

2024 - 2025 Employee Benefit Guide

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS
PROVIDED BY CITY OF EAST RIDGE TO HELP YOU ENJOY
INCREASED WELL-BEING AND FINANCIAL SECURITY

CITY OF EAST RIDGE



Benefits for 2024 - 2025

Introduction

As an employee of City of East Ridge, enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2024 - 2025 plan year, the City of East Ridge has worked hard to offer a total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and the City of East Ridge is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your City of East Ridge benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



Update On Health Care Reform

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).



Benefits for 2024 - 2025

Enrollment Instructions

Go to <https://employeenavigator.com>. (Do not include "www".)

STEP 1: Register by clicking Login and Register as a new user. Your Company identifier is **CityOfEastRidge**.

STEP 2: Once registered/logged in, you will be taken to the Employee Navigator Terms of Use & Privacy Policy. Scroll down to **Accept and Continue**. Please select **Continue** and then **Let's Begin**. Click **Sign Document** to agree to the electronic signature and consent. Click **Finish**. You will now be taken to the Homepage where you will select **Start** and then **Get Started**.

STEP 3 : Review your personal information for accuracy. To continue through the enrollment process, you will click **Save & Continue** at the bottom of each page.

STEP 4: On the Dependent Information screen add/review your dependents. If you need to add or remove any dependents it must be completed on this page. Once your dependents have been updated click on **Save & Continue**.

STEP 5: Now you are on the medical enrollment page. Select who will be covered under "**Who am I enrolling?**". This will update the cost per pay period to the appropriate coverage level. Click **Select** in the plan box to enroll in the plan. You can view the plan information documents under Helpful Resources on the right side of the page. Click **Save & Continue** once your medical selection is complete. If you are declining coverage, click **Don't want this benefit?** and select the applicable reason. *****Make sure that all dependents that are to be enrolled in the coverage have a green check mark next to their name.** ***

STEP 6: Repeat step 5 for Dental and Vision.

STEP 7: Basic Life and AD&D is a company paid benefit. Please select your election for **Additional coverage for dependents** from the dropdown. Review the benefit and CLICK ON **SAVE & CONTINUE**

STEP 8: Now you will list your beneficiaries for your Basic Life and AD&D policy. Begin by clicking **add a beneficiary**. If your beneficiary is also a dependent, select the drop-down box for **Copy existing dependent**. If you are not listing a dependent as a beneficiary, select the drop-down box for **Beneficiary Type** and choose **Person**. Review/complete the beneficiary information (relationship, first name, last name and allocation % are required fields). The allocation % for all beneficiaries must equal 100%. Click **Save** to return to the Beneficiaries Form. Click **Continue** to proceed with your enrollment.

STEP 9: The next benefit is Voluntary Life – this is the employee paid additional life insurance. If you would like to elect additional life insurance this is where you would choose your benefit level. You can review your current benefit under **My Selections** to the right. **The amount elected must match your current amount for you to remain enrolled.** Please note that if you want additional life insurance for a spouse or children you are required to elect coverage for yourself. You can view different coverage amounts by sliding the button on the slider bars. Any increases or newly added coverages will require EOI. Please click on **Open Link** to complete the EOI electronically. The Policy Number is **760836**. Repeat step 8 for assigning beneficiaries and continue to Voluntary AD&D. EOI is not required for Voluntary AD&D.

STEP 10: The next benefit is Voluntary Short-Term Disability. Your weekly benefit amount and Cost per pay period will be displayed. To enroll, click **Select**. If you wish to decline the benefit, click **Don't want this benefit?** and choose the applicable reason.

STEP 11: Repeat step 7 for Long Term Disability. This is another company paid benefit.

STEP 12: Continue on to Critical Illness and Accident. To enroll, click **Select**. If you wish to decline the benefit, click **Don't want this benefit?** and choose the applicable reason. Repeat step 8 for assigning beneficiaries for Critical Illness if electing.

STEP 13: The final step is to apply your electronic signature. If you do not select **Click to Sign**, your enrollment will not be processed.

Benefits for 2024 - 2025

Overview Of Benefits Program

City of East Ridge provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

Benefits At-A-Glance

Carrier	Coverage
Cigna	Medical
Guardian	Dental Vision
The Standard	Life & AD/D Long Term Disability Short Term Disability Accident Insurance Critical Illness Insurance

Eligibility

- All employees actively at work for a minimum of 30 hours per week

New Hire Enrollment Deadline: within 30 days of the date you are first eligible for coverage.

Benefits for 2024 - 2025

Overview Of Benefits Program

Changes and Qualifying Events

When Coverage Begins

Employees are eligible for all benefits the first of the month following 60 days of employment

When Coverage Ends

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status (Marriage, Divorce)
- Changes in number of dependents (Birth of a child, Death of a dependent)
- Reduction in hours resulting in loss of eligibility
- Dependent satisfies or ceases to satisfy eligibility requirement
- Loss or gain of other coverage
- Enrollment in Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

Changes in coverage due to a qualifying event must be requested within 30 days of the event. Otherwise, you must wait until the next annual enrollment to make a change.

