



**City of Peculiar
Employee Compensation & Benefits
2015-2016**



Tiger Plan

DU4 Plan

(See enrollment kit for details)

YOUR BENEFITS Benefit Summary

Missouri - Choice Plus
Premier - 30/500/80% Plan DU4

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

- **myuhc.com®** - Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and much, much more.
- **24-hour nurse support** – A nurse is a phone call away and you have other health resources available 24-hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your ID card.
- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible		
Individual Deductible	\$500 per year	\$5,000 per year
Family Deductible	\$1,000 per year	\$10,000 per year

- > Copayments do not accumulate towards the Deductible unless otherwise notated within the specific Benefit category below.
- > All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.

Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	\$5,000 per year	\$10,000 per year
Family Out-of-Pocket Maximum	\$10,000 per year	\$20,000 per year

- > All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum, but an individual will not have to pay more than the individual Out-of-Pocket Maximum amount.
- > Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum.

Pediatric Vision Care Services Deductible		
Individual Deductible	Vision Care Services are included in Annual Deductible.	Vision Care Services are included in Annual Deductible.
Family Deductible	Vision Care Services are included in Annual Deductible.	Vision Care Services are included in Annual Deductible.

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), Riders, and/or Amendments, those documents shall prevail. It is recommended that you review these documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

MOWG40DU415

Item#	Rev. Date	
350-6739	1014	UHPD/Sep/Emb/16349/2011



Panther Plan

DUT Plan

(See enrollment kit for details)

YOUR BENEFITS

Benefit Summary

Missouri - Choice Plus

Premier - 30/1500/80% Plan DUT

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

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PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible		
Individual Deductible	\$1,500 per year	\$5,000 per year
Family Deductible	\$3,000 per year	\$10,000 per year

- > Copayments do not accumulate towards the Deductible.
- > All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.

Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	\$6,250 per year	\$10,000 per year
Family Out-of-Pocket Maximum	\$12,500 per year	\$20,000 per year

- > All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum, but an individual will not have to pay more than the individual Out-of-Pocket Maximum amount.
- > Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum.

Pediatric Vision Care Services Deductible		
Individual Deductible	Vision Care Services are included in Annual Deductible.	Vision Care Services are included in Annual Deductible.
Family Deductible	Vision Care Services are included in Annual Deductible.	Vision Care Services are included in Annual Deductible.

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MOWG40DUT14

Item#	Rev. Date	
350-6420	1013_rev01	UHPD/Sep/Emb/13244/2011



Wildcat Plan

Benefit Summary

DNR Plan

(See enrollment kit for details)

Missouri - Choice Plus

Premier - 25/1000/100% Plan DNR

We know that when people know more about their health and health care, they can make better informed health care decisions. We want to help you understand more about your health care and the resources that are available to you.

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- **Customer Care telephone support** – Need more help? Call a customer care professional using the toll-free number on the back of your ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
Annual Deductible		
Individual Deductible	\$1,000 per year	\$5,000 per year
Family Deductible	\$2,000 per year	\$10,000 per year

- > Copayments do not accumulate towards the Deductible.
- > All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.

Out-of-Pocket Maximum		
Individual Out-of-Pocket Maximum	\$4,000 per year	\$10,000 per year
Family Out-of-Pocket Maximum	\$8,000 per year	\$20,000 per year

- > All individual Out-of-Pocket Maximum amounts will count toward the family Out-of-Pocket Maximum, but an individual will not have to pay more than the individual Out-of-Pocket Maximum amount.
- > Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum.

Pediatric Vision Care Services Deductible		
Individual Deductible	Vision Care Services are included in Annual Deductible.	Vision Care Services are included in Annual Deductible.
Family Deductible	Vision Care Services are included in Annual Deductible.	Vision Care Services are included in Annual Deductible.

