



city of  
**Ankeny**

# BENEFITS ENROLLMENT 2026

Annual Enrollment:  
May 12th - 27th, 2026



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**AT THE CITY OF ANKENY**, 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 highlights the main features of many of the benefit plans sponsored by City of Ankeny. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. City of Ankeny reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

# GETTING STARTED

## WELCOME TO YOUR 2026-2027 BENEFITS GUIDE

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

### WHEN COVERAGE BEGINS

#### Initial Enrollment

If you are a full-time employee working 40 or more hours per week, you are eligible to enroll in the benefits described in this guide. Part-time employees working 20 or more hours per week are eligible for some voluntary benefits as stated in this guide. Benefits for new hires are effective date of hire.

#### Annual Open Enrollment

The open enrollment period will be held **May 12 – 27, 2026**. The benefits you elect during open enrollment will be effective from July 1, 2026 through June 30, 2027.

#### Dependent Eligibility

The following family members are eligible for medical, dental, vision and voluntary benefits through the City; legal spouse and dependent children. If your child becomes ineligible for coverage (i.e., turning age 26 under the medical plan), you must notify Human Resources.

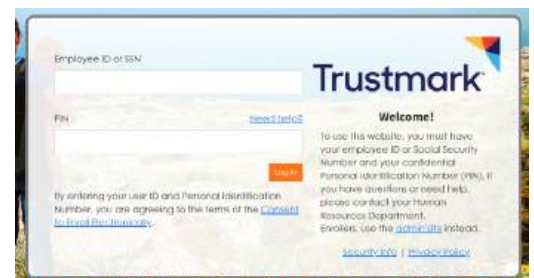
#### Making Changes to Coverage

During open enrollment, all employees are required to log in to the [Trustmark Enrollment Site](#) to review their current elections and make any necessary changes. Your PIN will be the last 4 digits of your SSN + the last 2 digits of your birth year.

If you have a qualifying event mid-year, you should contact Human Resources to make a change.

#### When to Make Changes

Mid-year changes are only permitted if you have a qualified change in status and notify Human Resources within 30 days of the event. Qualified changes in status include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's or employment status, reduction in hours, or marketplace open enrollment.



#### Benefits Service Center

Benefits can be confusing, but we've got you covered. When you have questions about your benefit options or need assistance with enrolling, Human Resources is standing by. Call 515-965-6404 for assistance.

# 2026-2027 FULL-TIME INSURANCE PREMIUMS

## Medical

\$750 PPO	Total Monthly Premium	EE Pays Bi-Weekly Wellness	EE Pays Bi-Weekly NonWellness
Employee Only	\$657.26	\$30.34	\$36.40
Employee + Spouse	\$1,346.05	\$62.13	\$74.55
Employee + Child(ren)	\$1,244.18	\$57.42	\$68.91
Employee + Family	\$2,017.11	\$93.10	\$111.72
HDHP	Total Monthly Premium	EE Pays Bi-Weekly Wellness	EE Pays Bi-Weekly NonWellness
Employee Only	\$510.62	\$23.57	\$28.28
Employee + Spouse	\$1,045.76	\$48.27	\$57.92
Employee + Child(ren)	\$966.62	\$44.61	\$53.54
Employee + Family	\$1,567.12	\$72.33	\$86.79

## Dental – EE Pays Bi-Weekly

Employee Only	\$0.00
Employee + Spouse	17.76
Employee + Child(ren)	22.93
Employee + Family	40.68

## Vision – EE Pays Bi-Weekly

Employee Only	\$2.24
Employee + Spouse	\$4.23
Employee + Child(ren)	\$4.79
Employee + Family	\$6.31

## Basic Life and Long-Term Disability

Employer Paid

## Voluntary Benefits

Rate tables included with summaries

## Voluntary Life & AD&D – Monthly

Age Bands	Rates per \$1,000
Under 30	\$0.136
30-34	\$0.152
35-39	\$0.184
40-44	\$0.258
45-49	\$0.388
50-54	\$0.604
55-59	\$1.035
60-64	\$1.537
65-69	\$2.307
70-74	\$4.548
75+	\$7.738
Children (per family)	\$1.20

\*Spouse rates are based on spouse age

# 2026-2027 PART-TIME INSURANCE PREMIUMS

## Medical

\$750 PPO	Total Monthly Premium	30+ Hour Employee Pays Bi-Weekly
Employee Only	\$657.26	\$303.35
Employee + Spouse	\$1,346.05	\$621.25
Employee + Child(ren)	\$1,244.18	\$574.24
Employee + Family	\$2,017.11	\$930.97
HDHP	Total Monthly Premium	30+ Hour Employee Pays Bi-Weekly
Employee Only	\$510.62	\$235.67
Employee + Spouse	\$1,045.76	\$482.66
Employee + Child(ren)	\$966.62	\$446.13
Employee + Family	\$1,567.12	\$723.29

**\*\*Part-time employees working 30+ hours a week are eligible.**

## Vision – EE Pays Bi-Weekly

Employee Only	\$2.24
Employee + Spouse	\$4.23
Employee + Child(ren)	\$4.79
Employee + Family	\$6.31

