

BENEFITS ENROLLMENT 2026

AFSCME, Joint Communications, Library,
& Non-Bargaining Unit PT & FT



ACTION REQUIRED!
Annual Enrollment:
October 27–November 14, 2025



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AT THE CITY OF CEDAR RAPIDS, we are dedicated to supporting all aspects of your well-being—both at work and at home—and your benefits are a big part of that. We're committed to creating a culture that prioritizes the well-being of our employees and their families by providing a comprehensive and competitive benefits package.

As always, we continue to encourage you to prioritize your well-being by focusing on preventive care and the tools and resources available to help you live your best life.

Before you make your benefit elections, take the time to review this guide so you can make an informed decision on which plans are the right fit for you and your family. Remember to choose wisely; the choices you make during Annual Enrollment cannot be changed until the following year unless you have a qualifying life event.

Thank you for all that you do.

This guide provides a summary of plan highlights. This is not a binding contract. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this guide. Please consult the Summary Plan Description for information on covered charges, limitations, and exclusions.

OCTOBER 27, 2025

Eligible Health Plan Members,

This letter contains **important information** about your benefits and open enrollment for the 2026 Plan Year for health, dental, vision, and flexible spending. **Please READ CAREFULLY as there may be changes to your plan.** **NEW:** Enrollment is [through NEOGOV!](#)

AFSCME, Joint Communications, Library, and Non-Bargaining Groups: **Your health plan network may be changing.** We are introducing a new "POSN" Point of Service network for both the Choice and Traditional plans. This will replace the PPO network. The POSN allows the plan to receive the same discounts as an HMO plan, but you may also see a provider outside of Iowa within the POSN network for a higher cost. See the enclosed flyer for details. The Traditional Plan will now have four coverage tiers. The former "Single" and "Family" options remain, with new "Employee + Spouse" and "Employee + Children" tiers now added. **You will need to actively change your coverage level in NEOGOV** if you are moving from Family to one of the new options.

Police, Bars & Stripes, Fire, and Airport Safety Groups: **Your health plan options are not changing.** Employees in this group inherit the same Traditional and Choice PPO Plans offered in 2025, but with increased deductible and out-of-pocket maximums per your bargaining agreement. **Transit** is offering the HMO plans in addition to existing PPO plans.

Review the enclosed 2026 Traditional and Choice Side by Side Coverage Summaries carefully. Changes for your group are included in this summary of coverage and premiums.

Complete your 2026 open enrollment event in NEOGOV if you want to:

- ▶ Make a change in health, dental and/or vision for 2026,
- ▶ Add or drop health, dental or vision coverage,
- ▶ Choose a different health plan or network (PPO will otherwise default to POSN for certain groups as outlined above), or
- ▶ Choose a different coverage level for health, dental and/or vision.

IMPORTANT NOTE

If you **do not** complete your Enrollment Event in NEOGOV, your 2025 medical, dental, and vision elections will carry forward into 2026, **except for flexible spending. AFSCME, Joint Communications, Library, and Non-Bargaining Choice and Traditional PPO Plans will default to the new POSN plans.**

If you want to enroll in a **2026 Flexible Spending Account (FSA)**, you **must complete your open enrollment event through NEOGOV** — even if you had an account in 2025. See the enclosed instructions.

Not sure what you are currently enrolled in? View your current elections in NEOGOV: [Benefits » Current Enrollments](#).



Submit any changes and/or enrollment forms by the open enrollment deadline of November 14, 2025.

What's New in 2026?

New POSN Network Option

Introducing Choice and Traditional Point of Service Network (POSN) for AFSCME, Joint Communications, Library, and Non-Bargaining employees. Existing Choice and Traditional Preferred Provider Organization (PPO) Plans will default to the new POSN plans.

- ▶ **POSN Plans** – The Point of Service Network allows the plan to receive the same discounts as an HMO plan, but you may also see providers outside of Iowa within the POSN network for a higher cost. See the enclosed flyer for more details.
- ▶ **HMO Plans are still available** – Allow visits to providers within Wellmark's HMO Iowa provider network.

2026 Health Plan Premiums

Healthcare costs continue to rise, affecting both the City and employees. In FY25, City Health Fund expenses reached \$33 million, exceeding the budget of \$29.6 million. Based on preliminary estimates, healthcare costs are projected to increase by approximately 8% in the Calendar Year 2026. We will continue to work towards providing quality healthcare options at affordable prices. In 2026, total health insurance premiums will increase:

- ▶ **10% for Traditional medical plans across all groups**
Note: The new Traditional plan coverage tiers (Employee + Spouse and Employee + Children) will have a reduction in premium if moving to these tiers from the Family coverage tier.
- ▶ **6% for Choice medical plans across all groups**

Specialist Copay Changes

Starting Jan. 1, 2026, healthcare copays for AFSCME, Joint Communications, Library, and Non-Bargaining groups will reduce for the following:

- ▶ **Specialist Office Visit Copay** – \$50 to \$25
 - ▶ **Chiropractor Visits** – \$25 to \$10
- Primary Care Provider Visits will remain at \$25 Copay

Benefits Microsite and ERISA Electronic Consent

Starting with the open enrollment window, October 27–November 14, 2025, employees will be able to access all of their benefits enrollment materials, including their Open Enrollment Packet, on a new [Benefits Microsite](#). The site is accessible from home or work. Employees were provided an opportunity in early October to consent to receive benefit materials electronically. If you missed that opportunity, you may initiate this consent form yourself through NEOGOV eForms. The NEOGOV form is titled "Benefits – ERISA Consent." The deadline to consent to receiving your open enrollment packet electronically was October 15, 2025, so any consent form received after that date will be for future benefit materials only.