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MOWG40DNR14

Item# Rev. Date
350-6407 1013_rev01

UHPD/Sep/Emb/13244/2011



ASSURANT
Employee
Benefits¹

CITY OF PECULIAR

Dental Plan Effective 10-1-15

Dental Schedule of Benefits		
	In-Network	Out-of-Network
Calendar Year Maximum	\$1,500	\$1,500
Deductible (Limit of 3)	\$50	\$50
Waived for Preventive	Yes	Yes
Coinsurance Amounts		
Class I Preventive	100%	100%
Class II Basic	90%	80%
Class III Major	60%	50%
Timely Applicant Wait	No	
Fourth Quarter Carryover	No	
Annual Enrollment	Yes	
Benefit Payment	Negotiated Fee	Allowable Charge/UCR
Ortho Overall Maximum	\$1,500	\$1,500

This Plan Includes Lifetime of Smiles[®]

- **Preventive Max Waiver[®]** allows families and individuals to get routine dental care without tapping into their annual maximums.
- **Brush biopsies** to help with early detection of oral cancer.
- **Genetic testing** to help identify individuals who are at genetic risk for gum disease.
- **Periochips** to help control bacteria and reduce the size of periodontal pockets.¹
- **Online Dental Health Center** a trusted resource that offers members the most up-to-date information available on preventive dental care.

¹Classification of services varies by plan design.

Effective Date: 10/01/2015
Coverage(s):
• Dental

Assurant Employee Benefits
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Kansas City, MO 64108-2670
T 800.713.8224
F 866.635.1355
www.assurantemployeebenefits.com

A- (Excellent)

Thank you for your interest in our products and services! As one of the largest carriers of employee benefits in the United States, we specialize in helping small and mid-size businesses maximize their benefits investment without sacrificing quality. This means small to mid-size businesses enjoy plan customization and flexibility typically reserved for large corporations.

by Standard & Poor's

Since 1910, we have delivered quality insurance products and services

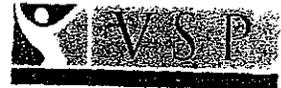
A3 (Good)

Headquartered in Kansas City, Mo., Assurant Employee Benefits has offices nationwide and is a part of Assurant, Inc. Traded on the New York Stock Exchange under the symbol AIZ, Assurant is a Fortune 500 company and a member of the S&P 500 Index.

Covered Dental Services (see certificate for a complete list of covered services)

Schedule Covered Services	In-Network Coinsurance	Out-of-Network Percentages
Periodic Oral Evaluation	100%	100%
Genetic Testing	100%	100%
Bitewing X-rays	100%	100%
Intraoral Complete Series/Panoramic X-Rays	100%	100%
Dental Prophylaxis	100%	100%
Topical Fluoride Treatment	100%	100%
Dental Sealants	100%	100%
Space Maintainers	100%	100%
Stainless Steel Crowns	90%	80%
Root Canals	90%	80%
Periodontal Scaling and Root Planing	90%	80%
Periodontal Maintenance	90%	80%
Periodontal Surgery	90%	80%
Simple Extractions	90%	80%
Biopsy	60%	50%
Complex Extractions	90%	80%
Incision & Drainage	60%	50%
General Anesthesia & IV Sedation	60%	50%
Palliative (emergency) Treatment of Pain	90%	80%
Fillings	90%	80%
Inlays, Onlays and Crowns	60%	50%
Dentures	60%	50%
Denture Repairs	60%	50%
Relining or Rebasing Dentures	60%	50%
Fixed Bridges	60%	50%
Implants	Not Included	Not Included
Class IV Orthodontic Services	Child Only	
Orthodontic Benefit	50%	50%
Other Services		
Lifetime of Smiles®		Included
Preventative Max Waiver®		Included

Eyecare *About You*



With VSP doctors, you'll enjoy quality, personalized care. Your VSP doctor will really get to know you and your eyes, helping you keep them healthy year after year.

Besides helping you see better, routine eye exams can detect symptoms of serious conditions such as glaucoma, cataracts and diabetes. Even tumors. And eye exams for children spot problems that can hinder learning and development.



Keep your eyes healthy.

Everything eyecare. Visit vsp.com today and see.

Close to you. Big selection.

VSP network doctors are in medical offices and shopping centers — close to your home and work. And, they have a large frame and contact lens selection, whether you prefer classic styles or the latest fashions. Plus, most offer evening and weekend hours and accept drop-ins. New patients are always welcome!

Effortless benefits.

Choose a VSP doctor at vsp.com or call 800-877-7195.

Make an appointment and tell the doctor you are a VSP member.

That's it! No ID cards or filling out claim forms.

Satisfaction. Guaranteed.

As true: Your satisfaction is guaranteed. You'll always receive first-class customer service at VSP. And, if you're not completely satisfied with your service or eyewear, just let us know and we'll make it right.