Benefits for 2024 - 2025

Medical



Summary of Coverage

The below medical plans are available to you through Cigna.

Plan Features	HRA 4000 Option 1	HRA 6000 Option 2
IN NETWORK		
Calendar Year Deductibles (Indiv / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000
Preventive Care	\$0	\$0
Primary Care Visit	10%	20%
Specialist Visit	10%	20%
Diagnostic Exam	10%	20%
X-Rays	10%	20%
Complex Images	10%	20%
Outpatient Procedure	10%	20%
Inpatient Visit	10%	20%
Emergency Room	10%	20%
Urgent Care	10%	20%
Pharmacy / RX (30 Day Supply)	\$10 copay / \$35 copay / \$50 copay	\$10 copay / \$30 copay / \$50 copay
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$4,000 / \$8,000	\$6,000 / \$12,000
Bi-Weekly Cost		
Employee	\$43.84	\$19.75
Employee + 1	\$112.52	\$64.28
Employee + Family	\$163.62	\$93.48

* Member may be responsible for any amount over the allowed amount

Benefits for 2024 - 2025

Health Reimbursement Account (HRA)

For 2024 – 2025 the City of East Ridge is offering a Health Reimbursement Account (HRA). This is how an HRA works:

- The City of East Ridge sets up an HRA for each participant.
- You don't contribute any money to your HRA account; the HRA account is funded entirely by the City of East Ridge .
- HRA funds are processed and managed directly through Cigna.

Please contact Customer Service at the number on the back of your ID card for questions related to claims and HRA balance information.

Health Reimbursement Account (HRA)

	<table border="1"> <tr> <td>10% Employee</td> <td rowspan="2">100% Cigna</td> </tr> <tr> <td>90% Employer</td> </tr> </table>	10% Employee	100% Cigna	90% Employer		
10% Employee	100% Cigna					
90% Employer						
	<table border="1"> <tr> <td>\$1,000</td> <td>\$2,000</td> <td>\$3,000</td> <td>\$4,000</td> <td>\$4,001+</td> </tr> </table>	\$1,000	\$2,000	\$3,000	\$4,000	\$4,001+
\$1,000	\$2,000	\$3,000	\$4,000	\$4,001+		
Employee	\$400	Annual Total: \$400				
Employer	\$3,600	\$3,600				

	<div> <div>20% Employee</div> <div>80% Employer</div> </div>	100% Cigna
	<div>\$1,000</div> <div>\$2,000</div> <div>\$3,000</div> <div>\$4,000</div> <div>\$5,000</div> <div>\$6,000</div>	<div>\$6,001+</div>
Employee	\$1,200	Annual Total: \$1,200
Employer	\$4,800	\$4,800

Benefits for 2024 - 2025

Medical



Key Terms to Remember

Annual Deductible

All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each plan year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance.

*Except for Grandfathered medical plans

Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. **Copays** are a fixed dollar amount and are usually due at the time you receive care. **Coinsurance** is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.

Plan Types

EPO/PPO – A network of doctors, hospitals and other health care providers

HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care

POS – Combines aspects of a PPO and HMO

HDHP – A plan that has higher annual deductibles in exchange for lower premiums.