New FSA Debit Cards!

If you have a flexible spending health care account, you will receive a debit card in the mail for use in 2026. See the enclosed flyer for more details.

CONTINUED ON NEXT PAGE »



Benefit Enrollment Meetings

Benefit Enrollment Meetings will be available during the open enrollment window at various locations. Sign up through the [NEOGOV » Training » Course Catalog](#) menu and search for "Open Enrollment." The meetings will cover what's new in 2026 as well as assistance with logging into NEOGOV to view and complete your 2026 Benefits Open Enrollment event. See the [Benefits Microsite](#) and your City email for the meeting schedule and details.



Health

2026 HEALTH INSURANCE COVERAGE & RATES ARE ENCLOSED

The City contributes significantly toward your health insurance.

The City pays 90% of a current full-time employee's total health insurance premium for those participating in the Choice HMO Plan, and 82% for those participating in the Traditional HMO Plan. The employee will pay an additional 5% for participating in the Choice or Traditional POSN plan. There may be an additional incentive by participating in the Wellness Program. The 2026 City health insurance premiums are increasing 10% for the Traditional plans and 6% for the Choice plans for all groups.

We all have to work together to minimize costs. The City will continue to encourage quality care and provide you with cost and quality information so you can be a good healthcare consumer. As an employee, your role is to be a smart consumer, participate in the wellness program, strive to lead a healthy lifestyle, and use generic drugs whenever possible.



Dental

There are **no changes** to the City's dental plan premiums for 2026. The City added "CheckUp Plus" to the plan in 2024, which allows you to put your annual benefit maximum toward more costly dental services, as preventative exams do not count toward this maximum.



Vision

There are **no changes** to the City's vision plan coverage and premiums for 2026. This voluntary, low-cost, employee-paid benefit is administered by Vision Service Plan (VSP). There are no ID cards for this benefit — simply let your provider know you have VSP!



Flexible Spending

APPLIES ONLY TO ACTIVE CITY EMPLOYEES

The 2026 Dependent Care Reimbursement Account per household limit has increased from \$5,000 to \$7,500 for 2026! For individuals who are married and filing separate income tax returns, the limit is \$3,750 per person per year.

You must complete a new online enrollment for your 2026 flexible spending account through your NEOGOV 2026 Benefits Open Enrollment event if you wish to participate. The flexible spending program allows you to set aside money out of your paycheck each month, tax free, to use for medical, prescription, vision, and dental expenses not covered by your health, vision, and/or dental plan. **The 2026 IRS limit for Medical Reimbursement Accounts is \$3,400.** Enclosed is a flyer explaining how a flexible spending account can help you save on your taxes.

You may carry over up to \$680 of unused Medical Reimbursement Flexible Spending contributions into the following calendar year.

What's New in 2026? (continued)

Voluntary Products

During the open enrollment window, we are introducing new Voluntary Products through The Hartford. This includes Critical Illness, Hospital Indemnity, and Accident Insurance. This is a great opportunity to help offset some of your healthcare costs. If you qualify for their Wellness benefit, it may offset a significant amount of your premiums as well. Premiums for voluntary products are 100% paid by the employee through payroll deduction. Enrollment for 2026 will be directly through The Hartford's website. See the enclosed flyer for details.

Secure Act 2.0 Changes

Effective Jan. 1, 2026, those aged 50 and older making greater than \$145,000 and contributing Section 457 deferred compensation catch-up contributions are required to make those catch-up contributions (only) on an after-tax (ROTH) basis.

Wellness Program

Employees who earned 1,500 points toward the Wellness Program by Nov. 30, 2025, are eligible for the reduced health insurance premium in 2026. There will be no changes to the Wellness Program in 2026. We will continue to partner with Wellmark. The period to earn an incentive in 2027 will run from Dec. 1, 2025–Nov. 30, 2026. You must participate in the Wellness Program each year in order to earn the reduced health insurance premium the following year.

Enclosures

- ▶ **NEOGOV Login Instructions:** May vary based on your group.
- ▶ **NEOGOV Open Enrollment Event Instructions:**

Complete your 2026 Benefits Open Enrollment through [NEOGOV](#) if you wish to make changes in 2026 to health, dental, or vision coverage.

- ▶ **You must complete the NEOGOV 2026 Benefits Open Enrollment event if you wish to enroll in a flexible spending account in 2026, even if you had an account in 2025.**

- ▶ **ASI Flexible Spending Flyer** including new 2026 FSA Debit

Card information

- ▶ **Side-by-Side Comparison of Choice and Traditional**

Health Plans, including premium rates

- ▶ **Annual Health Plan Notices**

- ▶ **Benefits Summaries**

- ▶ **Wellness Program:** Premium reduction in 2026 by achieving 1,500 points by 11/30/25

Questions?

Points of Contact

- ▶ **Gretchen Barske, Benefits Manager**
319-286-5078
- ▶ **Jessica Bys, Human Resources Specialist**
319-286-5107
- ▶ Call a member of our **Human Resources** staff
319-286-5000



2026 BENEFITS OPEN ENROLLMENT CHECKLIST

Questions? Contact Human Resources at (319) 286-5000 or email HR_Benefits@cedar-rapids.org



Timeline

- Your **Effective Date** of benefits will be **January 1, 2026**.
- The open enrollment window will be October 27 through November 14, 2025.
- If you **do not** complete an Enrollment Event, your 2025 medical, dental, and vision elections will carry forward into 2026, except for flexible spending. Your next opportunity to change benefits is 2027 Annual Open Enrollment, or a qualifying life event.