## Voluntary Benefits

Rate tables included with summaries

## Voluntary Life & AD&D – Monthly

Age Bands	Rates per \$1,000
Under 30	\$0.136
30-34	\$0.152
35-39	\$0.184
40-44	\$0.258
45-49	\$0.388
50-54	\$0.604
55-59	\$1.035
60-64	\$1.537
65-69	\$2.307
70-74	\$4.548
75+	\$7.738
Children (per family)	\$1.20

\*Spouse rates are based on spouse age

# MEDICAL PLANS



## Choosing a Medical Plan

The City of Ankeny's medical options provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

When it comes to medical coverage, the City of Ankeny offers you these choices:

- \$750 Traditional PPO Plan
- \$3,400 High Deductible Health Plan (HDHP)

## Preferred Provider Organizations (PPO)

The PPO plans offer in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network or an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because network providers discount their fees. And, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit, and you must file a claim to receive reimbursement for covered expenses.

## High Deductible Health plan (HDHP)

The High Deductible Health Plan (HDHP) works much like the PPO plan in that you can choose to receive care from in-network or out-of-network providers when you need medical care — and it covers the same types of services — but you pay less out of your paycheck for coverage. However, the HDHP has higher deductibles and no office visit copays. Once you've met the in-network or out-of-network deductible, you and the plan begin sharing expenses. Your portion of the expense is the coinsurance. **This also applies to prescription drugs, which are subject to the plan's deductibles. Once the deductible is met, you pay the applicable prescription drug cost or copay amount.**

In addition, the HDHP offers a tax-savings feature called the Health Savings Account (HSA). With this account, you can pay for certain out-of-pocket medical expenses throughout the year. You can also enroll in the Limited Purpose Flexible Spending Account (FSA) to help you cover eligible out-of-pocket dental and vision expenses.

## [Provider Search](#)

Click the link about to find a health care provider or facility. Click, '[Browse List of Plans](#)', then Select '[Wellmark Blue PPO](#)'.

## Medical Plans – Wellmark

	\$750 PPO Plan	\$3,400 HDHP Plan
Plan Feature	In-Network	In-Network
Individual	\$750	\$3,400
Family	\$1,500	\$6,800
Coinsurance	0%	0%
Individual	\$1,500	\$3,400
Family	\$3,000	\$6,800
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	Covered at 100%	Covered at 100%
Primary Care Physician	\$20 Copayment	Deductible
Doctor on Demand	Covered at 100%	Covered at 100%
Specialist	\$20 Copayment	Deductible
Diagnostics, X-Ray, and Lab Services	Deductible	Deductible
Urgent Care	\$20 Copayment	Deductible
Emergency Room	\$100 Copayment	Deductible
Inpatient Hospital Care	Deductible	Deductible
Outpatient Surgery	Deductible	Deductible

**\*\*Full-time and part-time employees working 30+ hours a week are eligible.**

### Terms to Know

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Copay:** A flat dollar amount you pay the provider when you receive a service.
- **Deductible:** The amount you pay for services before the plan begins paying a portion of the cost. The deductible may not apply to all services, including preventive care.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible (listed as a %).
- **Out-of-Pocket Maximum (OOPM):** The maximum amount you pay out of your pocket for covered expenses in a year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year.
- **Embedded Deductible or OOPM:** A single family member does not need to meet the family Deductible or OOPM before the benefit begins to pay for healthcare services.
- **Non-Embedded Deductible or OOPM:** The total family deductible or OOPM must be met before health insurance starts paying for the healthcare services for any single family member.

# HEALTH SAVINGS ACCOUNT (HSA)



A Health Savings Account (HSA) is a tax-free account that earns interest. The City of Ankeny allows employees to make paycheck contributions throughout the year to an account through HealthEquity.

You can use the HSA to pay for eligible health care expenses, such as deductibles, coinsurance, and other out-of-pocket dental, vision, and prescription drug expenses not covered by a health plan. Your account balance can carry over from year to year, and you can take it with you if you leave the company.

## City of Ankeny's Contributions

When you enroll in the HDHP you will automatically be enrolled in an HSA through HealthEquity. The City will contribute to the account for you. Here's a look at what you and your employer together can contribute to your HSA each year:

Coverage Level	Employer Contribution	Total HSA Contribution Allowed Per Year	Remaining Employee Contribution Allowed
<b>Employee Only</b>	\$1,700	\$4,400	\$2,700
<b>Employee + dependents</b>	\$3,400	\$8,750	\$5,350

## Who Is Eligible for the HSA?

You can participate in the HSA only if you enroll in the HDHP. You are **NOT** eligible to contribute if:

- You are enrolled in Medicare.
- You are covered by another medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.
- You or your spouse participates in a Health Care Flexible Spending Account (FSA) at the City of Ankeny or at your spouse's employer.

**\*\*Full-time and part-time employees working 30+ hours a week are eligible.**

# PHARMACY



## Pharmacy Plans

	\$750 PPO Plan	\$3,400 HDHP Plan
Out-of-Pocket Maximum	\$5,600 Single / \$11,200 Family	Aggregates with Medical
Retail (30 day supply)	\$15 Tier 1 / \$30 Tier 2 / \$60 Tier 3 \$60 Specialty	Deductible
Mail Order (90 day supply)	3 Copays	Deductible

[Click here to visit Blue Rx Complete Formulary Drug Lists](#)

**\*\*Full-time and part-time employees working 30+ hours a week are eligible.**

## REDUCE OUT-OF-POCKET COSTS ON YOUR SPECIALTY MEDICATIONS

Introducing an innovative way to help you save.