Wellness and Health Management

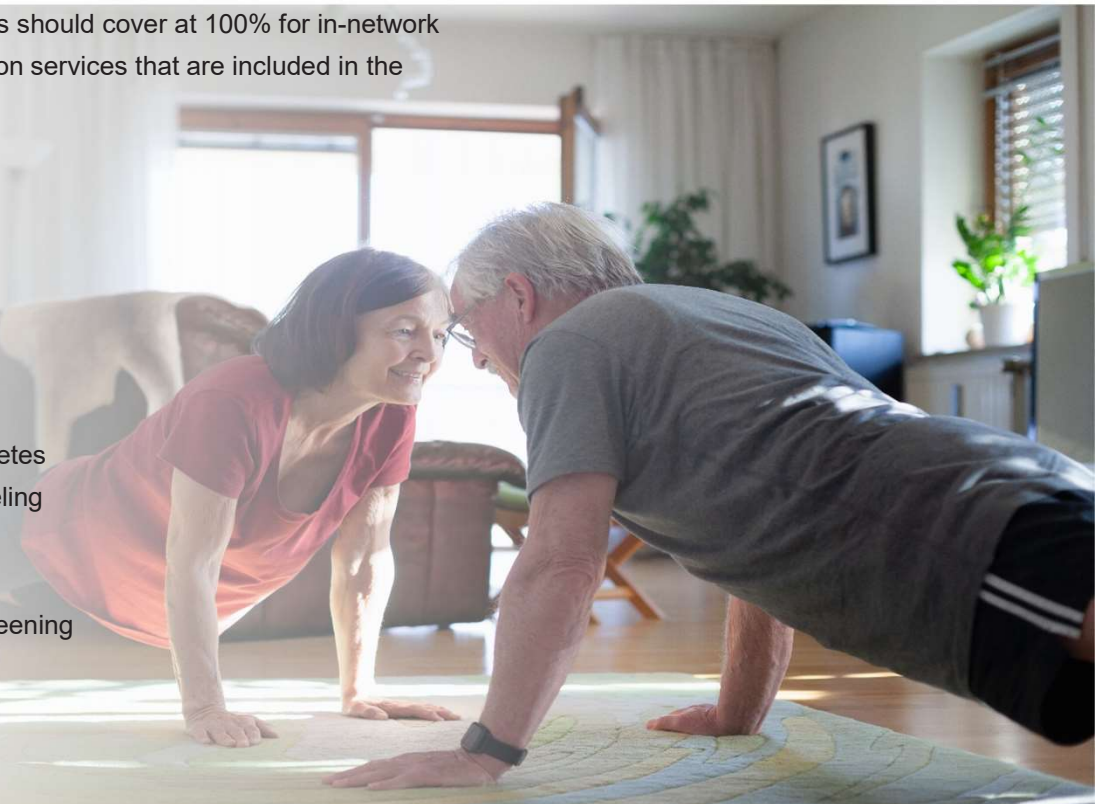
Preventative Care

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by the City of East Ridge, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence



“An ounce of prevention is worth a pound of cure”

Benefits for 2024 - 2025

Cigna Portal Instructions

EASY TO REGISTER.

EASY TO USE.

Get to know the full value of myCigna.

From programs that help improve your health to tools that help manage your health spending, there's so much you can do on myCigna.com or the myCigna® app.



Find in-network doctors, hospitals and medical services



Manage and track claims



See cost estimates for medical procedures



Compare quality of care information for doctors and hospitals



Access a variety of health and wellness tools and resources



The myCigna website and app both have an easy, interactive health assessment to help you learn more about your health and what you can do to improve it.



Register today

You can register online or through the app.

1. Go to the **myCigna.com** website or launch the **myCigna app** and select "Register Now"
2. **Enter** your requested information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address
5. **Review** and submit



Feel better-protected

Cigna is as committed to helping protect your health information as we are to protecting your health and well-being. That's why we take certain steps to enhance the security of your personal health information on the myCigna website and app.

- › **Enhanced registration**
- › **Two-step authentication**

Together, all the way.®



Benefits for 2024 - 2025

Cigna Portal Instructions



Enhanced registration

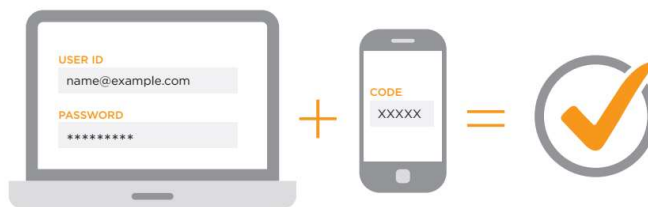
When you register for the first time on the myCigna website or app, you'll be required to provide a primary email address. Having an email address helps Cigna better protect the information in your myCigna account. We can send automatic alerts when you update your email or password. Your email address also can be used when you need help recovering your myCigna user ID or password.



Two-step authentication

With two-step authentication, you have the option of adding an extra layer of security to your myCigna account to further protect your claim, health and account information.

1. First, you'll be encouraged **to add, update and verify contact information – email addresses and mobile phone numbers.**
2. Once you enable two-step authentication and log in to your myCigna account, you'll be asked **to enter your user ID and password, as well as a six digit code that will be sent to either your email address or mobile phone number.** You'll also be offered to select "Remember this Device." If this choice is selected, you won't be prompted for a code each time you log in to your myCigna account from that device.



Questions?

If you have any questions about your myCigna account or your plan benefits, call the number on the back of your Cigna ID card. Customer service representatives are ready to speak with you 24/7/365.



Now compatible with iPhone® X devices

The Apple® Face ID® feature for iPhone X devices is a new way to unlock and authenticate your myCigna app. It's even more convenient than the Touch ID® tool, and makes authenticating fast and easy. Other iPhone users can still use Touch ID to log in to the app.*

Together, all the way.®



Benefits for 2024 - 2025

Cigna Virtual Care

HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care¹ from MDLIVE.[®]



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

MDLIVE[®]

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost² to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours



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Offered by: Cigna Health and Life Insurance Company or its affiliates.

Benefits for 2024 – 2025

Cigna Virtual Care

3 easy steps to connect to care

Virtual care visits are convenient and easy.
To schedule an appointment:



Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor." You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)



Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



Visit myCigna.com to make an appointment for virtual care today.