City Benefits Microsite

- Employees will be able to access all of their benefits enrollment materials, including their Open Enrollment Packet, on a new **Benefits Microsite** : <https://cedar-rapids-benefits.com>
- The site is accessible from home or work.
- **NEW POSN Plans:** AFSCME, Joint Communications, Library, and Non-Bargaining Choice and Traditional PPO Plans will default to the new POSN plans.
- **NEW Tier Coverage:** The Traditional Plan will now have four coverage tiers. The former “Single” and “Family” options remain, with new “Employee + Spouse” and “Employee + Children” tiers now added. You will need to actively change your coverage level in NEOGOV if you are moving from Family to one of the new options.

*** Enrollment through NEOGOV must be completed on a computer and not through the phone app.**



NEOGOV Portal

- **City Employees:** if you have a @cedar-rapids.org email address, use the **NEOGOV Login** : <https://login.neogov.com> and select SSO, then use company code: “cedarrapids”. No password is needed.
- **Airport & Library Employees:** use the **NEOGOV Login** to input your username and password. Your username is your work email (@flycid.com OR @crlibrary.org). If you forgot your password, use the “I forgot my username or password” link on the sign in screen.
- **Questions?** Contact Human Resources at (319) 286-5000 or HR-Neogov@cedar-rapids.org.



Update Dependents & Beneficiaries

- Review/update your dependents and beneficiaries prior to making benefit elections
- Select Benefits > Dependents & Beneficiaries
- Select View/Edit Info for existing dependents to ensure all information is present/accurate
- Select Add New Contact > and include the required information based on type of contact



Open Enrollment/Benefit Elections

- Select Benefits > Open Enrollment > Start Open Enrollment
- Use the [Benefits Microsite](#) for specific instructions on 2026 plan options.
 - **Dependent Changes:** If adding/removing a dependent from coverage make sure to check or uncheck their name under each benefit at the bottom of the page next to their name.
 - **Wellness Discount:** if you have completed 1,500 points for the Wellness Program by 11/30/2025, choose the “with wellness” coverage tier when electing your medical benefit enrollment. If you are unsure, choose without wellness as the City will confirm your participation with Wellmark regardless.
- Once complete it will be sent to HR for processing.



Additional Forms

- Specific Carrier Forms will be initiated by HR after review of your benefit elections. An email notification will be sent when the forms are available for you to complete:
 - Flexible Spending (Dependent Care/Health Savings)



*NEW Voluntary Products

- During the open enrollment window, we are introducing new Voluntary Products through The Hartford.
- Products include: Critical Illness, Hospital Indemnity, and Accident Insurance.
- This is a great opportunity to help offset some of your healthcare costs. If you qualify for their Wellness benefit, it may offset a significant amount of your premiums.
- Premiums for voluntary products are 100% paid by the employee through payroll deduction.
- Enrollment will be directly through the Hartford’s website, see the [Benefits Microsite](#) for more information.

WELCOME TO YOUR 2026 BENEFITS GUIDE

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

GETTING STARTED

ANNUAL ENROLLMENT

When is Annual Enrollment?

The Annual Enrollment period is October 27-November 14. Elections made during enrollment will be effective January 1, 2026.

Online Enrollment

This year's enrollment will be completely online through NEOGOV! Check out our new benefits website at cedar-rapids-benefits.com to find your specific enrollment details.

Refer to the checklist on starting on page 5 for step-by-step instructions on how to enroll.

Voluntary Worksite Benefits

The City of Cedar Rapids will be offering brand new worksite benefits this year. These benefits are voluntary and paid for by the employee. You'll be able to enroll in Accident, Critical Illness, or Hospital Indemnity Insurance during Open Enrollment. Further information on these benefits can be found on page 24.

Rates

Due to the rising cost of healthcare, we will have a slight increase in medical plan premiums in 2026. Traditional medical plans will increase 10%. Choice medical plans will increase 6%.

What's Changing in 2026?

Annual Enrollment is your once-a-year opportunity to make changes to your benefits. Before you make your decisions, review the Benefits Guide and cover letter for changes and important details coming in 2026.



Questions?

Benefits can be confusing, but we've got you covered. When you have questions about your benefit options or need assistance with enrolling, contact Human Resources Monday-Friday 8am-5pm CT at 319-286-5000.

We're rolling out online enrollment this year through NEOGOV:

ONLINE:

If you have a "@cedar-rapids.org" email address, use the [NEOGOV SSO Login](#) and choose "Login with SSO." Use company code: cedarrapids. No password is needed.

If you are an employee of the Eastern Iowa Airport or Cedar Rapids Public Library, log in by clicking [HERE](#) to input your username and password. Your username is your work email (@flycid.com OR @crlibrary.org).

DO I HAVE TO DO ANYTHING?

Most benefits will automatically roll over to 2026. You must enroll if you want to:

- Contribute to a Flexible Spending Account (FSA)
- Make changes to your coverage

WHAT DO I NEED TO THINK ABOUT?

- Which family members do I want to cover?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the Flexible Spending Account to help pay for healthcare expenses by letting me contribute pre-tax money?

HEALTH IMPROVEMENT & WELLNESS

Getting healthy and staying healthy is one of the best things we can do to keep our health care costs down while improving our quality of life. There will be no changes to the City's Health Improvement/Wellness Plan in 2026.

Those who participated in the Wellness Program and met wellness guidelines for 2025 will receive a reduced premium for their medical insurance in 2026.

As a reminder preventive care services are outlined by the U.S. Preventive Services Task Force and are covered at 100% on all of the City of Cedar Rapids' medical plans.

HOW TO ENROLL



ELIGIBILITY



If you are a regular employee working 20 or more hours per week, you are eligible to enroll in the benefits described in this guide. Spouses and dependent children are eligible to enroll in medical, dental, and vision insurance through the City of Cedar Rapids. Part-time employees will have pro-rated premiums for medical and dental coverages.



CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your benefits unless you have a qualified life event. If you do not make changes to your benefits within 60 days of the qualified life event, you will have to wait until the next annual open enrollment period to make changes (unless you experience another qualified life event).

Qualified Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

BODY AND MIND

When it comes to your health, it's important to care for your body and mind. Cedar Rapids offers a variety of benefits to help you focus on your whole well-being.

MEDICAL BENEFITS



It's important to have choices when it comes to healthcare. That's why The City of Cedar Rapids offers four medical plan options—Traditional POSN, Choice POSN, Traditional HMO, and Choice HMO—designed to give you choice in cost, control, and coverage level. Both plans are offered by Wellmark Blue Cross Blue Shield of Iowa.

There are additional value-added resources available to those who enroll in one of the Wellmark health plans. Please visit cedar-rapids-benefits.com for more information.



Preventive Care: Your Key to Wellness

Identifying potential problems before they become major issues is key to your physical health.

Both medical plans include free in-network preventive care that includes annual physicals, mammograms, well child visits, immunizations, and more. So, stay on top of your wellness and schedule your in-network preventive visit today.

CONSIDER YOUR COVERAGE

When choosing between the POSN and HMO, you will need to consider where you receive care and what network you need. The HMO plans only cover providers in the state of Iowa and some bordering counties outside of Iowa. 100% of the hospitals and 96% of the providers in the state of Iowa are covered under the HMO. The POSN does offer coverage outside the state of Iowa, but you will pay more for those out-of-state providers than you will pay for Iowa providers.

The Traditional HMO and POSN have a lower out-of-pocket cost than the Choice HMO and POSN, but the premiums that you pay for the Traditional Plans are higher than the Choice plans. Always be sure to use the “Find a Provider” tool on your mywellmark.com site to find in-network providers under each network.

See the Funding Accounts page for more information on how you plan to cover your cost of care.

NO MATTER WHICH OPTION YOU CHOOSE, BOTH PLANS:

- Provide preventive care at 100%
- Prescription drug coverage
- Access to virtual care, mental health services, and additional care resources



AFSCME, Joint Communications, Library, Non-Bargaining – Regular Full Time & Part Time Employees 2026 Traditional POSN vs. Choice POSN Side by Side

	Traditional Plan POSN	Choice Plan POSN
Deductible	\$500 Single / \$1,000 Family Applies to the following services only: Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	\$1,000 Single / \$2,000 Family Applies to ALL medical services except preventive and office visits.
Coinsurance	Plan Pays 90% In-Network / 80% Out-of-Network	Plan Pays 90% In-Network / 80% Out-of-Network
Out of Pocket Maximum	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family
Preventive Care	Plan Pays 100% In-Network / 80% Out-of-Network Routine Physicals, Gynecological Exams, Mammograms, Colonoscopies, Well Child Care, Immunizations, X-Ray & Lab Services provided during exam	Plan Pays 100% In-Network / 80% Out-of-Network
Office Visits	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay
Inpatient Hospital	You pay a co-pay of \$500 then Plan pays 90% In-Network / 80% Out-of-Network	You pay Deductible then Plan pays 90% In-Network / 80% Out-of-Network
All Other Services	Plan Pays 90% In-Network / 80% Out-of-Network You pay deductible on these limited services only: Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	You pay Deductible then Plan pays 90% In-Network/ 80% Out-of-Network
Prescription Benefits (No Prescription Coordination of Benefits)	You pay \$100 Single or \$300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until \$500 Out of Pocket Maximum (separate from medical) then Plan pays 100% **RxCap program eligible (Out of pocket maximum removed for non-enrollees)	No Deductible Tiered Coinsurance 10%/25%/50% Out of Pocket Maximum is \$1,500 Individual / \$4,500 Family (separate from medical) **RxCap program eligible (Out of pocket maximum removed for non-enrollees)

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, with the exception of true emergent situations. 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers \$0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

AFSCME, Joint Communications, Library, Non-Bargaining – Regular Full Time & Part Time Employees 2026 Traditional HMO vs. Choice HMO Side by Side

	Traditional Plan HMO*	Choice Plan HMO*
Deductible	\$500 Single / \$1,000 Family Applies to the following services only (within HMO Iowa network): Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	\$1,000 Single / \$2,000 Family Applies to ALL medical services except preventive and office visits (within HMO Iowa network)
Coinsurance	Plan pays 90% In-Network / 0% Out-of-Network except for Emergency Services*	Plan pays 90% In-Network / 0% Out-of-Network except for Emergency Services*
Out of Pocket Maximum	\$1,500 Single / \$3,000 Family (within HMO Iowa Network)	\$3,000 Single / \$6,000 Family (within HMO Iowa Network)
Preventive Care	Plan pays 100% In-Network/ 0% Out-of-Network Routine Physicals, Gynecological Exams, Mammograms, Colonoscopies, Well Child Care, Immunizations, X-Ray & Lab Services provided during exam	Plan pays 100% In-Network/ 0% Out-of-Network
Office Visits	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay (within HMO Iowa Network)	\$25 PCP Copay/ \$25 Urgent Care Copay/ \$25 Specialist Copay/ \$10 Chiropractor Copay (within HMO Iowa Network)
Inpatient Hospital	You pay a co-pay of \$500 (within HMO network) then Plan pays 90% In-Network / 0% Out-of-Network	You pay Deductible (within HMO network) then Plan pays 90% In-Network / 0% Out-of-Network
All Other Services	Plan pays 90% In-Network / 0% Out-of-Network You pay deductible on these limited services only: Ambulance, Physical Therapy, Home Health Care, Home Skilled Nursing, Durable Medical Equipment, Oxygen, Blood	You pay Deductible (within HMO Iowa network) then Plan pays 90% In-Network / 0% Out-of-Network
Prescription Benefits (No Prescription Coordination of Benefits)	You pay \$100 Single or \$300 Family Deductible Then Tiered Coinsurance 10%/25%/40% until \$500 Out of Pocket Maximum (separate from medical) then Plan pays 100% **RxCap program eligible (Out of pocket maximum removed for non-enrollees)	No Deductible Tiered Coinsurance 10%/25%/50% Out of Pocket Maximum is \$1,500 Individual / \$4,500 Family (separate from medical) **RxCap program eligible (Out of pocket maximum removed for non-enrollees)