### Prudent Rx

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.\*

### How It Works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.\*\*

Participating members will have a \$0 out-of-pocket cost on eligible specialty medications!†

### How To Get Started

Your enrollment in the program will begin automatically, but response to a PrudentRx advocate is required. You can choose to opt-out at any time.

If you have an eligible medication, PrudentRx will begin proactive communications to you to enroll. If you enroll in the program, eligible medications will come at no cost to you. If you decline enrollment, you will pay 30% coinsurance on the eligible medication.

\* Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on high-deductible health plans (HDHPs) with health savings accounts (HSAs) will be limited to only those medications included on the client's specialty drug list and dispensed by CVS Specialty® and will not include limited distribution drugs.

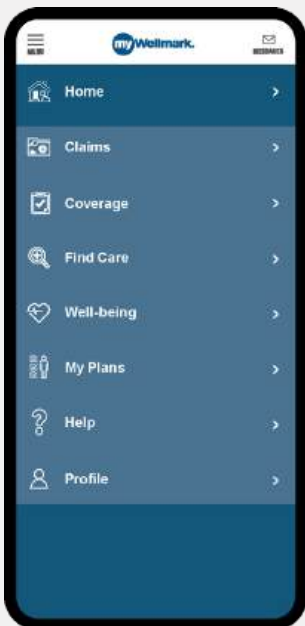
\*\* Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

† Participating members enrolled in an HDHP with HSA must fully satisfy their deductible before they are eligible for a final \$0 out-of-pocket cost, unless the member has been prescribed a medication that qualifies as "preventive care" under the Internal Revenue Code, which is administered and enforced by the Internal Revenue Service.



# Go **MOBILE**

Manage your health with the Wellmark® Blue Cross® and Blue Shield® app



For illustrative purposes only

## Use these helpful tools on-the-go:

**CLAIMS** — Track the status of claims, along with sort and filter capabilities. Opt-in for digital Explanation of Benefits (EOB) to get notifications when they're ready.

**COVERAGE** — The app features your personalized health benefits right at your fingertips, which include copay and deductible amounts and out-of-pocket maximums.

**FIND CARE** — Find in-network physical and mental health care providers to help save you money. You can also access patient reviews and ratings for hospitals and doctors.

**FIND COSTS** — Use the cost estimator tool to find how much you'll pay for common procedures and services.

**WELL-BEING SERVICES** — Take a mental health or wellness assessment. Get discounts with Blue365®. Read the latest health and wellness news and find additional well-being resources.

**VIEW AND EMAIL** your ID card from your smartphone.



**Register today!**

Download the free  
Wellmark mobile app at  
[myWellmark.com](https://mywellmark.com), the App  
Store® or on Google Play™.

## Get the care you need, when you need it.

In addition to finding important information about your health plan benefits, the Wellmark mobile app can help you get the care you need.

- **VIEW PROVIDERS AND HOSPITALS** within the Wellmark health plan network.
- **FIND THE CLOSEST PROVIDER OR FACILITY** using GPS technology.
- **VIEW A MAP OR GET DRIVING DIRECTIONS** to your doctor or hospital.
- **SHARE PROVIDER, DENTIST OR FACILITY INFORMATION** by text or email, or save to your favorites for easy access in the future.
- **CONNECT DIRECTLY** to your health care provider's office or to a health professional.
- **GET HEALTH ANSWERS** over the phone with ease.



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Blue365® is a discount program available to members who have medical coverage with Wellmark. This is not insurance.



# Feeling better should be easy

Visit a doctor on your smartphone, tablet or computer from virtually anywhere.