Together, all the way.*



1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

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Benefits for 2024 - 2025

Dental Coverage



Summary of Coverage

Your dental coverage



PPO plan, you'll have access to one of the largest networks of dentists with two reimbursement levels that give you more control over savings. You will always save money with any dentist in Guardian's network and when they belong to a tier in the Tier 1 reimbursement level you will maximize your savings. Reimbursement for covered services received from a non-contracted dentist will be based on Guardian's fee schedule.

Your Dental Plan	PPO	
	Tier 1	Tier 2
Your Network is DentalGuard Preferred Network	In-Network	Out-of-Network
Calendar year deductible	<i>Tier 1</i>	<i>Tier 2</i>
Individual	\$50	\$50
Family limit	3 per family (applies to all levels)	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>Tier 1</i>	<i>Tier 2</i>
Preventive Care	100%	100%
Basic Care	90%	80%
Major Care	60%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500 (applies to all levels)	
Preventive Services Exempt from Maximum	Yes (applies to all levels)	
Maximum Rollover	Yes (applies to all levels)	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500 (applies to all levels)	
Dependent Age Limits	26 (applies to all levels)	

BI-WEEKLY COSTS	
Employee	\$1.62
Employee + 1	\$2.88
Employee + Family	\$6.14

Benefits for 2024 - 2025

Dental Coverage



Summary of Coverage

Your dental coverage



A Sample of Services Covered by Your Plan:

		PPO Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis) Frequency:	Tier 1 100%	Tier 2 100%
	Fluoride Treatments Limits:	2 per calendar year (applies to all levels) 100%	100%
	Oral Exams	Under Age 19 (applies to all levels) 100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance Frequency:	Once Every 6 Months (applies to all levels) 90%	80%
	Root Canal	90%	80%
	Scaling & Root Planing (per quadrant)	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Dental Implants	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Repair & Maintenance of Crowns, Bridges & Dentures	60%	50%
	Single Crowns	60%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren) (applies to all levels)	

Guardian's Preferred Provider Organization consists of Dentists in the DentalGuard Preferred ("DGP") network. These tiers represent specific benefit levels as described in Your Schedule of Benefits. Network access varies by geographic location and zip code. Please visit www.Guardianlife.com to confirm your Dentist's tiered participation.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

Benefits for 2024 - 2025

Vision Coverage



Summary of Coverage

The below vision plan is available to you on a voluntary basis through Guardian.

Your vision coverage

Option 1: Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks® and Warby Parker®. You can also use your network benefits online at Visionworks®.com, glasses®.com, WarbyParker®.com, or 1800contacts®.com.

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
Your Bi-weekly premium	\$ 1.24	
You and 1 dependent	\$ 3.72	
You, Spouse and Child(ren)	\$ 6.75	
Copay		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$120*2	Amount over \$48
Contact Lenses (Elective and conventional)	85% of amount over \$120*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$120*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	50% at Visionworks and 30% at other in network providers	No discounts
Laser Correction Surgery Discount	Savings of 20-35% off national average price thru Davis laser vision network	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)†‡	Every calendar year	
Frames	Every two calendar years	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
Dependent Age Limits	26	

Visit www.Guardianlife.com and click on "Find a Provider"

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

Benefits for 2024 - 2025

Vision Coverage



Summary of Coverage

Your vision coverage

Davis

- ‡Benefit includes coverage for glasses or contact lenses, not both.
- Contact lenses from Davis Vision's Collection are available at most private practice locations with Full Feature and Materials Only plans. Contacts from the collection are covered in full including fitting and evaluation, in excess of the plan's materials copay. Elective contacts that are not part of the Collection are covered up to the plan's elective contact lens allowance and the materials copay is waived.
- *Additional discounts are not available at all private practice locations. Costco, Walmart, Sam's Club, glasses.com, and 1800contacts.com do not allow additional discounts.
- For Davis Vision, complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period. Only charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use.
- ²Extra \$50 at Visionworks stores and at Visionworks.com.
- In Network Routine Retinal Screening Covered after no more than a \$39 copay.
- Members can use their in network benefits at visionworks.com, warbyparker.com, glasses.com, and 1800contacts.com. Additional discounts are not available at glasses.com or 1800contacts.com. Discounts may vary at Warby Parker.

EXCLUSIONS AND LIMITATIONS

Important Information: This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes.

The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-I-DAVIS-05-VIS et al.

Laser Correction Surgery:

In Network savings of 20%-35% off national average price of traditional Lasik are available at over 800 locations across the Davis nationwide network of laser vision correction providers

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Benefits for 2024 - 2025

Life Insurance



Summary of Coverage



City of East Ridge provides this valuable benefit at no cost to you.

Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's, or his or her dependent's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by City of East Ridge, except for the cost of your dependent's insurance, which is paid by you through payroll deduction. Your dependents will need to provide acceptable evidence of good health if you elect coverage after initially becoming eligible. Enrollment materials needed to elect coverage will be provided.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$20,000.
Basic AD&D Coverage Amount	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
Basic Dependents Life Coverage Amount	<p>The Basic Dependents Life coverage amount for your eligible spouse is \$5,000. Your spouse is the person to whom you are legally married.</p> <p>The Basic Dependents Life coverage amount for each of your eligible children is \$2,000. Child means your child from live birth through age 25.</p>

Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Other Basic AD&D Features

- Expanded AD&D Package
- Family Benefits Package
- Line of Duty Benefit (Public Safety Employees only)
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D and Basic Dependents Life insurance policy sponsored by City of East Ridge. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, exclusions and when The Standard and City of East Ridge may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For costs and more complete details of coverage, contact your human resources representative.

Benefits for 2024 - 2025

Life Insurance



Summary of Coverage

Group Life and AD&D Insurance

City of East Ridge provides this valuable benefit at no cost to you.

Line of Duty Benefit

Helping Protect Those Who Protect and Serve

On a daily basis, firefighters and police officers put their lives on the line to keep our homes and communities safe and secure. To help protect them and their families from a financial loss after a covered line of duty accident, Standard Insurance Company (The Standard) offers an optional Line of Duty Benefit to public employer groups with Group Life and AD&D insurance, who cover employees meeting the group policy's definition of a public safety officer.

This optional benefit provides public safety officers an additional \$50,000 or 100 percent of the AD&D insurance benefit, whichever is less, when suffering a loss for which an AD&D insurance benefit is payable and which is the result of a line of duty accident.

Public safety officers include police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters meeting the definition of a public safety officer.

In the Line of Duty: The Stories Behind the Numbers

Two examples* of how the Line of Duty Benefit can help:

While on duty, a firefighter insured for \$100,000 of Life and AD&D insurance coverage responds to a building fire. A gas leak occurs, causing an explosion that results in the firefighter's death. In this example, the firefighter's beneficiaries may be eligible to receive the following: Life benefit of \$100,000 and AD&D benefit of \$100,000, plus a \$50,000 Line of Duty Benefit for a total payment of \$250,000.

While on duty, a police officer insured for \$100,000 of Life and AD&D insurance coverage is involved in a high-speed chase that ends in a collision, resulting in the loss of sight in one of his eyes. In this example, the police officer may be eligible to receive the following: An AD&D benefit of \$50,000, as the policy pays 50 percent of the AD&D benefit for loss of the sight of one eye, plus a \$50,000 Line of Duty Benefit for a total payment of \$100,000.

With the Line of Duty Benefit from The Standard, public employer groups can help provide financial protection to public safety officers who have dedicated their lives to protect and serve.

* The examples above are hypothetical and are used for illustrative purposes only. This policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or terminated. Please contact The Standard for additional information, including costs and complete details of coverage.



For more information about the Line of Duty Benefit and Group Life and AD&D insurance available from The Standard, contact your insurance advisor or the Employee Benefits Sales and Service Office for your area today at 800.633.8575.

Benefits for 2024 - 2025

Voluntary Life Insurance



Summary of Coverage

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time — and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die

🔗 About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.

For You: **\$10,000 – \$500,000** in increments of \$10,000

For Your Spouse: **\$5,000 – \$500,000** in increments of \$5,000

For Your Child(ren): **\$10,000**

What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You: Up to **\$150,000**

For Your Spouse: Up to **\$50,000**

If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependents Life coverage for your child(ren), your monthly rate is \$1.82 for \$10,000, no matter how many children you're covering.

Age (as of July 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<35	\$0.126	\$0.126
35–39	\$0.156	\$0.156
40–44	\$0.230	\$0.230
45–49	\$0.399	\$0.399
50–54	\$0.607	\$0.607
55–59	\$0.769	\$0.769
60–64	\$1.192	\$1.192
65–69	\$2.206	\$2.206
70+	\$3.623	\$3.623

Please note: Requests for coverage or increases for coverage amounts over the guaranteed issue amount will require the completion of an Evidence of Insurability (EOI) form and approval by underwriting at The Standard.

To save time and get faster results, you may submit a Web Form online but visiting:

http://www.standard.com/mybenefits/mhs_ho.html

Benefits for 2024 - 2025

Voluntary Life Insurance



Summary of Coverage

Important Details

Here's where you'll find the nitty-gritty details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. If this requirement is not met, the additional coverage will not become effective. To be eligible for coverage, you must be:

- An active employee of City of East Ridge and regularly working at least 30 hours per week **OR** an employee of City of East Ridge who retired under the employer's retirement program
- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependents Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married. Child means your child from live birth through age 25. Your child cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements
- Eligible but not insured under the prior life insurance plan

Visit www.standard.com/mhs to submit a medical history statement online.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),

- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee. Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage.