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, with the exception of true emergent situations. 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers \$0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

AFSCME, Joint Communications, Library, Non-Bargaining – Regular Full Time 2026 Health Insurance Premiums

Premiums reflect full-time positions. Premiums are pro-rated for part-time positions.

TRADITIONAL POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>				Current Employee Traditional POSN Plan Premiums:		Current Employee Traditional HMO Plan Premiums:		New Hire Rates:
Tier Level	Traditional POSN	Traditional HMO	Premium Without Wellness	Premium With Wellness	Premium Without Wellness	Premium With Wellness	<i><u>Not available as an option</u> – Can only elect during the next Open Enrollment Period for following calendar year</i>	
Single	\$1,545.36	\$1,452.67	\$355.43	\$262.71	\$261.48	\$174.32	Not Available	
EE + Spouse	\$2,961.63	\$2,886.11	\$681.17	\$503.48	\$519.50	\$346.33		
EE+ Child(ren)	\$2,279.18	\$2,221.07	\$524.21	\$387.46	\$399.79	\$266.53		
Family	\$3,672.14	\$3,451.88	\$844.59	\$624.26	\$621.34	\$414.23		

CHOICE POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>				Current Employee Choice POSN Plan Premiums:		Current Employee Choice HMO Plan Premiums:		New Hire Rates:
Tier Level	Choice POSN	Choice HMO	Premium Without Wellness	Premium With Wellness	Premium Without Wellness	Premium With Wellness	<i>Applies to the remainder of the calendar year</i>	
Single	\$753.56	\$708.36	\$113.03	\$75.36	\$70.84	\$35.42	See Without Wellness Premiums	
EE + Spouse	\$1,507.14	\$1,416.71	\$226.07	\$150.71	\$141.67	\$70.84		
EE + Child(ren)	\$1,159.85	\$1,090.26	\$173.98	\$115.98	\$109.03	\$54.51		
Family	\$2,037.91	\$1,915.63	\$305.69	\$203.79	\$191.56	\$95.78		

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, *with the exception of true emergent situations*. 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers \$0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

AFSCME, Joint Comm, Library, Non-Bargaining – Regular Part Time 2026 Health Insurance Premiums – POSN Plans

Premiums reflect pro-rated Part-Time positions by Full Time Equivalency (FTE) percentage.
The pre-tax premiums that match your FTE% apply to you for the 1/1/26-12/31/26 calendar year.

TRADITIONAL POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates:
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Not available as an option – Can only elect during the next Open Enrollment Period for following calendar year</i>
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	75%	\$652.91 \$1,251.29 \$962.95 \$1,551.48	\$583.37 \$1,118.02 \$860.39 \$1,386.23	Not Available
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	70%	\$712.41 \$1,365.31 \$1,050.70 \$1,692.86	\$647.51 \$1,240.92 \$954.98 \$1,538.63	
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	60%	\$831.40 \$1,593.36 \$1,226.20 \$1,975.61	\$775.77 \$1,486.74 \$1,144.15 \$1,843.41	
Single: \$1,545.36 EE + Spouse: \$2,961.63 EE+ Child(ren): \$2,279.18 Family: \$3,672.14	50%	\$950.40 \$1,821.40 \$1,401.70 \$2,258.37	\$904.04 \$1,732.55 \$1,333.32 \$2,148.20	
CHOICE POSN PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Applies to remainder of calendar year</i>
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	75%	\$273.17 \$546.34 \$420.45 \$738.74	\$244.91 \$489.82 \$376.95 \$662.32	\$273.17 \$546.34 \$420.45 \$738.74
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	70%	\$305.19 \$610.39 \$469.74 \$825.35	\$278.82 \$557.64 \$429.14 \$754.03	\$305.19 \$610.39 \$469.74 \$825.35
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	60%	\$369.24 \$738.50 \$568.33 \$998.58	\$346.64 \$693.28 \$533.53 \$937.44	\$369.24 \$738.50 \$568.33 \$998.58
Single: \$753.56 EE + Spouse: \$1,507.14 EE+ Child(ren): \$1,159.85 Family: \$2,037.91	50%	\$433.30 \$866.61 \$666.91 \$1,171.80	\$414.46 \$828.93 \$637.92 \$1,120.85	\$433.30 \$866.61 \$666.91 \$1,171.80

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, with the exception of true emergent situations. 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers \$0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

AFSCME, Joint Comm, Library, Non-Bargaining – Regular Part Time 2026 Health Insurance – HMO Plans

Premiums reflect pro-rated Part-Time positions by Full Time Equivalency (FTE) percentage.
The pre-tax premiums that match your FTE% apply to you for the 1/1/26-12/31/26 calendar year.

