maximum of \$500,000. The guaranteed issue amount is \$120,000. Employee coverage will reduce by 35% at age 65, and by an additional 15% at age 70.
- **Spouse:** You may purchase coverage for your spouse in increments of \$5,000 up to a maximum of \$250,000, not to exceed 100 percent of Employee coverage amount. You must purchase Employee Voluntary Life/AD&D coverage in order to elect Spouse coverage. The Spouse guarantee issue amount is \$30,000. Spouse coverage will reduce by 35% when the spouse turns age 65, and by an additional 15% at age 70.
- **Children:** You may purchase coverage for your dependent child(ren) who are under age 26 in \$2,500 increments up to a maximum of \$10,000. You must purchase Employee Voluntary Life/AD&D coverage in order to elect Child coverage. Coverage does not require a health questionnaire.

If you or your spouse are electing coverage that exceeds the Guarantee Issue amount, you will need to submit an Evidence of Insurability (EOI) form to be medically underwritten and approved by The Standard.

**Special Enrollment Period for 2026:** If you wish to newly purchase Voluntary Life / AD&D insurance, or you wish to increase your current Voluntary Life / AD&D insurance amount, you may do so up to the Guarantee Issue without submitting an Evidence of Insurability (EOI).

**Late Entrants:** If you do not enroll in Voluntary Life / AD&D insurance when you are first eligible (new hire) or during the Special Enrollment Period for 2026 and wish to newly purchase Voluntary Life / AD&D insurance, or you wish to increase your current Voluntary Life / AD&D insurance amount, you will be required to submit an Evidence of Insurability (EOI) form to be medically underwritten and approved by The Standard.



# DISABILITY INSURANCE

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## About Our Disability Coverage

Disability insurance provides some income replacement should you become disabled and unable to work due to a non-work-related injury or illness. A disability can occur at any time. If the disability is severe enough, it will prevent you from being able to work and provide for your family. That is why The City of Belton provides Long-term Disability insurance at **no cost to employees**. Eligible employees are automatically enrolled.



## Long-term Disability

You may qualify for Long-term Disability if you are unable to work due to a qualifying injury or illness for 90 days or more. This plan provides 60% income replacement up to a maximum of \$7,000 per month until your Social Security Normal Retirement Age. Any illness or injury for which you received treatment during the first 3 months prior to your effective date of coverage will be excluded during the first 12 months you are enrolled in the plan. Because the LTD premium is company paid, the benefit paid to the employee will be taxable.

**For more specific details, limitations and exclusions please refer to the Plan Documents located in Employee Navigator.**

### Could you pay the bills if you weren't working?

- Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.
- Nearly **70%** of workers that apply for Social Security Disability Insurance **are denied**.
- Nearly **40 million** American adults live with a disability.



# VOLUNTARY ACCIDENT INSURANCE



## How Do I Use This Benefit?

Even with health insurance, an accidental injury can cost you thousands of dollars. Lost wages from missing work, health insurance deductibles and daily living expenses can create long-term financial problems.

Accident insurance helps cover the added costs that you may face following a bad injury.

## What Does This Benefit Cover?

This plan covers several injuries and services.

The chart to the right shows a short list of injuries and services that may qualify for a benefit payment.

## What Are the Two Plan Options?

This plan covers offers Employees two options: the Low Plan and the High Plan. The Low Plan will pay a slightly lower benefit, while the High Plan offers higher payouts.

