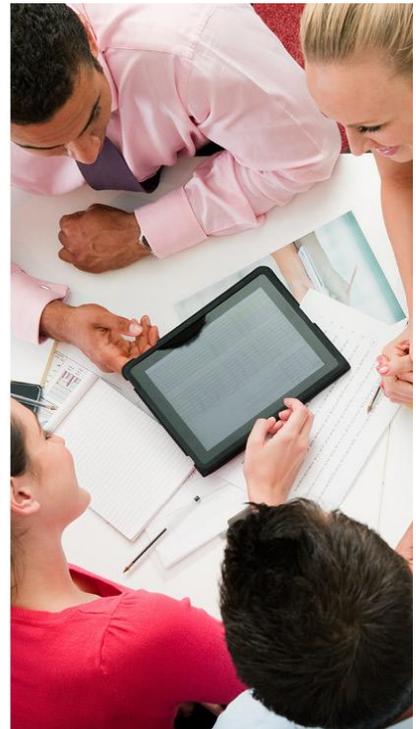


City of Peculiar 2016 Benefits Overview



For questions, call Jon Ament, at 913-685-2100.
e-mail: Jon@AmentBenefits.com



City of Peculiar • 2016 Benefits Overview-Effective October 1, 2016

BELOW IS A BRIEF OUTLINE OF IN-NETWORK BENEFITS

For additional details and Out of Network benefits, please refer to carrier summaries

United HealthCare (NEW) WILDCAT PLAN: Buy-Up Option (PLAN AD18)	
Choice Care Network	
Office Visit	\$25 /\$50 (No Copay Limits)
Preventive Care	100%
Deductible: Individual	\$500
Deductible: Family	\$1,000
Co-insurance	100% / 70%
Out of Pocket Maximum: Individual	\$4,000 includes ALL copays and deductible
Out of Pocket Maximum: Family	\$8,000 includes ALL copays and deductibles
Emergency Room / Urgent Care	\$300 Copay / \$100 Copay Urgent Care
Hospital: Inpatient or Outpatient	Deductible
Hi Tech Diagnostics	Deductible
Retail Prescriptions (1 month supply)	\$10/\$45/\$85
Mail Order Prescriptions (3 month supply) 2.5 x Retail Copay	\$25/ \$112.50/ \$212.50

United HealthCare TIGER PLAN: Base Option (PLAN DU4) NO CHANGES	
Choice Care Network	
Office Visit	\$30 / \$60
Preventive Care	100%
Deductible: Individual	\$500
Deductible: Family	\$1,000
Co-insurance	80%/ 50%
Out of Pocket Maximum: Individual	\$5,000 includes ALL copays and deductibles
Out of Pocket Maximum: Family	\$10,000 includes ALL copays and deductibles
Emergency Room / Urgent Care	\$250 Copay + 20% Coinsurance / \$75 Copay for Urgent
Hospital: Inpatient or Outpatient	Deductible and Coinsurance
Hi Tech Diagnostics	Deductible and Coinsurance
Retail Prescriptions (1 month supply)	\$10/\$35/\$60
Mail Order Prescriptions (3 month supply) 2.5 x Retail Copay	\$25/ \$100/ \$175

United HealthCare (NEW) PANTHER PLAN: Buy-Down Low-Cost Option (PLAN 8KQ)	
Choice Care Network	
Office Visit	\$35 / \$70 (4-OFFICE COPAY LIMIT, Then Deductible)
Preventive Care	100%
Deductible: Individual	\$1,000
Deductible: Family	\$2,000
Co-insurance	80%/ 50%
Out of Pocket Maximum: Individual	\$3,000 includes ALL copays and deductibles
Out of Pocket Maximum: Family	\$6,000 includes ALL copays and deductibles
Emergency Room / Urgent Care	Deductible / \$100 Copay for Urgent Care
Hospital: Inpatient or Outpatient	Deductible and Coinsurance
Hi Tech Diagnostics	Deductible and Coinsurance
Retail Prescriptions (1 month supply)	\$15/\$40/\$70
Mail Order Prescriptions (3 month supply) 2.5 x Retail Copay	\$37.50/ \$100/ \$175

Dependent age limit is end of the month child turns 26.