TRADITIONAL HMO PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates:
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Not available as an option – Can only elect during the next Open Enrollment Period for following calendar year</i>
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	75%	\$559.28 \$1,111.15 \$855.11 \$1,328.97	\$493.91 \$981.28 \$755.16 \$1,173.64	Not Available
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	70%	\$618.84 \$1,229.48 \$946.18 \$1,470.50	\$557.83 \$1,108.27 \$852.89 \$1,325.52	
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	60%	\$737.96 \$1,466.14 \$1,128.30 \$1,753.56	\$685.66 \$1,362.24 \$1,048.35 \$1,629.29	
Single: \$1,452.67 EE + Spouse: \$2,886.11 EE+ Child(ren): \$2,221.07 Family: \$3,451.88	50%	\$857.08 \$1,702.80 \$1,310.43 \$2,036.61	\$813.50 \$1,616.22 \$1,243.80 \$1,933.05	
CHOICE HMO PLAN: Total Monthly Premium per Tier Level <i>Includes Employee & City Contributions</i>	Current Employee Rates:			New Hire Rates
	FTE%	Premium Without Wellness	Premium With Wellness	<i>Applies to remainder of calendar year</i>
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	75%	\$230.22 \$460.43 \$354.33 \$622.58	\$203.65 \$407.30 \$313.45 \$550.74	\$230.22 \$460.43 \$354.33 \$622.58
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	70%	\$262.09 \$524.18 \$403.40 \$708.78	\$237.30 \$474.60 \$365.24 \$641.74	\$262.09 \$524.18 \$403.40 \$708.78
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	60%	\$325.85 \$651.69 \$501.52 \$881.19	\$304.59 \$609.19 \$468.81 \$823.72	\$325.85 \$651.69 \$501.52 \$881.19
Single: \$708.36 EE + Spouse: \$1,416.71 EE+ Child(ren): \$1,090.26 Family: \$1,915.63	50%	\$389.60 \$779.19 \$599.64 \$1,053.60	\$371.89 \$743.77 \$572.39 \$1,005.71	\$389.60 \$779.19 \$599.64 \$1,053.60

*An HMO plan generally only allows you to use Wellmark's HMO In-Network providers within the state of Iowa, with the exception of true emergent situations. 100% of the hospitals and ~96% of the providers in the state of Iowa are covered under Wellmark's HMO. This is general information only. Please refer to your Summary of Benefits and Coverage (SBC) for specific coverage information. If your FTE% is not listed, contact Human Resources at (319) 286-5000.

**RxCap Program: Offers \$0 cost to the employee/member as well as lower overall cost to the Plan, if you are utilizing a drug that is eligible for the RxCap program. You will receive instructions on how to enroll in this program at the time that an eligible drug is filled. If you do not enroll, there is NO out of pocket maximum, so you will continue to pay the Tiered Coinsurance for the calendar year.

DENTAL



Our dental coverage is provided by Delta Dental. This includes coverage for routine check-ups, cleanings, fillings, and other dental procedures. You can visit any dentist you choose, but you will save money by using Delta Dental's in-network providers.

Maximizing your benefits through network providers ensures you receive the best care at the lowest out-of-pocket cost.

Please see www.deltadentalia.com for other value added benefits available to those who enroll in the Delta Dental Plan.

	Participating Provider
Deductible	
Individual	\$25
Family	\$75
Services	You Pay After Deductible
Preventive (cleanings, sealants for children, Xrays, Fluoride)	Covered at 100% (Deductible Waived)
Basic (Fillings, tooth extraction, emergency treatment for pain, minor procedures)	20% Coinsurance (Deductible Waived)
Major (endodontics, root canal, periodontics, crowns, inlays, onlays)	50% Coinsurance
Dentures and Bridges	50% Coinsurance
Orthodontia	
Dependent Children up to age 19	50% Coinsurance (Deductible Waived)
Orthodontia Lifetime Maximum	\$1,000 per covered child
Enhanced Benefits	
Check-Up Plus	Preventive services do not count towards annual maximum *See following page for additional information
Annual Plan Maximum	
Per Covered Individual	\$1,000

Employee Cost	
Tier	Per Month
Employee	\$0.00
Employee + Spouse	\$36.00
Employee + Children	\$50.00
Family	\$80.00

DELTA DENTAL PROVIDERS

To find an in-network provider go to <https://www.deltadentalia.com/find-a-provider/> or scan the QR code below.





The Vision Plan is administered by Vision Service Plan (VSP) and includes eye exams, frames, lenses, and contacts. You'll save money if you go to a network provider.

You can use any eye doctor you choose, but using VSP in-network providers will save you money. Use the Find a Provider tool at <https://www.choosevsp.com/find-a-doctor.html> to locate an in-network eye doctor. You'll save money if you go to a network provider.

VISION

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
Well Vision Exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$25	
Frame	\$170 featured frame brands allowance \$150 frame allowance 20% savings on the amount over your allowance \$150 Walmart/Sam's Club frame allowance \$80 Costco frame allowance	Included in Prescription Glasses	Every other calendar year
Lenses	- Single vision, lined bifocal, and lined trifocal lenses - Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	- Standard progressive lenses - Premium progressive lenses - Custom progressive lenses - Average savings of 30% on other lens enhancements	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (Instead of Glasses)	\$150 allowance for contacts; copay does not apply - Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year

Employee Cost	
Tier	Per Month
Employee	\$7.51
Employee + Spouse	\$15.04
Employee + Children	\$16.08
Family	\$25.71

ESSENTIAL MEDICAL EYE CARE WITH VSP

City of Cedar Rapids is committed to providing eye care that supports our employee's overall health and wellness. That's why we offer Essential Medical Eye Care. What's included:

- Fully covered retinal screening for members with diabetes.
- Exams and services to treat immediate issues like pink eye and sudden changes in vision.
- Treatment options to monitor dry eye, diabetic eye disease, glaucoma and more.