Benefit Amounts Per Accident (Low Plan / High Plan)	
Ambulance - Ground	\$300 / \$400
Ambulance - Air	\$1,000 / \$1,250
Emergency Room Treatment	\$150 / \$200
Initial Hospital Admission (non-ICU)	\$1,000 / \$1,500
Major Diagnostic Exam	\$150 / \$200
Dislocation Maximum Benefit	\$8,000 / \$10,000
Fracture Maximum Benefit	\$8,000 / \$10,000
Laceration Maximum Benefit	\$400 / \$700
Coma	\$7,500 / \$10,000
Organized Sport	additional 25% of benefit amount
Accidental Death & Dismemberment	
Death Benefit Amounts	<b>Low Plan</b> - Employee: \$25,000 / Spouse: \$12,500 / Child \$5,000 <b>High Plan</b> - Employee: \$50,000 / Spouse: \$25,000 / Child \$10,000
Catastrophic Loss	Quadriplegia: 80% of AD&D / Hemiplegia or Paraplegia: 40% of AD&D Loss of Speech and Hearing (both ears): 80% of AD&D
Dismemberment	Hand or Foot or Sight: 15% of benefit amount Loss of 2 or more fingers/toes: 5% of benefit amount
Contract Features	
Portability	Included; you can take the coverage with you if your employment terminates

Employee Contribution (per month)		
Coverage Tier	Low Plan	High Plan
Employee Only	\$8.81	\$13.15
Employee + Spouse	\$17.33	\$25.73
Employee + Child(ren)	\$20.84	\$30.78
Employee + Spouse/Child(ren)	\$24.59	\$36.36



# VOLUNTARY CRITICAL ILLNESS INSURANCE

## How Do I Use This Benefit?

Critical illness benefits pay a lump-sum benefit directly to you upon first or second diagnosis of a covered critical illness. This chart below shows a small sample of the conditions covered under this plan.



Benefit Amounts		
Employee	You may elect a lump sum Benefit Amount of \$15,000 or \$30,000	
Spouse	Coverage will be offered at 50% of the Employee Benefit Amount	
Child (up to age 26)	Coverage will be offered at 50% of the Employee Benefit Amount	
Conditions	Initial Benefit (% of benefit amount)	Recurrence Benefit (% of initial benefit)
Invasive Cancer	100%	100%
Non-Invasive Cancer	25%	100%
Kidney Failure	100%	None
Major Organ Transplant	100%	None
Heart Attack	100%	100%
Stroke	100%	100%
Coma	100%	100%
Paralysis	100%	None
Alzheimer's Disease	100%	None
Contract Features		
Portability	Included; you can take the coverage with you if your employment terminates	
<b>Health Screening Benefit</b>	\$50 benefit payable if an eligible covered person takes an eligible screening/prevention measure. The benefit is payable once per year for each covered Employee, Spouse, and Dependent Child.	
Pre-Existing Condition Limitation	None	

Employee Contribution per \$1,000 (per month)				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse/Child(ren)
<25	\$0.42	\$0.68	\$0.61	\$0.87
25-29	\$0.49	\$0.80	\$0.68	\$0.98
30-34	\$0.62	\$0.98	\$0.80	\$1.17
35-39	\$0.83	\$1.32	\$1.02	\$1.51
40-44	\$1.16	\$1.83	\$1.35	\$2.02
45-49	\$1.66	\$2.56	\$1.85	\$2.75
50-54	\$2.29	\$3.45	\$2.48	\$3.64
55-59	\$3.32	\$4.88	\$3.51	\$5.07
60-64	\$4.50	\$6.54	\$4.69	\$6.73
65-69	\$6.08	\$8.75	\$6.27	\$8.94
70-74	\$8.03	\$11.58	\$8.22	\$11.76
75+	\$11.03	\$16.12	\$11.22	\$16.31

Note – Premium amounts will be calculated for you when enrolling in Employee Navigator.

# EMPLOYEE ASSISTANCE PROGRAM (EAP)

The City of Belton understands the challenges life can throw your way, which is why we partnered with SupportLinc. The EAP can enhance your wellbeing at any stage of life and assist you in being a better parent, grandparent, friend or spouse/partner; achieving life balance, planning for the future, becoming happier and more resilient, overcoming addictions, solving legal and financial challenges, and so much more.



A wide array of **confidential** counseling and life coaching services are available **at no cost to you and your family 24/7**.