*Defined as first of the month that follows 60 consecutive days as a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your [spouse's] age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until Social Security Normal Retirement Age (SSNRA), provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Benefits for 2024 - 2025

Voluntary AD&D Insurance



Summary of Coverage

Enhance Your Safety Net With Protection Against Unexpected Loss

Accidental Death & Dismemberment (AD&D) insurance helps protect against the sudden financial loss often brought on by an accidental death. It can also help you pay for unexpected expenses associated with surviving an accident that results in a severe physical loss. You can elect to cover your eligible spouse and children as well.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Coverage for accidental death and dismemberment

? About This Coverage

How Much Can I Apply For? Note: You can't buy more coverage for your spouse and child(ren) than you buy for yourself. Coverage for your spouse is limited to 100% of your coverage. Coverage for your child(ren) cannot exceed 100% of your coverage.	<table> <tr> <td>For You:</td><td>\$10,000 – \$500,000 in increments of \$10,000</td></tr> <tr> <td>For Your Spouse:</td><td>\$5,000 – \$500,000 in increments of \$5,000</td></tr> <tr> <td>For Your Child(ren):</td><td>\$2,000 – \$10,000 in increments of \$2,000</td></tr> </table>	For You:	\$10,000 – \$500,000 in increments of \$10,000	For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000	For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000
For You:	\$10,000 – \$500,000 in increments of \$10,000						
For Your Spouse:	\$5,000 – \$500,000 in increments of \$5,000						
For Your Child(ren):	\$2,000 – \$10,000 in increments of \$2,000						

\$ How Much Your Coverage Costs

Because this insurance is offered through City of East Ridge, you'll have access to competitive group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on the benefit amount you elect.

If you buy coverage for your spouse and/or children, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use the appropriate rate for the premium you are calculating.

Coverage for...	Cost per \$1,000 of Coverage
You	\$0.02
Your spouse	\$0.026
Your children, regardless of how many	\$0.026

Benefits for 2024 - 2025

Voluntary AD&D Insurance



Summary of Coverage

Important Details

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be:

- An active employee of City of East Ridge and regularly working at least 30 hours per week **OR** an employee of City of East Ridge who retired under the employer's retirement program

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy AD&D insurance for yourself, you can also buy AD&D coverage for your dependents. You may also choose to cover your child. Child means your unmarried child from live birth through age . Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Coverage Effective Date

To become insured, you must

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Apply for coverage and agree to pay premium and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, including AD&D insurance for your dependents, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your coverage, including AD&D insurance for your dependents.

*Defined as first of the month that follows 60 consecutive days as a member

Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 70 and to 50 percent at age 75. If you are age 70 or over, ask your human resources representative or plan administrator for the amount of

coverage available.

AD&D Benefits

The amount of your or your dependent's AD&D benefit for losses covered under this plan is a percentage of the amount of your or your dependent's AD&D insurance in effect on the date of the covered accident as shown below. No more than 100 percent of the AD&D benefit will be paid for all losses resulting from one accident.

Any loss must be caused solely and directly by an accident within 365 days of the accident. A certified copy of the death certificate is needed to prove loss of life.

Covered loss:	Percentage of AD&D benefit payable:
Life ¹	100%
One hand or one foot ²	50%
Sight in one eye, speech or hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia	100%
Hemiplegia	50%
Paraplegia	50%

All other losses must be certified by a physician in the appropriate specialty determined by The Standard.

1 Includes loss of life caused by accidental exposure to adverse weather conditions or disappearance if disappearance is caused by an accident that reasonably could have resulted in your death.

2 Even if the severed part is surgically re-attached. This benefit is not payable if an AD&D benefit is payable for quadriplegia, hemiplegia, paraplegia involving the same hand or foot.

3 This benefit is not payable if an AD&D benefit is payable for the loss of the entire hand.

Benefits for 2024 - 2025

Voluntary Short-Term Disability Insurance



Summary of Coverage



Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.

? About This Coverage

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$750** per week. Plan minimum **\$15** per week.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

14 days for accidental injury
14 days for physical disease, pregnancy or mental disorder

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

180 days

STD coverage is contributory, meaning that you are responsible for paying for the cost through payroll deduction. Calculate your cost by dividing your weekly benefit by 10 and multiplying the result by the rate **\$0.60**. Follow the example below to estimate your bi-weekly payroll deduction.

Use this formula to calculate your premium payment:



Benefits for 2024 - 2025

Voluntary Short-Term Disability Insurance



Summary of Coverage

Additional Features

Your coverage comes with some added features:

Return to Work Incentive

Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit and your work earnings exceeds 100 percent of your predisability earnings.

Help with Returning to Work

If a worksite modification would enable you to return to work, we can help your employer make approved modifications by covering some or all of the cost.

Not being able to work also means not being able to earn a paycheck. As you consider Short Term Disability Insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/disability/needs.

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- An activity arising out of or in the course of any employment for wage or profit

Benefits for 2024 - 2025

Long-Term Disability Insurance



Summary of Coverage



City of East Ridge provides this valuable benefit at no cost to you.