Note: Pediatric Dental and Vision are covered in under medical, but subject to the deductible and coinsurance. You must enroll in Dental and Vision separately for any coverage.

This is a short-summary only for comparison purposes. Please consult the insurance carrier Certificates and Summary of Benefits for exact level of coverage.



Assurant: Dental Plan	
PPO Network	
Preventive & Diagnostic Services	100% not subject to deductible (every 6-months)
Deductible: Individual	\$50 (<i>applies to Basic & Major only</i>)
Deductible: Family	\$150 (<i>applies to Basic & Major only</i>)
Basic	90% IN / 80% OUT
Major	60% IN / 50% OUT
Child Orthodontia (up to age 19)	50%
Deductible Waived on Preventive	Yes
Endodontics Covered Under	Basic
Periodontics Covered Under	Basic
UCR %	85%
Maximum Benefit	
Preventative, Basic & Major	\$1,500
Child Orthodontia (lifetime)	\$1,500
Late Entrant Waiting Period	12 Months for Basic & Major Services

Dependent age limit is end of the month child turns 26

Vision Service Plan (VSP): Vision Plan		
VSP Network	Frequency	Benefit
Examination	Every 12 months	\$20 Copay
Single Vision Lenses	Every 12 months	\$25 Copay
Lined Bifocal Lenses	Every 12 months	\$25 Copay
Lined Trifocal Lenses	Every 12 months	\$25 Copay
Frames	Every 24 months	\$130 Retail Frames
OR Contact Lenses	Every 12 months	\$130
Elected contact lenses fitting	Every 12 months	After a maximum \$60 Copay

Dependent age limit is end of the month child turns 26

Assurant: Life and AD&D	
Employer Sponsored Life Coverage	\$15,000
Employer Sponsored AD&D Coverage	\$15,000

All Life and AD&D amounts are subject to an age reduction schedule

Assurant: Short Term Disability Plan	
Employer Sponsored Short Term Disability	\$200 per week
Elimination Period - Accident	1 day
Elimination Period - Sickness	8 days
Benefit Duration	26 weeks



Employee Pay Period Deductions (26 Pay Periods)

WILDCAT PLAN (NEW)- BUY-UP \$500 Deductible (100%) \$25/50 OV

Employee Only	\$27.78
Employee & Spouse	\$132.63
Employee & Child(ren)	\$113.26
Family	\$229.47

TIGER PLAN (NO CHANGES) BASE PLAN \$500 Deductible (80%) \$30/60 OV

Employee Only	\$0
Employee & Spouse	\$77.83
Employee & Child(ren)	\$63.68
Family	\$148.58

PANTHER PLAN (NEW)- BUY-DOWN \$1000 Deductible (80%) \$35/70 (4-Copay)

Employee Only	\$0
Employee & Spouse	\$39.10
Employee & Child(ren)	\$28.64
Family	\$91.41

EMPLOYEE COST CHANGES

EMPLOYEE COST	26-PAY PERIODS	OCT' 2015	OCT' 2016
WildCat Buy-Up	EE	\$26.28	\$27.78
	ESP	\$111.17	\$132.63
	ECH	\$108.67	\$113.26
	FAMILY	\$222.51	\$229.47
Tiger Base	EE	\$0.00	\$0.00
	ESP	\$58.67	\$77.83
	ECH	\$58.80	\$63.68
	FAMILY	\$138.51	\$148.58
Panther Buy-Down	EE	\$0.00	\$0.00
	ESP	\$0.00	\$39.10
	ECH	\$0.00	\$28.64
	FAMILY	\$25.55	\$91.41

www.CompanyEnrollment.com

Username: peculiar
Password: Peculiar (case sensitive)