## The EAP Helps With Life's Challenges

EAP can provide services to you and your family members, including:

- Counseling Services (up to 6-sessions per issue)
- Consultations: Financial, Legal, Parenting, and more
- Education Planning
- Adult and Childcare Resources
- Health Coaching and Life Coaching
- Retirement Coaching
- Tobacco Cessation Coaching

### SupportLinc:

(888) 881-5462

[www.supportlinc.com](http://www.supportlinc.com)

Group Code: belton

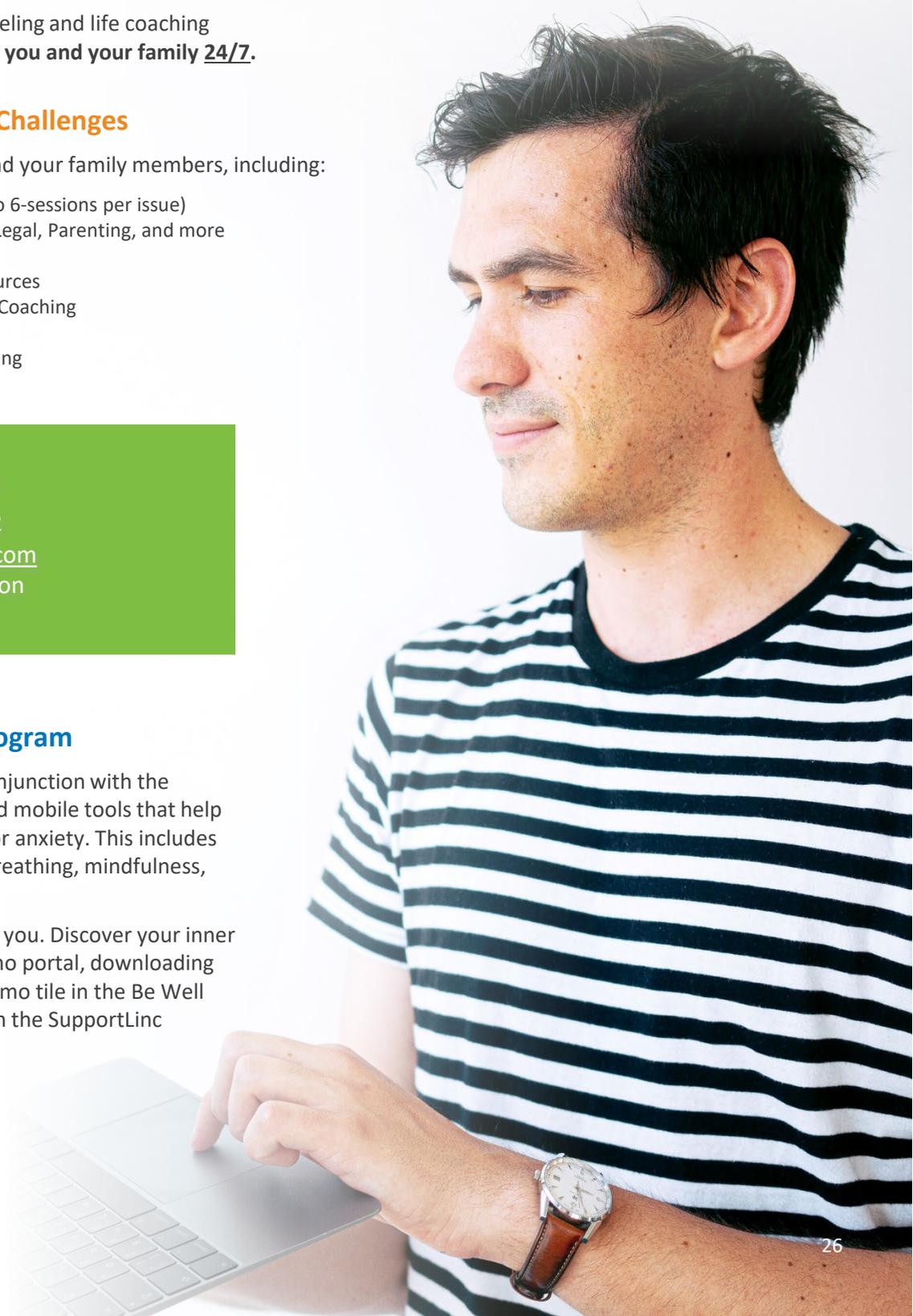
## Digital Behavior Health Program

The Animo program, offered in conjunction with the SupportLinc EAP, provides web and mobile tools that help users address stress, depression, or anxiety. This includes resources for coping with panic, breathing, mindfulness, problem solving and more.