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by City of East Ridge.

Eligibility

Definition of a Member	You are a member if you are a regular employee of City of East Ridge, actively working at least 30 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Eligibility Waiting Period	You are eligible on the first of the month that follows 60 consecutive days as a member.

Benefits

Monthly Benefit	60 percent of the first \$8,333 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100 or 10 percent of the Long Term Disability benefit before reduction by deductible income, whichever is greater
Benefit Waiting Period	180 days

This information is only a brief description of the group Long Term Disability insurance policy sponsored by City of East Ridge. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and City of East Ridge may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Benefits for 2024 - 2025

Voluntary Plans



Critical Illness

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$10,000	\$20,000
Total Out-Of-Pocket Expenses	\$10,900	\$10,900
Remaining Out-Of-Pocket Expenses	\$900	\$0
Remaining Benefit For Other Expenses	\$0	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$20,000 in increments of \$5,000
Your spouse	\$5,000-\$20,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

Benefits for 2024 - 2025

Voluntary Plans



Critical Illness

Affordable Group Rates

Because you'll be buying this insurance through City of East Ridge, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The biweekly premiums you would pay for Critical Illness insurance benefits are below.

Employee Biweekly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.81	\$1.22	\$2.49	\$5.19	\$9.62	\$16.94
\$10,000	\$1.62	\$2.45	\$4.98	\$10.38	\$19.25	\$33.88
\$15,000	\$2.42	\$3.67	\$7.48	\$15.58	\$28.87	\$50.82
\$20,000	\$3.23	\$4.89	\$9.97	\$20.77	\$38.49	\$67.75

Spouse Biweekly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.81	\$1.22	\$2.49	\$5.19	\$9.62	\$16.94
\$10,000	\$1.62	\$2.45	\$4.98	\$10.38	\$19.25	\$33.88
\$15,000	\$2.42	\$3.67	\$7.48	\$15.58	\$28.87	\$50.82
\$20,000	\$3.23	\$4.89	\$9.97	\$20.77	\$38.49	\$67.75

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$20,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Benefits for 2024 - 2025

Voluntary Plans



Critical Illness

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

- Active participation in a violent disorder or riot
- Being intoxicated or under the influence of narcotics, unless administered on the advice of a Physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony or act of terrorism

Benefits for 2024 - 2025

Voluntary Plans



Accident

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$150
X-ray	\$50
Concussion	\$150
Leg Fracture (Surgical)	\$2,400
Knee Cartilage Repair	\$750
Hospital Admission	\$1,000
2 Days Hospital Confinement	\$400
Medical Appliance	\$100
Physician Follow-Up Appointment	\$50
2 Physical Therapy Appointments	\$100
TOTAL	\$5,150

Here's what it would cost you:

Coverage for...	BiWeekly Premium
You	\$4.45
You and your spouse	\$7.08
You and your children	\$8.42
You, your spouse and your children	\$13.20

Benefits for 2024 - 2025

Voluntary Plans



Accident

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury <ul style="list-style-type: none"> • Burns • Dislocations • Eye Injuries • Concussion • Loss of Hearing • Lacerations • Fractures • Coma • Paralysis 	Emergency <ul style="list-style-type: none"> • Emergency Dental • Urgent Care • Ambulance • Emergency Room • X-ray • Major Diagnostic Exam 	Surgery <ul style="list-style-type: none"> • Abdominal/Thoracic Surgery • Outpatient Surgical Facility • Skin Grafts • Knee Cartilage/ Ligament/ Tendon Repair • Ruptured Disk • Rotator Cuff
Hospitalization <ul style="list-style-type: none"> • Hospital Admission • Hospital Confinement • CCU Confinement • CCU Admission 	Follow-Up Care <ul style="list-style-type: none"> • Chiropractor • Medical Appliance • Hearing Device • Physical Therapy • Physician Care • Prosthesis • Rehab Facility 	Value Added Benefits <ul style="list-style-type: none"> • Transportation • Lodging • Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment – Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Line of Duty Benefit – Provides an additional benefit for public safety officers who suffer an accidental death or covered dismemberment or impairment while on the job.