Employee Pay Period Deductions (26 Pay Periods)	
DENTAL	
Employee Only	\$0
Employee & Spouse	\$4.26
Employee & Child(ren)	\$6.23
Family	\$10.48
VISION	
Employee Only	\$0
Employee & Spouse	\$0.92
Employee & Child(ren)	\$0.97
Family	\$2.51
SHORT-TERM DISABILITY	
Employee Only	\$0
BASIC \$25,000 LIFE POLICY	
Employee Only	\$0

Enroll online at: www.CompanyEnrollment.com

Username: peculiar
 Password: Peculiar (case sensitive)

CONTACT INFORMATION

	Contact for all Benefits Info	(913) 685-2100 or (913) 707-5383 Jon Ament Jon@AmentBenefits.com
United HealthCare	Medical	(800) 291-2634 www.myuhc.com
Vision Service Plan	Vision	800.852.7600
Sun Life (formerly Assurant)	Dental, STD & Life/AD&D	Customer Advocacy Team at 800-733-7879 E-mail Customer Advocacy Team at kansascitycustomeradvocacy@assurant.com . For dental claims inquiries call 800-442-7742.

Enroll online at: www.CompanyEnrollment.com

Username: peculiar
Password: Peculiar (case sensitive)

This is a brief description of your benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.

Vision Service Plan (VSP)

WWW.VSP.COM

City of Peculiar



Your Vision Benefits Summary

Get the best in eye care and eyewear with CITY OF PECULIAR and VSP® Vision Care.

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eye Care

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a Premier Program location that carries these brands. Prefer to shop online? Check out all of the brands at Eyeconic.com, VSP's online eyewear store.

Plan Information

VSP Coverage Effective Date: 01/01/2017

VSP Provider Network: VSP Signature

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every calendar year 	\$20 for exam and glasses
Prescription Glasses		
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • Every other calendar year 	Combined with exam
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every calendar year 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every calendar year 	\$50 \$80 - \$90 \$120 - \$160
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every calendar year 	Up to \$60
Glasses and Sunglasses		
Extra Savings	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 	
	Retinal Screening	
	<ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 	
	Laser Vision Correction	
	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 	
Your Coverage with Out-of-Network Providers		
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.		
Exam up to \$50	Lined Trifocal Lenses up to \$100
Frame up to \$70	Progressive Lenses up to \$75
Single Vision Lenses up to \$50	Contacts up to \$105
Lined Bifocal Lenses up to \$75	
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.		

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.

Assurant Dental

www.assurantemployeebenefits.com

City of Peculiar

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

Schedule Covered Services	In-Network	Out-of-Network
	Coinsurance 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 Rebased 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	

ASSURANT DENTAL ID CARD:



Membership Cards

Thank you for selecting Assurant Employee Benefits* for your dental product. We are pleased to provide you with the attached dental identification cards. If you have previously received cards, please replace your current ID cards with the attached cards.

Register for Online Advantage for Members on our website at www.assurantemployeebenefits.com. Online Advantage for Members provides you the ability to:

- Download your ID card
- View benefit information
- Find a dentist

Go Mobile!

Scan the code on the right (or go to www.assurantemployeebenefits.com/mobile/benefittools.html) to download our mobile app, **Benefit Tools**, to enjoy some of the same benefits as Online Advantage for Members.



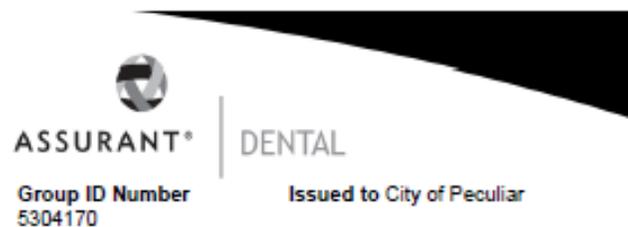
If you have any questions, please call the toll-free number listed on your ID card.