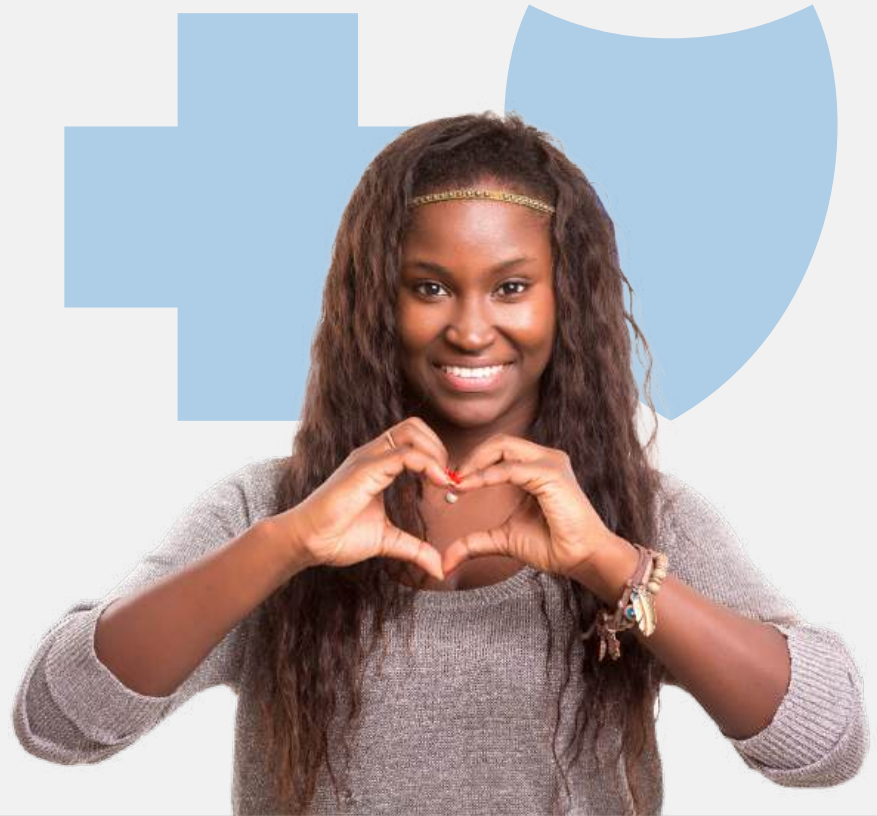
## Connect in minutes

Same day mental health appointments are available. You can also choose your provider and see a therapist or psychiatrist within days rather than months. Plus, get treatment for 90 percent of all common ER complaints, from common colds to uncommon rashes, whenever and wherever you're comfortable.

## Get treatment for:

- **Mental health<sup>1</sup>**
- **Cold and flu**
- **Bronchitis and sinus infections**
- **Urinary tract infections**
- **Sore throats**
- **Allergies**
- **Fever**
- **Headache**
- **Pink eye**
- **Skin conditions**

<sup>1</sup>Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



## Getting started is easy.



1. Scan the QR code to visit. [DoctorOnDemand.com/Wellmark](https://www.doctorondemand.com/Wellmark) and download the Doctor On Demand<sup>®</sup> app.
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.



**24/7 QUESTIONS: Call 800-997-6196**

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.



## Safe, secure and protected

Your Wellmark health insurance coverage keeps you safe, secure and protected from more than the cost of health care. Just by being a member, you and your dependents have exclusive, free access to identity protection services called IDX™ Identity. It's just another way you get more as a Wellmark member.

### Priceless peace of mind

Join thousands of people around the country who have already chosen IDX Identity for identity protection services.

### With IDX Identity, you can:

- Monitor your credit record.
- Keep track of your online activity 24 hours a day, seven days a week.
- Have access to complete identity recovery if fraudulent activity is found.



**Enroll in identity protection services today!**

**Register or sign in to myWellmark® at myWellmark.com to get started.**

- 1.** Select **Identity Protection** from the bottom of the myWellmark homepage. On the mobile app, this is towards the bottom of the navigation menu.
- 2.** Select **Enroll Now** from the IDX home page.
- 3.** Fill out the **Group ID and Subscriber ID** (also known as your Wellmark ID number). Both are found on your Wellmark ID card.
- 4.** Enter your personal information and create a **username** and **password**.
- 5.** To **activate credit monitoring**, enter your birth date and Social Security number.



**Rather enroll over the phone?**

**Just call 866-486-4812**

**and make sure you have your**

**Wellmark ID card handy.**



Identity protection services aren't the only ways you **get more for being a Wellmark member.**

**As part of your health plan, you also have access to products and services like:**



### **myWellmark®**

Your one-stop-shop for tools, resources and insights to help you manage health care spending and live a healthier life.



### **BeWell 24/7®**

Get connected with a real person who can help you with a variety of health-related concerns. Just call **844-84-BEWELL (239355)**.



### **Blue365®**

Find exclusive ways to save on top wellness services and products you use every day.



### **Blue<sup>SM</sup>**

Simply visit **Wellmark.com/Blue** to stay informed on health plan updates and the latest in health and wellness.



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IDX™ Identity is an independent company providing identity protection services on behalf of Wellmark Blue Cross and Blue Shield.

# DENTAL

## DELTA DENTAL



The City of Ankeny's Dental Plan is administered through Delta Dental and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for children.

Delta Dental's PPO network offers the most discounts with providers. Their Premier network is more broad and still offers a comprehensive benefit. For a list of in-network dentists, go to [www.deltadentalia.com](http://www.deltadentalia.com), find a provider and choose 'Delta Dental PPO Plus Premier' network.

### Dental Plan Highlights

Lifetime Maximum	PPO Network	Premier / Nonparticipating
Deductible	\$15 / \$45	\$15 / \$75
Annual Benefit Maximum	\$1,250	\$1,250
Check-ups and Teeth Cleaning	0% Coinsurance	0% Coinsurance
Cavity Repair & Tooth Extractions	10% Coinsurance	20% Coinsurance
High Cost Restorations	50% Coinsurance	50% Coinsurance
<b>Orthodontia</b>		
Orthodontics (Children to age 19)	50% Coinsurance	50% Coinsurance
Lifetime Maximum	\$2,000	\$2,000

**\*\*Full-time eligible.**

Employees who are enrolled in the City-sponsored Dental plan are eligible for a Vision Discount plan through EyeMed. For additional details, please call 866-246-9041.

# VISION

## DELTA VISION



The City of Ankeny's Vision Plan is a materials only plan and is administered through DeltaVision.

If you enroll in vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the Insight network, you will receive a discount on services. To find an in-network provider go to [www.deltadentalia.com](http://www.deltadentalia.com), find a provider and select 'Insight Network'.