"Highest in Overall Member Satisfaction Among National Vision Plans, Two Years in a Row"

National Vision Plan Member Satisfaction Study and J.D. Power and Associates 2005 National Vision Plan Member Satisfaction Study™. 2005 study based on 1,120 responses from members of large national vision care plans were surveyed in July 2005. 2004 study conducted for VSP by J.D. Power Associates. www.jdpower.com.



Your eyecare benefit is brought to you by CITY OF PECULIAR and VSP.

Your Coverage from a VSP Doctor

Exam covered in full every calendar year

Prescription Glasses

Lenses covered in full every calendar year

- Single vision, lined bifocal and lined trifocal lenses.
- Polycarbonate lenses for dependent children

Frame every other calendar year

- Frame of your choice covered up to \$ 120.00.
- Plus, 20% off any out-of-pocket costs.

-OR-

Contact Lens Care every calendar year

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame one calendar year from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or vsp.com.

Extra Discounts and Savings

Laser Vision Correction Discounts

Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and anti-reflective coatings and progressives
- 20% off additional prescription glasses and sunglasses*

Contacts**

- 15% off cost of contact lens exam (fitting and evaluation)

* Available from the same VSP doctor who provided your eye exam within the last 12 months

Your Copays

Exam & Prescription Glasses \$20.00

Contacts No copay applies

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, copays still apply. You'll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800-877-7195.

Out-of-Network Reimbursement Amounts:

Exam Up to \$45.00

Lenses:

Single Vision Up to \$45.00

Lined Bifocal Up to \$65.00

Lined Trifocal Up to \$65.00

Frame Up to \$47.00

Contacts Up to \$105.00

VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and -- your organization's contract with VSP, the terms of the contract will prevail.

Assurant Employee Benefits

8300 College Boulevard, Suite 120

Overland Park, KS 66210

T 913.469.8090 800.634.7760 F 913.469.8091

LIFE

Group Name: City of Peculiar

Presented By: Jon Ament

This proposal is good for a future effective date through 01/01/2008.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE SCHEDULE

Description	Life Amount	Life Maximum	AD&D Amount	AD&D Maximum
Full-time employees	\$15,000	\$15,000	\$15,000	\$15,000
Guarantee Issue	The lesser of \$15,000 and the current life carrier Guarantee Issue amount			

LIFE AND AD&D PLAN DESIGN

Contributions	Employer 100%
	Employee 0%
Participation Requirement	100% minimum participation required
Rounding	Multiples of earnings are rounded to the next higher \$1,000, if not already an exact multiple of \$1,000.
Age Reductions	At age 65, reduce by 33% of the original schedule amount; at age 70, reduce by 33% of the in force amount.

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services. In this document, the terms, "we", "us", "our", and the like, refer to each as applicable.

City of Peculiar

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VOLUNTARY LIFE

Group Name: City of Peculiar
Presented By: Jon Ament

This proposal is good for a future effective date through 01/01/2008.

LIFE INSURANCE SCHEDULE

Life Amount	Employees may elect units of \$10,000.
Life Minimum	\$20,000
Life Maximum	The lesser of \$250,000 or 5 times basic annual earnings, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000
Age Reductions	At age 70, reduce by 33% of the original schedule amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the in force amount, similarly rounded. The reduced amount will not be less than \$20,000.
Contributions	100% employee-paid
Participation Requirement	At least 20% of eligible employees must enroll with a minimum of 10 insured employees

DEPENDENT LIFE INSURANCE SCHEDULE

Spouse Amount	Units of \$5,000, up to the lesser of 50% of the employee's amount or \$125,000.
Child Amount	Live birth to less than 19 years (25 years if a full-time student) - \$1,000, \$5,000, or \$10,000. The dependent child amount cannot exceed 50% of the employee amount.

EMPLOYEE ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE SCHEDULE

AD&D Amount	Employee's choice – the AD&D amount matches the Life amount. Available for employee coverage only.
Age Reductions	At age 70, reduce by 33% of the original schedule amount, rounded to the next higher \$10,000, if not already an exact multiple of \$10,000; at age 75, reduce by 33% of the in force amount, similarly rounded. The reduced amount will not be less than \$20,000.

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Welcome to LAGERS!

LAGERS is a non-profit public pension system for local government employees in Missouri, consisting of more than 660 employers from which you can work and earn retirement benefits!