You always have the freedom to choose any dentists with your dental plan. When using an in-network dentist, you may save on out-of-pocket costs.

*Assurant Employee Benefits is the brand name for dental insurance underwritten by Union Security Insurance Company.

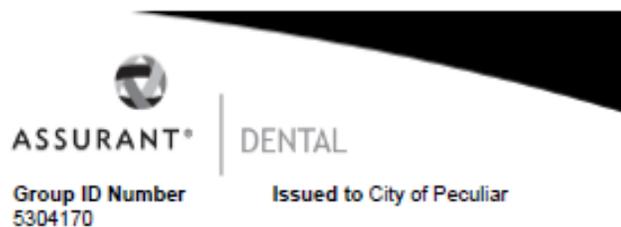
Assurant © Dental Network, the dental network provided by Assurant Employee Benefits, includes dentists contracted with Dental Health Alliance, L.L.C.® (DHA®) and dentists under access arrangements with other dental networks.

Membership Cards



MEMBER SIGNATURE

Assurant Employee Benefits is the brand name for dental insurance underwritten by Union Security Insurance Company.



MEMBER SIGNATURE

Assurant Employee Benefits is the brand name for dental insurance underwritten by Union Security Insurance Company.



ASSURANT
Employee
Benefits®



Eddy Woodward
Team Specialist

Benefit Tools

Get benefits information on the go! Use this app to quickly access:

- My Benefits¹ - An overview of all your coverage details
- ID Card¹ - Your electronic dental ID card
- Find A Dentist - Uses your location to find a dentist nearby
- Find An Eye Doctor - Uses your location to find an eye doctor nearby
- Contact Us - Connect with us to ask questions

This secure app is available for iPhone, iPod Touch and Android.



Apple download



Android download

Voluntary Life

www.assurantemployeebenefits.com

City of Peculiar

*Available in units of \$10,000 up to \$250,000.

Example: 30 year old electing \$100,000 ($\0.156×100 units = \$15.60 per month)

All additional Voluntary Life applications must include a Health Statement.

Voluntary Life Rates			
Age	Rate Type	Current Rate	New Rate
00-19	Employee Unismoke	0.052	0.052
20-24	Employee Unismoke	0.104	0.104
25-29	Employee Unismoke	0.130	0.130
30-34	Employee Unismoke	0.156	0.156
35-39	Employee Unismoke	0.182	0.182
40-44	Employee Unismoke	0.286	0.286
45-49	Employee Unismoke	0.442	0.442
50-54	Employee Unismoke	0.832	0.832
55-59	Employee Unismoke	1.560	1.560
60-64	Employee Unismoke	2.340	2.340
65-69	Employee Unismoke	3.822	3.822
70-74	Employee Unismoke	7.098	7.098
75+	Employee Unismoke	23.920	23.920
00-19	Spouse Unismoke	0.052	0.052
20-24	Spouse Unismoke	0.078	0.078
25-29	Spouse Unismoke	0.104	0.104
30-34	Spouse Unismoke	0.130	0.130
35-39	Spouse Unismoke	0.156	0.156
40-44	Spouse Unismoke	0.260	0.260
45-49	Spouse Unismoke	0.364	0.364
50-54	Spouse Unismoke	0.676	0.676
55-59	Spouse Unismoke	1.300	1.300
60-64	Spouse Unismoke	1.924	1.924
65-69	Spouse Unismoke	3.250	3.250
70-74	Spouse Unismoke	5.824	5.824
75+	Spouse Unismoke	21.216	21.216

Voluntary ADD Rates			
Age	Rate Type	Current Rate	New Rate
00-29	Employee	0.026	0.026
30-39	Employee	0.052	0.052
40-49	Employee	0.052	0.052
50-64	Employee	0.052	0.052