Visit [vsp.com](https://www.choosevsp.com) for more information.

MANAGE YOUR ACCOUNT

Register your account at ASIFlex.com to see your account statement and balance, submit claims; and sign up for email, text alerts and direct deposit.



DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

A Dependent Care Flexible Spending Account (DCFSA) allows you to set aside money from your paycheck pretax to pay child day care expenses and, in some cases, elder care expenses. When you pay less in taxes, you have more money in your pocket. Most people save at least 30 percent on each dollar set aside pretax.

How much can I contribute to my DCFSA?

Tax Filing Status	Limit
Married, Filing Separately	\$3,750
Single, Head of Household	\$7,500
Married, Filing Jointly	\$7,500

What types of expenses qualify?

Eligible expenses are those incurred while you and your spouse, if married, work or are looking for work. This can include: daycare; general purpose day camps (overnight camp is not eligible); regular babysitting; before and after school care; nursery or preschool; and pre-kindergarten expenses.

FUNDING ACCOUNTS

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

When you choose a HCFSA, it's important to know how it works. HCFSA's allow you to set aside money from your paycheck pretax to pay for out-of-pocket health care expenses. When you pay less in taxes, you have more money in your pocket. Most people save at least 30% on each dollar set aside pretax.

Eligible expenses include medical, prescriptions, dental, vision, hearing and over-the-counter health care products for yourself, your qualifying spouse, and children.

MANAGE YOUR ACCOUNT

Register your account at [ASIFlex.com](https://asiflex.com) to see your account statement and balance, submit claims; and sign up for email, text alerts and direct deposit.

FSA at a Glance

	Healthcare FSA	Dependent Care FSA
Eligibility	POSN and HMO enrollees	Any benefits-eligible employee
Contribution Limits*	\$3,400	\$7,500 (\$3,750 if married, filing taxes separately)
Fund Availability	January 1	January 1
Eligible Use	Qualified medical, prescription, dental, and vision expenses, copays, and deductibles	Eligible day care expenses from licensed daycare providers for children under age 14 or disabled dependents of any age

*Once elected, FSA contributions cannot be changed during the plan year without a qualifying life event.



ASIFLEX DEBIT CARD

Managing your Flexible Spending Account (FSA) just got easier. Beginning this year, all Cedar Rapids employees who enroll in an FSA will receive a convenient debit card to use for eligible expenses. This means you can pay directly at the point of purchase. Here's how to use your FSA card effectively:

HOW TO USE THE CARD

Co-Pays: Use the card for flat-dollar prescription or office visit co-pays under your employer plan. Keep receipts for prescriptions and ask for itemized receipts for office visit co-pays.

Mail-Order Prescriptions: Provide the card number and expiration date to your pharmacy benefit manager. Keep the itemized mail order statement.

Over-the-Counter (OTC) Health Care Products:

Purchase eligible OTC products using the card. Retain the itemized receipt from the merchant.

YOUR RESPONSIBILITY WHEN USING THE CARD

Keep Documentation: Always ask for and keep itemized statements of service. Store these in a safe place. ASIFlex will notify you if documentation is needed. Failure to provide requested information may lead to card deactivation and repayment to the plan.

Comply with IRS Regulations: Use the card only for qualifying expenses and submit documentation when requested.

If You Have Insurance: Submit to insurance first. Use the card for the balance within the plan year once you receive the Explanation of Benefits (EOB) or itemized bill. Keep a copy of the EOB or itemized statement.

If You Do Not Have Insurance: Present the card for payment and ask for an itemized statement of service. Ensure it includes provider details, patient name, date of service, service/product description, and amount owed.

Insurance Pays First: Wait for the insurance plan EOB before using the card for expenses that may be covered by insurance.

Read Your Messages: Create an online account at asiflex.com and manage your account by reading and responding to messages.



CREATE YOUR ONLINE ACCOUNT

If you haven't done so, set up your online account at asiflex.com. Click on the "Employee (Participant) Login" tab, then "Create an Account" and follow the instructions. You can:

- Submit claims
- Check your account balance
- View your account balance statement
- Change settings for direct deposit, email, or text alerts

REMINDER! USE OF THE CARD IS NOT PAPERLESS!

That's right! Use of the debit card is not paperless. In many cases, IRS regulations require you to submit back-up documentation to substantiate certain transactions.

WHAT TO DO IF YOU RECEIVE A REQUEST FOR DOCUMENTATION:

1. Respond promptly by logging in at asiflex.com or via the mobile app.
2. Provide the insurance plan EOB or an itemized statement of service (not the credit card receipt).
3. Submit documentation online, via mobile app, toll-free fax, or mail.

TELEHEALTH



When you have a minor illness or need mental well-being help, the last thing you want to do is leave the comfort of home to sit in the doctor's office. Virtual Visits with Doctor on Demand are available to employees enrolled in a medical plan and their covered family members. You can see a doctor 24 hours a day, seven days a week, 365 days a year.

Appointments can take place by webcam or a camera-equipped mobile device. Most visits take only 10 minutes and, in most cases, doctors can write a prescription for pick up at your local pharmacy.

	Physical Well-Being	Mental Well-Being*
Symptoms Treated	• Allergies • Cold or flu • Fever • Minor skin conditions • Nausea • Sinus infections • Stomachache • UTI • And more	• Anxiety • Depression • Parenting concerns • Relationship issues • Substance use concerns • Trauma and PTSD
Eligibility	• Adults • Children aged 18 months+	• Adults • Children aged 10+
Cost: POSN and HMO	• \$25	• Psychiatrist: \$25 • Therapist: \$25

*Services may be provided by a psychiatrist or licensed therapist depending on the condition.