### Vision Plan Highlights

	In-Network	Out-of-Network
Plan Feature	You Pay	Reimbursement
Vision Exam	Not Covered	Not Covered
<b>Prescription Glasses</b>		
Single Lenses	\$10 Copay	Up to \$25
Bifocals	\$10 Copay	Up to \$40
Trifocals	\$10 Copay	Up to \$55
Standard Progressive Lenses	\$75	Up to \$40
Premium Progressive Lenses Tier 1 / Tier 2 / Tier 3 / Tier 4	\$95 / \$105 / \$120 / 80% of Charge less \$120, plus \$75 Copay	Up to \$40
Frames	80% of balance, over \$150	Up to \$75
<b>Other Covered Services</b>		
Elective Contacts	85% of balance of \$150	Up to \$120
LASIK or PRK Vision Correction	15% off retail price or 5% off promotional price	N/A
<b>Benefit Frequency</b>		
Exam	Not Covered	
Frames	Once every 2 calendar years	
Lenses or Contacts	Once every calendar year	

**\*\*Full-time and part-time eligible.**

# FLEXIBLE SPENDING ACCOUNT (FSA)

The City of Ankeny offers Flexible Spending Accounts (FSAs), which allow you to save tax dollars on eligible expenses. The FSAs are administered by iSolved. Participants have a 90-day runout at the end of each plan year to submit claims incurred within the plan year.

The City of Ankeny offers three types of FSAs:

- **Health Care FSA**
- **Limited Purpose FSA**
- **Dependent Care FSA**

If you elect to contribute to one of the FSAs, you choose an annual amount to be taken from each of your paychecks on a pre-tax basis. Healthcare and Limited Purpose dollars are available right away; Dependent Daycare dollars are available as you contribute them through payroll.

## Health Care FSA

You can use the Health Care FSA to pay for eligible expenses that are not covered by another health plan.

## Limited Purpose FSA

If you are contributing to an HSA, you are eligible to use the Health Care FSA for vision and dental expenses only.

## Dependent Care FSA

The Dependent Care FSA allows you to save tax dollars on day care expenses for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be employed, a full-time student at least five months during the plan year, or mentally or physically disabled and unable to provide care for himself or herself.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

**\*\*Full-time eligible.**



## Maximum Election and Carryover

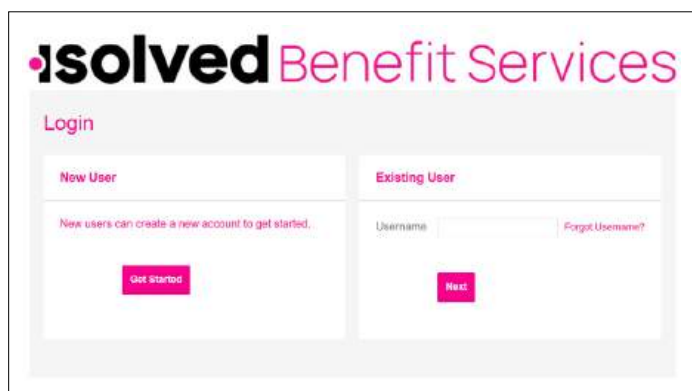
- Healthcare and Limited Purpose maximum election: \$3,400 per participant
- Dependent Daycare: \$7,500 per family
- Carryover allowed on Healthcare and Limited Purpose FSAs: \$680
  - Participants can only utilize the carryover option for 1 plan year without a new plan year election made.
  - Carryover is not available on Dependent Daycare accounts.

## Important FSA Considerations

- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit. (For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year — even if you have not yet contributed that much to your account.)
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.
- If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.
- If you enroll in the High Deductible Health Plan for medical coverage, which has a Health Savings Account (HSA), you cannot enroll in the Health Care FSA.

## Online Tools and Mobile App

Check your FSA balance and submit receipts online via iSolved's Consumer Portal or Mobile App.



Get started with the iFlex Mobile App in minutes.



# Know Your Eligible and Ineligible Expenses

## Eligible Expenses

### Baby/Child to age 13

- Lactation consultant
- Lead-based paint removal\*
- Special formula\*
- Tuition: special school/teacher for disability or learning disability
- Well baby/well child care

### Dental

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

### Eyes

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

### Hearing

- Hearing aids and batteries
- Hearing exams

### Lab Exams/Tests

- Blood tests and Metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

### Medications

- Insulin
- OTC drugs
- Prescription drugs

### Medical Equipment/Supplies

- Air purification equipment\*
- Arches and other orthotic inserts
- Contraceptive devices
- Crutches, walkers, wheel chairs
- Exercise equipment\*
- Hospital beds\*
- Mattresses\*
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic shoes\*
- Oxygen
- Post-mastectomy clothing
- Prosthetics
- Syringes
- Wigs\*

### Obstetrics

- Doula\*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and post-natal treatments

### Practitioners

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Osteopath
- Physician
- Psychiatrist or Psychologist

### Therapy

- Alcohol and Drug addiction
- Counseling (must be treating a medical condition)
- Exercise programs\*
- Hypnosis\*
- Massage\*
- Occupational
- Physical
- Smoking cessation programs
- Speech
- Weight loss programs

### Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment\*
- Hospital services
- Immunization
- In vitro fertilization
- Personal trainers\*
- Physical examination (not employment-related)
- Reconstructive surgery (due to a congenital defect, accident or medical treatment)
- Service animals
- Sterilization/sterilization reversal
- Transplants (including organ donor)
- Transportation\*

This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a note of medical necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact isolved Benefit Services.