Animo is safe and secure – just for you. Discover your inner strength today by visiting the Animo portal, downloading the Animo App, clicking on the Animo tile in the Be Well Portal, or you can access it through the SupportLinc website.

### Animo:

[www.goanimo.com](http://www.goanimo.com)



# MISSOURI LAGERS BENEFITS

## Understanding your LAGERS Benefits

You start earning service on the first day of full-time employment. Keep in mind, you must work **1,500** hours per year to be eligible.



Once you have worked 5 years (60 months) with any LAGERS employer, you are guaranteed to receive a benefit. The City of Belton fully funds your benefit. You pay 0% employee contribution.

Your LAGERS benefit is based on your highest consecutive **36-month** average salary in the last 120 months of credited service. The more you earn, and the longer you work, the larger your retirement benefit.

When you reach retirement, you will reap the fruits of your labor with secure income through your retirement years.

- **Normal Retirement Age:**
  - General = 60
  - Police & Fire = 55
- **Early Retirement Age:**
  - General = 55
  - Police & Fire = 50

## Disability & Survivor Benefits

If you have worked for a LAGERS employer for more than 60 months (5 years), you are eligible for disability and survivor benefits, and if you have not worked that long, you will still be eligible if the cause of disability or death is duty-related. You can find more information about your disability and survivor benefits in the member handbook.

## Benefits at a Glance:

- Eligibility: 5 years of service, 1,500 hours annually
- Program Multiplier: 2.00% (L-6)
- Final Average Salary: 3 years
- Contributions: 0% employee contribution
- Retirement Age: Normal retirement age

### Contact Us:

- [info@molagers.org](mailto:info@molagers.org)
- 1-800-447-4434
- [www.molagers.org](http://www.molagers.org)
- [Blog.molagers.org](http://Blog.molagers.org)



# 457(b) DEFERRED COMPENSATION PLAN

## About the 457(b) Plan

The City of Belton offers two 457(b) deferred compensation plans, one is administered by Mission Square Retirement and the other is Nationwide. Please note that these plans are NOT administered through Employee Navigator. The 457(b) plans are available to all full-time employees, and you are eligible immediately upon hire.

MissionSquare  
RETIREMENT

Nationwide®

**You can decide the amount to contribute and can start, stop, or change your contribution amount at any time.** You can elect to make pre-tax or post-tax contributions and may also transfer, or roll over, other eligible retirement accounts to the plan. The IRS limits contributions. The IRS limits for 2026 are shown below.

Plan	Normal Limit	"Age 50" Catch-up Limit	"Pre-Retirement" Catch-Up Limit
457(b)	\$24,500	\$8,000	\$11,500

You are always 100% vested in your own contributions and earnings! Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds. Carefully review your investment options before making your selections. You can make changes to your investments at any time.

## Roth Option

Employees have the option to contribute towards a Roth plan. Under a Roth plan, contributions are made after-tax. When taking withdrawals in retirement, distributions are tax-free, subject to specific IRS rules.

## Withdrawals and Loans

After you separate from service with your employer, you will be eligible to withdraw your money at any time, however, you will not be required to take any withdrawals until after age 73. While you are still employed, your withdrawal options are limited to attaining age 70 ½, balances under \$5,000 (with no contributions made for a period of two years), or emergency withdrawals, as defined by the IRS.

Your plan allows you to borrow money from your account while you are still employed. The maximum loan amount is limited to half of your account balance or \$50,000, whichever is less.

## Post-Retirement Public Safety Officer Benefit

This benefit allows those who retire in Public Safety the ability to withdraw \$3,000 tax-free to go towards health insurance premiums.