CITY OF PECULIAR—OCT. 1, 2016

OPEN ENROLLMENT COVERAGE ELECTION FORM

Please complete the health and benefit options for this year's open enrollment:

DATE OF HIRE: _____

(NEW HIRES ONLY)

PRINT NAME: _____

(RETURN TO CITY OF PECULIAR)

Health Insurance	PANTHER PLAN (NEW)- BUY-DOWN \$1000 Deductible (80%) \$35/70 (4-Copay Limit)	UNITED (PANTHER)
------------------	--	------------------

\$1000 Ded. 80% (\$35/\$70 OV)-(4-Copay Limit) OPTION # 1

Check One	Coverage	Employee Costs (Per 26-Pay Period)
	Employee	\$0.00
	EE & Spouse	\$39.10
	EE & Children	\$28.64
	Family	\$91.41

LIST DEPENDENTS:

Health Insurance	TIGER PLAN (NO CHANGES) BASE PLAN \$500 Deductible (80%) \$30/60 OV	UNITED (TIGER)
------------------	---	----------------

\$500 Deductible 80% (\$35/\$70 OV) OPTION # 2

Check One	Coverage	Employee Costs (Per 26-Pay Period)
	Employee	\$0.00
	EE & Spouse	\$77.83
	EE & Children	\$63.68
	Family	\$148.58

LIST DEPENDENTS:

Health Insurance	WILDCAT PLAN (NEW)- BUY-UP \$500 Deductible (100%) \$25/50 OV	UNITED (WILDCAT)
------------------	---	------------------

\$500 Deductible 100% (\$25/50 OV) OPTION # 3

Check One	Coverage	Employee Costs (Per 26-Pay Period)
	Employee	\$27.78
	EE & Spouse	\$132.63
	EE & Children	\$113.26
	Family	\$229.47

LIST DEPENDENTS:

Dental Care	Sun Life (Assurant)	ASSURANT DENTAL
-------------	---------------------	-----------------

☐		
Check One	Coverage	Employee Costs (Per 26-Pay Period)
	Employee	\$0.00
	EE & SP	\$4.26
	EE & CH	\$6.23
	Family	\$10.48

Vision Care	Vision Service Plan	VSP
-------------	---------------------	-----

☐		
<i>Vision Rates VSP:</i>		
Check One	Coverage	Employee Costs (Per 26-Pay Period)
	Employee	\$0.00
	EE & SP	\$0.92
	EE & CH	\$0.97
	Family	\$2.51

Life Insurance		ASSURANT
----------------	--	----------

I would like to enroll in the \$15,000 basic life insurance. (Basic Employee Life is 100% Employer Paid)

- I would like to enroll in the \$15,000 basic life insurance (100% employer paid).
My beneficiary is (please provide beneficiary names): Please show on enrollment form:
Primary _____ Secondary _____
- Please add basic dependent life insurance.

List dependents: _____

NOTE: If electing life only, you will still need to complete ASSURANT'S enrollment form.

INSURANCE CARRIERS REQUIRE THAT YOU COMPLETE THE COMPANY FORM WHEN MAKING LIFE INSURANCE CHANGES.

Voluntary Life Insurance	ASSURANT
--------------------------	----------

I would like purchase additional Voluntary Life Insurance on myself (and spouse?)
Please complete ASSURANT enrollment form with Voluntary Life insurance completed with amounts.

I am purchasing the following amounts (see Voluntary Rate Chart for costs):
Self: ___\$ _____ Spouse: ___\$ _____
CHILDREN: ___\$ _____

*NOTE: Amounts over guarantee require a health statement on Assurant form.

NOTE: THIS ELECTION FORM IS FOR INTERNAL USE ONLY, AND NOT FOR ENROLLMENT PURPOSES.

PLEASE ENROLL ONLINE, IF YOU ARE ADDING DEPENDENTS.

Signature _____ Date _____

Print Name _____

PLEASE MAKE A COPY AND RETURN TO THE CITY OF PECULIAR.