Over-the-Counter (OTC) Medicines, purchased on or after January 1, 2020, were reinstated with the passage of the CARES Act (COVID-3 Stimulus Bill) for HSAs, FSAs and Archer MSAs (unless your plan excludes OTC items). OTC items can be purchased with funds from eligible accounts without needing a prescription. Additionally, the bill expanded OTC items to include menstrual care products.

## Eligible Over-the-Counter Items

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high-level list of over-the-counter (OTC) items that are not medicine or drugs and are eligible for purchase with Health Care FSA dollars. You can use your benefits card for these items

### **Antiseptics, wound cleaners**

Alcohol, peroxide, Epsom salt

### **Baby electrolytes**

Pedialyte, Enfalyte

### **Denture adhesives, repair and cleansers**

PoliGrip, Benzodent, Efferdent

### **Diabetes testing and aids**

Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

### **Sunscreen (SPF 15 and over)**

### **Diagnostic products**

Thermometers, blood pressure monitors, cholesterol testing

### **Elastics/athletic treatments**

ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

### **Eye care**

Contact lens care

### **Family planning**

Pregnancy and ovulation kits

### **First aid dressings and supplies**

Band Aid, 3M Nexcare, non-sport tapes

### **Hearing aid/medical batteries**

### **Incontinence products**

Attends, Depend, GoodNites for juvenile incontinence

### **Feminine hygiene products**

Sanitary pads, tampons, panty liners

## Ineligible Expenses

Note: This list is not meant to be all-inclusive

The IRS does not allow the following expenses to be reimbursed the FSA, as they are not prescribed by a physician for a specific ailment.

Contact lens or eyeglass insurance

Electrolysis

Swimming lessons

Cosmetic surgery/procedures

Marriage or career counseling

Sunscreen (SPF less than 15 needs RX)



# isolved Benefit Services

## iFlexWDM MOBILE APP

Check account balances, submit claims, and review resources for your Flexible Spending Account (FSA)

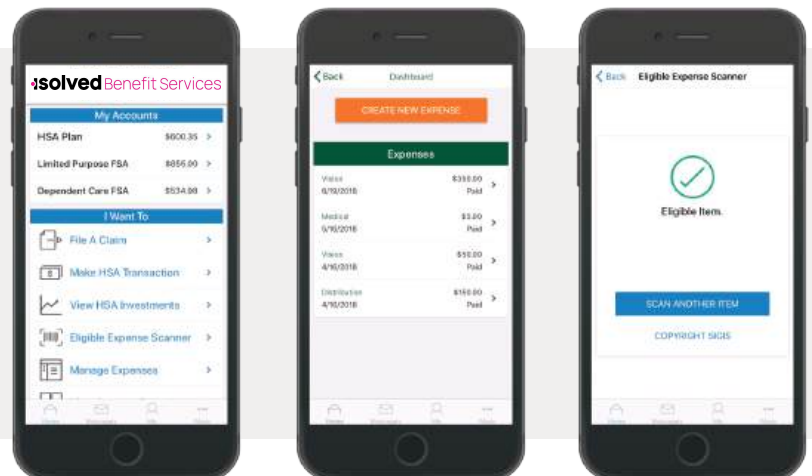
When you enroll in the company-sponsored Flexible Spending Account (FSA), you have a variety of tools and resources available at your fingertips. One of these offerings is the **iFlexWDM** mobile app, which allows you to use your mobile device to check health benefit account balances from anywhere at any time.

Search for **isolved Benefit Services WDM** as soon as you enroll in the FSA and start using your smartphone or tablet to access your account balance. It's easy to see exactly how much money you have available to spend on qualified health or dependent care expenses at the time of purchase. You can also submit claims for reimbursement and upload receipts using the camera on your mobile device.

*There is also an option to set up text message alerts for balance updates and other configurable data.*

*iFlexWDM gives you access from anywhere, simplifying the process of making the most out of your FSA funds.*

*No sensitive account information is ever stored on your mobile device.*



The iFlexWDM mobile app is available for free on Google Play and the App Store.

As soon as you enroll in the company-sponsored FSA, search for **iSolved Benefit Services WDM** in the app store to start enjoying instant access to your FSA account information, along with a variety of resources, from your mobile device.

# EMPLOYER PAID BENEFITS



## Basic Life Insurance – Reliance Standard

The City of Ankeny automatically provides a policy that is 1.5 times your annual earnings up to a maximum of \$300,000 for all eligible employees at no cost. The benefit is paid to your beneficiaries in the event of your death.

**\*\*Full-time eligible.**

## Long-Term Disability – OCHS

The City of Ankeny provides Long-Term Disability (LTD) benefits if you can't work due to illness or injury. After 90 days of total disability, the plan pays up to 60% of your base pay (maximum \$10,000 per month), minus Social Security or other disability income. This benefit does not apply to police and fire employees covered by the 411 pension system.