## Questions?

If you have questions about the 457(b) plans, please reach out to Emily Larkey at [elarkey@belton.org](mailto:elarkey@belton.org) or (816) 892-1251.

# HIGH BLUE WELLNESS CENTER

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## High Blue Wellness Center

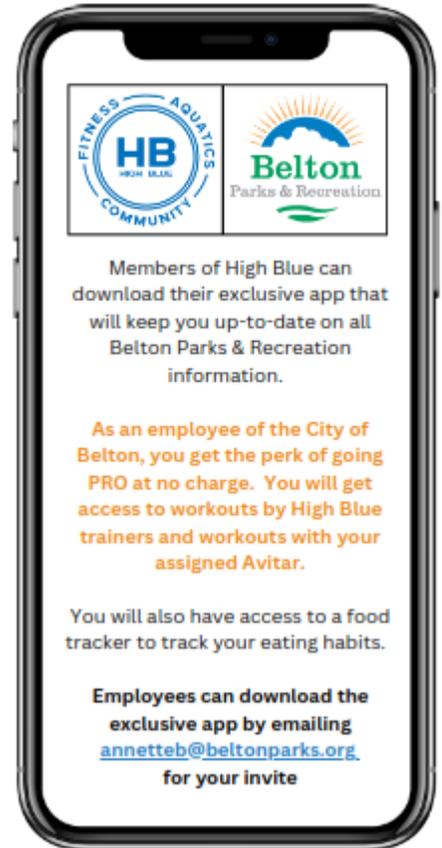
Employees are able to enjoy a FREE membership at High Blue, through Belton Parks & Recreation. Families include an employee and their dependents up to age 23. Dependents age 19-23 will have to provide documentation of their student status to be eligible.

### Amenities Include:

- Group fitness classes (i.e., Zumba, yoga, Pilates, water aerobics, spin & more)
- Cardio equipment
- Kids' classes
- Free weights
- Gymnasium (with scheduled activities including basketball, volleyball and pickle ball)
  - Check the schedule at [www.beltonparks.org/180/schedules](http://www.beltonparks.org/180/schedules)
- Garage gym
- Use of the zero-entry recreation pool, lazy river, and two recreation slides and use of the six-lane competition pool
- Sauna
- Kid's corner (for an additional cost)

For an additional fee you can participate in small group training or personal training.

To take a tour or to learn more information about High Blue, simply stop by the front counter, at 16400 N Mullen Road, visit [www.beltonparks.org/27/High-Blue](http://www.beltonparks.org/27/High-Blue) or contact Shanna Beltz at [shannab@beltonparks.org](mailto:shannab@beltonparks.org).



# SICK LEAVE POOL & PAID FAMILY LEAVE BENEFITS

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## Sick Leave Pool

The City of Belton is proud to offer an opportunity for full-time employees to voluntarily participate in a sick leave pool. This benefit is offered to provide a continuing income for full time, benefits eligible employees, who use up their sick leave and vacation days because of a leave through FMLA or other qualifying serious health condition, personal major illness or accident. This policy is not intended for minor illnesses after sick leave is used up, for family illness, death or personal business. Employees who choose to participate in this benefit must donate eight hours of sick time into the pool.