As a LAGERS member, you join nearly 40,000 Missouri local government employees across the state serving their communities. With your LAGERS Defined Benefit Plan, you have a valuable tool in helping you to plan and reach a secure retirement with protected lifetime benefits from your employer!

How Does My LAGERS Benefit Work?

LAGERS is a defined benefit retirement plan. Defined benefit plans provide guaranteed monthly payments based upon a formula that reflects your working career within the LAGERS system. Your monthly payments will begin at retirement age and continue every month for as long as you live.

LAGERS benefits are calculated using a formula based upon three factors:

How is My Benefit Calculated?

All LAGERS benefits are calculated using this formula. Your monthly retirement benefit is based on how long you work and how much you earn: the longer you work for a LAGERS employer, and the more you earn in salary over your career, the greater your monthly benefit will be at retirement.



$$\text{Benefit Program} \times \text{Credited Service} \times \text{Final Average Salary} = \text{Monthly Lifetime Benefit}$$

Your LAGERS benefit is designed to replace a certain percentage of your pre-retirement income when you retire. You can quickly estimate how much of your income you can expect your LAGERS benefit to replace by taking your projected years of service times your employer's Benefit Program multiplier.

How to Ballpark Your Future Benefit

"I think I'm going to work for 25 years at my employer, who has the L-7 Benefit Program."

$$25 \text{ years} \times .015 = 38\%$$

"My LAGERS benefit will replace 38% of my final average salary at retirement."

**Your final average salary will be based on either your highest consecutive 36 or 60 months of wages from your last 120 months of LAGERS credited service.

Benefit Program	Lifetime Multiplier	Lifetime Income Replacement with 25 Years of Service
L-1, LT-4*	1.00%	25%
L-3, LT-5*	1.25%	31%
L-7, LT-8*	1.50%	38%
L-9, LT-10*	1.60%	40%
L-12, LT-14*	1.75%	44%
L-6	2.00%	50%

*LT Benefit Programs are calculated using the lifetime multiplier, shown above, plus an additional temporary benefit which increases the multiplier to 2.00% until age 65 (or 62)



How is My Benefit Paid For?

Some employers choose to pay the full cost of this benefit while others require their employees to help contribute.

If your employer requires employees to contribute, 4% of gross wage will be withheld from your paycheck each month. You will receive your contributions back either as part of your retirement benefit or, if you terminate employment prior to retirement and do not wish to receive a monthly benefit, you may apply for a refund.



Can I Take My Benefit with Me if I Leave?

You can work for any combination of employers within the LAGERS system and continue to add to your retirement benefit. Each of your benefits will be calculated separately at each employer's respective benefit levels.

If you choose to work outside of the LAGERS system, you are still entitled to any vested benefit(s) once you reach retirement age.



Your Survivor and Disability Benefits

Your LAGERS benefit is designed to provide lifetime income for you and those who are financially dependent on you. As such, every LAGERS member is covered by Disability and Survivor benefits.

All vested members are eligible for these lifetime benefits and non-vested members are eligible if the permanent disability or death is caused by your job.

Designating Beneficiaries

As with any benefit, it is important to keep your beneficiaries up to date. If you pass away prior to retirement, LAGERS will first look to pay an eligible spouse or dependent child a Survivor Benefit. If no such benefit is payable, LAGERS will refund any Member Contributions, plus interest, to the beneficiary you have designated.

When you apply for retirement benefits, you will elect new beneficiaries with your Payout Option.

myLAGERS

You can view and update your beneficiary designations 24/7 on your myLAGERS account



When Can I Retire?

You will become eligible for a monthly retirement benefit once you are vested and have reached retirement age.

1 Vesting occurs once you've earned 60 months (5 years) of service in the LAGERS system. This may be with one or more LAGERS employers.

Once vested, you are guaranteed a retirement benefit under Missouri law.

2 Normal Retirement Ages:
General Employees Age 60
Police Officers and Firefighters Age 55

Early Retirement Ages:
Up to 5 years early of your Normal Retirement Age. (Benefits are permanently reduced 1/2% for each month early a member retires.)

Rule of 80 Retirement Age:
Your employer must elect this option. Not all employees will be eligible. Full benefits are payable when a member's:

$$\text{Age} + \text{Credited Service} = 80$$