**\*\*Full-time eligible.**

## Employee Assistance Program (EAP) –Employee & Family Resources

You and your covered dependents have free access to the City of Ankeny's Employee Assistance Program (EAP) through Employee and Family Resources. This confidential service offers 24/7 support over-the-phone as well as 3 face-to-face counseling sessions for both you and your covered dependents. Counselors can help with concerns about things like:

- Connection to Mental Health Professionals for emotional challenges, including depression, substance abuse, relationships, and work-related issues
- Financial and legal consultations, one half-hour per issue
- Access to information, referral resources and support involving childcare and care for an aging family member

To contact the EAP, call (800) 327-4692, 24 hours a day, seven days a week, to talk to a professional counselor. You can also get more information online at [www.efr.org](http://www.efr.org)

## EFR Mobile App

Download the EFR mobile app to use your EAP or SAP on-the-go with features like:

- Chat with a counselor
- Read EFR's blog
- Listen to Emotion Well podcast
- Register for webinars
- And more!



Apple



Android

**\*\*Full-time and part-time eligible.**

# VOLUNTARY BENEFITS

## **Optional Life Insurance – Reliance Standard**

In addition to Basic Life Insurance, you may also purchase Optional Life Insurance for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Optional Life coverage for yourself. You pay for the cost of Optional Life Insurance on an after-tax basis through payroll deductions.

## **Short-Term Disability – Reliance Standard**

Employees can elect to purchase a Short-Term Disability policy that would supplement their income prior to LTD. There are two benefits to choose from; both begin on the 1st day after an accident, one begins on the 8th day after an illness and the other begins on the 15th day. Both policies replace 60% of your pre-disability earnings up to \$1,500 per week.

## **Accident – Reliance Standard**

Provides a range of lump-sum benefits for injuries resulting from a covered accident. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

## **Critical Illness – Reliance Standard**

Provides a fixed lump-sum benefit upon diagnosis of a covered critical illness which can include heart attack, stroke, paralysis and more.

## **Hospital Indemnity – Reliance Standard**

Provides a range of fixed lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board.

## **Universal Life with Long Term Indemnity – Trustmark**

Life insurance with a higher death benefit during your working years and Long-term care benefits that stay the same throughout your life.

**\*\*Full-time and part-time eligible.**

For additional information please reference the following benefit summaries.

# GROUP VOLUNTARY & DEPENDENT LIFE INSURANCE

## PLAN HIGHLIGHTS - RELIANCE STANDARD

### Eligibility

Each Active, Full-Time Employee working 40 or more hours per week, Part-Time and EMS/Firefighter Employee working 1040 hours or more per year.

### Dependents

You must be insured in order for Dependents to be covered. Dependents are:

- Your legal spouse not legally separated or divorced from you
- Your unmarried financially dependent children\* age 14 days to 20 years (to 26 years if full-time student).  
*\* Natural and adopted children; stepchildren and foster children in your custody. Age limit does not apply to handicapped children.*
- A person may not have coverage as both an Employee and Dependent.
- Only one insured spouse may cover Dependent children.

### Benefit Amount

**Voluntary Life:** Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments (Not to exceed 5 times Earnings)

### Dependent Life:

- **Spouse:** Choose from a minimum of \$5,000 to a maximum of \$150,000 in \$5,000 increments (Spouse amount may not exceed 50% of employee amount)
- **Dependent Child(ren):** 14 days to 6 months : \$20,000  
6 months to age 20 : \$20,000 (up to age 26 if a full-time student)

### GUARANTEED ISSUE (INITIAL ELIGIBILITY PERIOD ONLY)

- **Employee:** \$150,000
- **Spouse:** \$50,000
- **Child:** all child amounts are guaranteed issue

**\*\*Full-time and part-time eligible.**

### Exclusions

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.

### Matching AD&D: Employee and Spouse

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or One foot	50%
Sight of one eye	50%
Speech or Hearing	50%

### Benefit Reduction Due To Age

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced To
70	65%
75	45%
80	30%

### Features

- Accelerated Death Benefit (expressed as Living Benefit)
- Rider in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- Education Benefit
- Loss of Use Benefit
- Portability
- Seat Belt Benefit
- Waiver of Premium

**Reliance Standard Plans  
Supplemental and Dependent Life and AD&D Insurance  
Premium Table**

**Plan Holder: City of Ankeny**

**Scheduled Benefit:** Each eligible employee may elect for himself/herself and/or his/her eligible spouse an amount of insurance shown in the table below.

**For employees age 65 and older:** Benefit amounts are reduced according to the age-based reduction chart shown in the Supplemental Life brochure.

**Employee/Spouse Premiums:** To find you and your spouse's premium:

- Determine your age band: Your age = your age at your last birthday.
- Select a benefit amount (employees age 65 and older: see above comment).
- Spouse premium: Repeat the steps above for your spouse at his/her age at his/her last birthday.
- Employee and spouse rates change as they respectively move from one age bracket to the next.