Know Before You Go

Staying in-network is the best way to keep your medical costs low. But did you also know that deciding where to go for care based on the type of treatment you need and how quickly you need it can also save you money? If you're enrolled in one of the medical plans, the chart below can help you decide where to go for care based on the type of treatment you need, how much you can expect to spend, and how quickly you need it.

Type of Symptoms	Best Path for Care	Your Visit Cost*	Average Wait Time	Hours of Operation
Common cold, flu, sinus or ear infections, mild Covid-19, allergies, UTI	Medical Telehealth	\$	 A few minutes	24/7
Anxiety, depression, mood disorders, PTSD, other mental health challenges	Mental Telehealth	\$	 A few minutes	24/7
Basic health problems, chronic conditions, persistent joint pain	Primary Care Physician (PCP)	\$	  Wait times vary	Traditional office hours (appointment often required)
Minor cuts, burns, or sprains, ear or sinus pain, minor allergic reactions, animal bites, broken bones	Urgent Care Clinic	\$\$	   About an hour	Extended hours (includes evenings, weekends, and holidays)
Sudden numbness, uncontrolled bleeding, difficulty breathing, seizure or loss of consciousness, chest pain or pressure	Emergency Room	\$\$\$	    A few hours	24/7

*Cost is always lower when using in-network providers.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

We offer ALL employees and their eligible family members free access to licensed counselors through our Employee Assistance Program whether or not you elect other benefits coverage. Through this coverage, employees and their families receive immediate support and guidance and assessments and referrals for further services. Your benefits include up to five face-to-face visits per new issue per year. You can contact the EAP for help with the following:



MARITAL OR FAMILY PROBLEMS



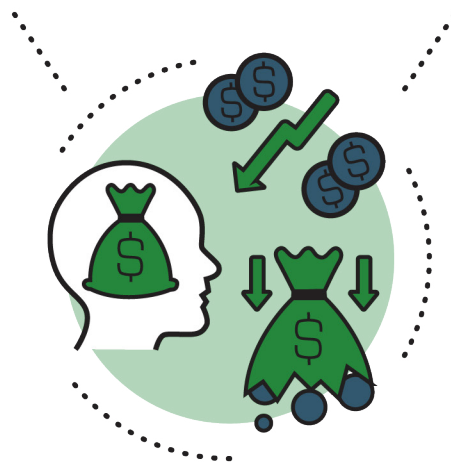
SUBSTANCE ABUSE



AGING PARENTS



STRESS, ANXIETY OR DEPRESSION



FINANCIAL ISSUES

Learn more at CR@Work under Employee Resources>Benefits>Employee Assistance Program (EAP).

VOLUNTARY WORKSITE BENEFITS

These benefits, administered by The Hartford, offer an extra layer of protection for you and your family. The payment these benefits provide is in addition to any other insurance you may have and is yours to spend as you wish—to help cover bills or for everyday living expenses. These plans do not provide health insurance coverage and do not replace the medical plans. These are all voluntary benefits and are paid for by the employee.

ACCIDENT INSURANCE

Accident Insurance pays a cash benefit directly to you when you are injured and require medical services due to a covered off-the-job accident that occurs on or after your coverage date. The benefit amount depends on the type of injury and care received. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

How could these benefits help me?

When an accidental injury like a fracture, dislocation or concussion interrupts your daily life, medical insurance protects you from doctor's office and medical costs, but Accidental Injury Benefits provide an additional cash benefit after an accident.

It can be used any way you choose, like:

- Deductibles or x-ray copays
- Housing
- Food
- Utilities

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays a lump-sum cash benefit directly to you if you are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose the amounts of \$10,000, \$20,000, or \$30,000 for yourself. You can also elect up to 100% of your benefit for your spouse, and up to 50% of your benefit for your child(ren)

How could these benefits help me?

No one likes being sick, and a serious illness can have a major financial impact on your life. Health insurance can help with some medical expenses, but Critical Illness benefits can help with your other bills.

These benefits help relieve financial strain with cash benefits for covered illnesses like cancer, a heart attack, or stroke. You can use the money however you need. Examples could include:

- Food
- Utilities
- Housing
- Medical expenses

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility that occurs on or after your coverage date. The benefit amount is determined based on the type of facility and the number of days you stay. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

How could these benefits help me?

You've worked hard to build a life that matters to you. The financial impact of a hospital stay, planned or not, can upend that hard work without the right protections in place. Yes, health insurance will help cover your medical costs. But these benefits help provide an added layer of financial protection with a cash benefit in the event of a hospital stay, like after childbirth, or during recovery from surgery. You can use the cash for anything, including:

- Medical Deductibles
- In-home help
- Housing
- Groceries

All three of these worksite benefits are administered by The Hartford. Scan the QR Code to the right or visit TheHartford.com/employeebenefits for more information and to enroll.



CONTACTS

Plan	Carrier	Website	Phone
Medical	Wellmark	www.wellmark.com	800-524-9242
Prescription	Capital Rx	www.cap-rx.com	833-599-0984
Dental	Delta Dental	www.deltadentalia.com Email: claims@deltadentalia.com	800-544-0718
Vision	VSP	www.vsp.com	800-877-7195
Flexible Spending Accounts (FSAs)	ASI Flex	www.asiflex.com	800-659-3035
Voluntary Worksite	The Hartford	gbdcustomerservice@thehartford.com	866-547-4205
City of Cedar Rapids HR	Gretchen Barske Jessica Bys	g.barske@cedar-rapids.org j.bys@cedar-rapids.org	319-286-5000

NOTES

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