Health Maintenance Screening Benefit – Pays a \$50 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Automobile Accident Benefit – Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

Benefits for 2024 - 2025

Voluntary Plans



Accident

Important Details

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of City of East Ridge, actively working in the United States at least 30 hours per week and a citizen or resident of the United States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Accident insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane

- Committing or attempting to commit a felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in high-risk sports or activities such as (but not limited to) bungee jumping, parachuting, base jumping, mixed martial arts or mountain climbing
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

Benefits for 2024 - 2025

Voluntary Plans

Value-Add Services Available



- **Travel Assistance** – available to members enrolled in **Basic Life** insurance
Insured members and their families have 24/7 access to medical, legal and trip assistance information, as well as referral and coordination services.
 - Available domestically when participants travel 100 miles or more from home
 - Available internationally when participants are in a foreign country for trips lasting up to 180 days
- **Life Services Toolkit** – available to members enrolled in **Basic Life** insurance
The Life Services Toolkit helps beneficiaries cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, address financial concerns, and more.
 - Online resources and tools include will preparation, estate planning, identity theft, wellness improvement and more
- **Employee Assistance Program** – available to members enrolled in **Long Term Disability** insurance
The Employee Assistance Program offers in-person and phone services to help employees and their household family members during challenging times.
 - Services range from work and life services and legal and financial counseling
 - Three in-person counseling visits per incidence per year
- **Health Advocate Select** – available to members enrolled in **Short Term Disability** insurance
Health Advocate Select helps employees manage their healthcare while on an approved short-term disability claim.
 - Ease HR's administrative burden
- **Health Maintenance Screening Benefit** – available to members enrolled in **Accident, Critical Illness and/or Hospital Indemnity** insurance
 - Cash benefit each calendar year when an insured completes any one of the approved wellness tests.

Benefits for 2024 - 2025

Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that addresses the privacy and security of certain individually identifiable health information, called protected health information (or PHI). You have certain rights with respect to your PHI, including a right to see or get a copy of your health and claims records and other health information maintained by a health plan or carrier. For a copy of the Notice of Privacy Practices, describing how your PHI may be used and disclosed and how you get access to the information, contact Human Resources.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

These will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this benefits plan.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Michelle Sinigaglio at 423-867-7711 or msinigaglio@eastridgetn.gov.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, Michelle Sinigaglio at 423-867-7711 or msinigaglio@eastridgetn.gov

Benefits for 2024 - 2025

Legal Notices

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

Benefits for 2024 - 2025

Legal Notices

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Benefits for 2024 - 2025

Legal Notices

Important Notice from the City of East Ridge about your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it in a safe place. This notice has information about your current prescription drug coverage with the City of East Ridge and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering

Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The City of East Ridge has determined that the prescription drug coverage offered by the City of East Ridge Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of East Ridge coverage will not be affected if working full time. You can keep this coverage if electing part D and this plan will coordinate with Part D coverage, and the City of East Ridge will be Primary for the Employee.

If you do decide to join a Medicare drug plan and drop your current City of East Ridge coverage, be aware that you and your dependents will be able to get this coverage back during the City of East Ridge Open Enrollment Period for all full time eligible employees or early retirees who have not reached the age of 65 years of age.

When Will You Pay A Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of East Ridge and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage Contact Michelle Sinigaglio at 423-867-7711

NOTE: You will receive this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through City of East Ridge changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Benefits for 2024 - 2025

Contact Information

Carrier Name	Website	Email	Phone Number
Cigna (Medical)	www.cigna.com	members@cigna.com	800-244-6224
Guardian (Dental/Vision)	www.guardiananytime.com	CRU@glic.com	800-627-4200

Claims and Eligibility [online forms and process instructions](#)

Life & Disability | 800.628.8600

- [Life claim packet](#)
- [Claim Intake Video](#)

Life submission:

- lifeinfo@standard.com
- [Ask a Life Claim Question](#)

STD submission:

- SecureSTDForms@standard.com (secure)
- STDForms@standard.com (not secure -- correspondence)
- [Ask an STD Claim Question](#)

LTD submission:

- NEWCLM@standard.com
- [Ask an LTD Claim Question](#)

Accident, Critical Illness, Hospital Indemnity

866.851.2429

Submit claims:

- [Online Claim Submission](#)
- [Ask an AI, CI or HI Claim Question](#)

Value-Added Resources [included with below coverages](#)

Travel Assistance (with life coverage)

U.S., Canada, Puerto Rico, U.S. Virgin Islands and Bermuda: 800.872.1414

All other locations: 609.986.1234

Text: 609.334.0807 | medservices@assistamerica.com

[Employer Flyer](#) | [Employee Flyer](#)

Life Services Toolkit (with life coverage)

[Employers](#) | [Employees](#) | [*Beneficiaries](#) (*available with an approved claim)

www.standard.com/mytoolkit | Username: support

Employee Assistance Program (with LTD)

888.293.6948 | www.healthadvocate.com/standard3

[Employee Flyer](#)

Health Advocate Select Services* (with STD)

844.450.5543 | [Employee Flyer](#) (*available with an approved claim)



Brock Insurance Agency Benefit Team: 800-323-8624

Jason Bryant Service Manager

jbryant@oakbridgeinsurance.com

706-419-3964

Donna Dozier Account Manager

ddozier@oakbridgeinsurance.com

706-221-4671

Justin White Advisor

jwhite@oakbridgeinsurance.com X101

*City of East Ridge:
The Gateway to Tennessee*

2024 - 2025 Benefits Open Enrollment Booklet