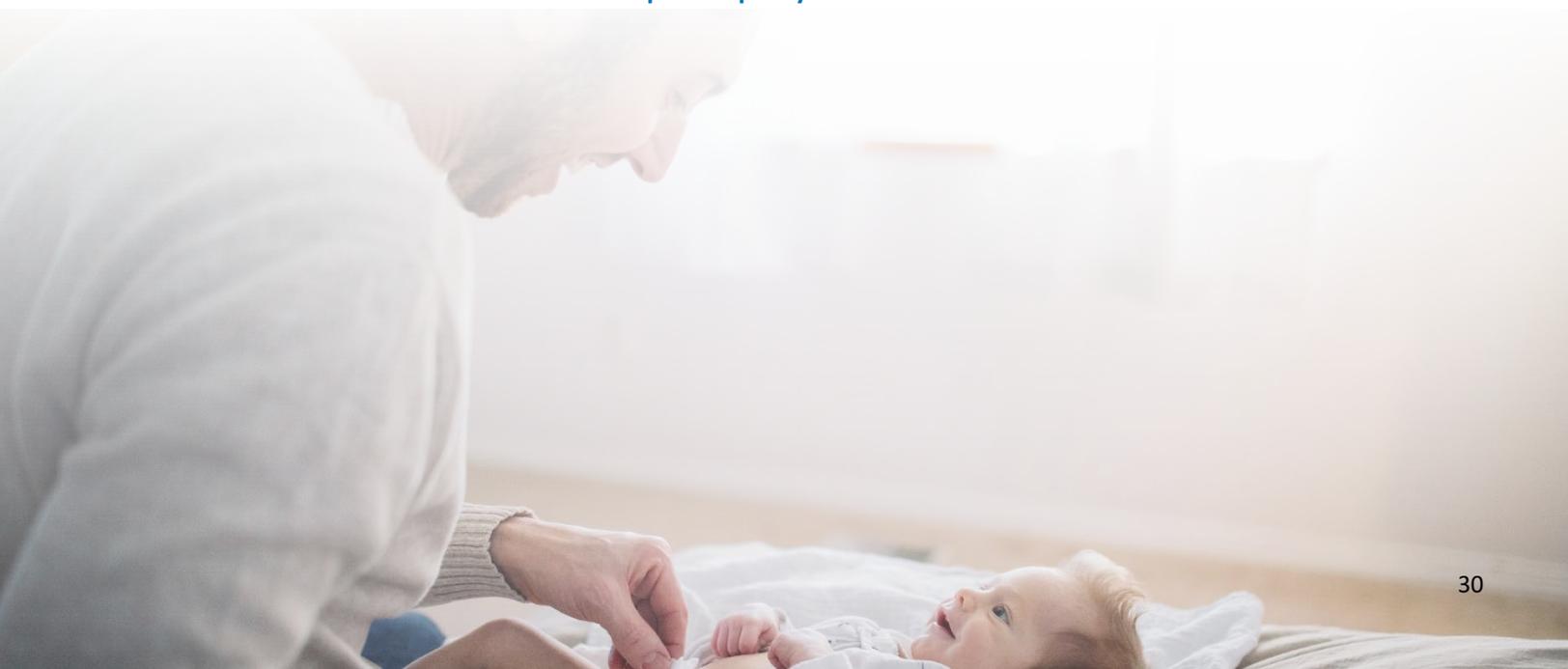
An employee may request up to a maximum of the number of hours budgeted in four scheduled work weeks, per fiscal year, which shall be paid back within 24 months from the date of approval. Pay back to the sick leave pool shall be made in the form of sick leave accrual received on a monthly basis and yearly vacation accrual. An employee may not request more time from the sick leave pool than what they accrue in a year through sick and vacation accrual and may not use the sick leave pool more than one time in a three-year period.

New full-time employees may join the sick leave pool within the first 90 days of employment. Employees that do not join at the time of employment may have the option to join once a year during open enrollment for health insurance enrollment. It is the employees' responsibility to sign up during the designated time as communicated by Human Resources. Employees that do not join are not eligible to join the sick leave pool at any other time than previously mentioned.

## Paid Family Leave

The Paid Family Leave policy allows full-time employees to take up to six weeks of paid time off to support employees as they care for their families and to bond with their newborn and/or newly placed children. To access this benefit, employees must complete designated FMLA forms and be approved by Human Resources. Eligible employees will receive 100% of their regular rate of pay for up to a maximum of six (6) calendar weeks in a twenty-four (24) month period. While on family leave, an employee will continue to accrue vacation and sick leave as well as all other benefits in accordance with city policy.

**Full details of the benefit can be found in the respective policy.**



# INSURANCE TERMS & GLOSSARY

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## **Coinsurance:**

The designated portion of the approved amount you are required to pay for covered services. This amount is typically a percentage of the service cost.

## **Copay:**

A copay is the amount you pay for covered services when you or a covered dependent visits a doctor's office or purchase a prescription drug. Medical and prescription drug copays do not apply toward your deductible but do apply toward your annual out-of-pocket maximum.

## **Deductible:**

A deductible is the amount you are responsible to pay for services such as doctor's visits, prescription drugs, inpatient hospital stays, outpatient surgery, and high-tech scans before the Plan begins to pay.

If you elect to cover any dependents, you will want to know how your Family Deductible works. This is important because it determines what you must pay out-of-pocket before the Plan begins to pay. Our Plan has an **Embedded Deductible**. Be sure to review the definition for Embedded Deductible to better understand how our plan works.

## **Dependent Care FSA:**

Pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.

## **Eligible Medical Expenses:**

Expenses that you are allowed to spend money on, as specified by the medical plan. Specific treatments and medication may qualify as eligible medical expenses, whereas rent or groceries would not. This term is commonly associated with health savings accounts.

## **Embedded Deductible:**

Under an embedded deductible, the single deductible is embedded in the family deductible, so no one family member can contribute more than the single amount towards the family deductible. Once the member meets their single deductible, they will start paying copays and coinsurance toward the out-of-pocket maximum.

## **Evidence of Insurability (EOI):**

Record of a person's past and current health events. It's used by insurance companies to verify whether a person meets the definition of good health.

## **Flexible Spending Account (FSA):**

Is an account in which you set aside pre-tax dollars to pay for eligible health care or dependent care expenses not covered by insurance. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck pre-tax.

## **Guaranteed Issue:**

The amount of life insurance available to an employee without having to provide Evidence of Insurability, or EOI.

## **Health Savings Account (HSA):**

This is an individually-owned, tax-advantaged account used to pay for eligible out-of-pocket health care expenses (i.e., medical, dental, vision, prescription drug). In order to participate, you must be enrolled in a Qualified High Deductible Health Plan (QHDHP) like The City's HDHP plan. You cannot contribute to an HSA if you are covered by a non-QHDHP such as a PPO plan with copays, covered by Medicare or Tricare, or covered as a dependent on another person's tax return.

## **Health Savings Account (HSA) Catch-Up Contributions:**

Employees 55 and older enrolled in the HSA may contribute an additional amount to the annual maximum. These contributions must end when the individual enrolls in Medicare.

## **High Deductible Health Plan (HDHP):**

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs require members to satisfy the deductible prior to the plan applying the coinsurance benefit. HDHPs are often coupled with an HSA.

## **In-Network Provider:**

In-Network providers are doctors and/or facilities who are contracted with the insurance company. In-network providers must accept the amount paid by the plan.

# INSURANCE TERMS & GLOSSARY CONT.

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## Limited-Purpose Health Care FSA:

This plan is for those enrolled in the HDHP plan (with an HSA) and can only be used for non-medical expenses such as dental, vision, and orthodontia expenses.

## Out-of-Pocket Maximum:

Every calendar year you have an Out-of-Pocket Maximum, which is the maximum amount you will pay out-of-pocket for covered medical services. It includes the deductible, coinsurance, medical copays, and prescription drug copays. Charges for non-covered services, non-compliance penalties and charges in excess of Aetna's negotiated fees do not count toward the Out-of-Pocket Maximum. Once the annual Out-of-Pocket Maximum has been reached, the Plan will pay 100 percent for covered services.

## Preferred Provider Organization (PPO) Plans:

Plans that allow you to choose any provider, in or out-of-network. Discounts are greater when choosing in-network providers.

## Premium:

The amount you pay for a health plan in exchange for coverage. This is sometimes shown as a per-paycheck, monthly, or annual amount, so pay attention to how it's written in your benefits descriptions.

## Qualifying Event:

Circumstances that can significantly impact your personal and financial situation—such as getting married, divorced, having a baby or adopting a child, and the death of a spouse. Changes must be made within 30 days of the qualifying event. If changes are not made during that time, you must wait until the next open enrollment period to change your benefits. To make a change, submit the qualifying event through Employee Navigator. Contact Human Resources if you have questions.