**Employee Bi-Weekly Premiums**

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$10,000	\$0.63	\$0.63	\$0.70	\$0.85	\$1.19	\$1.79	\$2.79	\$4.78	\$7.07	\$10.65	\$20.99	\$35.71
\$20,000	\$1.26	\$1.26	\$1.40	\$1.70	\$2.38	\$3.58	\$5.58	\$9.55	\$14.13	\$21.30	\$41.98	\$71.43
\$30,000	\$1.88	\$1.88	\$2.10	\$2.55	\$3.57	\$5.37	\$8.36	\$14.33	\$21.20	\$31.94	\$62.97	\$107.14
\$40,000	\$2.51	\$2.51	\$2.81	\$3.40	\$4.76	\$7.16	\$11.15	\$19.11	\$28.26	\$42.59	\$83.96	\$142.86
\$50,000	\$3.14	\$3.14	\$3.51	\$4.25	\$5.95	\$8.95	\$13.94	\$23.88	\$35.33	\$53.24	\$104.95	\$178.57
\$60,000	\$3.77	\$3.77	\$4.21	\$5.10	\$7.14	\$10.74	\$16.73	\$28.66	\$42.40	\$63.89	\$125.94	\$214.28
\$70,000	\$4.39	\$4.39	\$4.91	\$5.94	\$8.34	\$12.54	\$19.51	\$33.44	\$49.46	\$74.53	\$146.94	\$250.00
\$80,000	\$5.02	\$5.02	\$5.61	\$6.79	\$9.53	\$14.33	\$22.30	\$38.22	\$56.53	\$85.18	\$167.93	\$285.71
\$90,000	\$5.65	\$5.65	\$6.31	\$7.64	\$10.72	\$16.12	\$25.09	\$42.99	\$63.60	\$95.83	\$188.92	\$321.42
\$100,000	\$6.28	\$6.28	\$7.02	\$8.49	\$11.91	\$17.91	\$27.88	\$47.77	\$70.66	\$106.48	\$209.91	\$357.14
\$110,000	\$6.90	\$6.90	\$7.72	\$9.34	\$13.10	\$19.70	\$30.66	\$52.55	\$77.73	\$117.12	\$230.90	\$392.85
\$120,000	\$7.53	\$7.53	\$8.42	\$10.19	\$14.29	\$21.49	\$33.45	\$57.32	\$84.79	\$127.77	\$251.89	\$428.57
\$130,000	\$8.16	\$8.16	\$9.12	\$11.04	\$15.48	\$23.28	\$36.24	\$62.10	\$91.86	\$138.42	\$272.88	\$464.28
\$140,000	\$8.79	\$8.79	\$9.82	\$11.89	\$16.67	\$25.07	\$39.03	\$66.88	\$98.93	\$149.07	\$293.87	\$499.99
\$150,000	\$9.42	\$9.42	\$10.52	\$12.74	\$17.86	\$26.86	\$41.82	\$71.65	\$105.99	\$159.72	\$314.86	\$535.71
\$160,000	\$10.04	\$10.04	\$11.22	\$13.59	\$19.05	\$28.65	\$44.60	\$76.43	\$113.06	\$170.36	\$335.85	\$571.42
\$170,000	\$10.67	\$10.67	\$11.93	\$14.44	\$20.24	\$30.44	\$47.39	\$81.21	\$120.12	\$181.01	\$356.84	\$607.14
\$180,000	\$11.30	\$11.30	\$12.63	\$15.29	\$21.43	\$32.23	\$50.18	\$85.98	\$127.19	\$191.66	\$377.83	\$642.85
\$190,000	\$11.93	\$11.93	\$13.33	\$16.14	\$22.62	\$34.02	\$52.97	\$90.76	\$134.26	\$202.31	\$398.82	\$678.56
\$200,000	\$12.55	\$12.55	\$14.03	\$16.98	\$23.82	\$35.82	\$55.75	\$95.54	\$141.32	\$212.95	\$419.82	\$714.28
\$210,000	\$13.18	\$13.18	\$14.73	\$17.83	\$25.01	\$37.61	\$58.54	\$100.32	\$148.39	\$223.60	\$440.81	\$749.99
\$220,000	\$13.81	\$13.81	\$15.43	\$18.68	\$26.20	\$39.40	\$61.33	\$105.09	\$155.46	\$234.25	\$461.80	\$785.70
\$230,000	\$14.44	\$14.44	\$16.14	\$19.53	\$27.39	\$41.19	\$64.12	\$109.87	\$162.52	\$244.90	\$482.79	\$821.42
\$240,000	\$15.06	\$15.06	\$16.84	\$20.38	\$28.58	\$42.98	\$66.90	\$114.65	\$169.59	\$255.54	\$503.78	\$857.13
\$250,000	\$15.69	\$15.69	\$17.54	\$21.23	\$29.77	\$44.77	\$69.69	\$119.42	\$176.65	\$266.19	\$524.77	\$892.85
\$260,000	\$16.32	\$16.32	\$18.24	\$22.08	\$30.96	\$46.56	\$72.48	\$124.20	\$183.72	\$276.84	\$545.76	\$928.56
\$270,000	\$16.95	\$16.95	\$18.94	\$22.93	\$32.15	\$48.35	\$75.27	\$128.98	\$190.79	\$287.49	\$566.75	\$964.27
\$280,000	\$17.58	\$17.58	\$19.64	\$23.78	\$33.34	\$50.14	\$78.06	\$133.75	\$197.85	\$298.14	\$587.74	\$999.99
\$290,000	\$18.20	\$18.20	\$20.34	\$24.63	\$34.53	\$51.93	\$80.84	\$138.53	\$204.92	\$308.78	\$608.73	\$1,035.70
\$300,000	\$18.83	\$18.83	\$21.05	\$25.48	\$35.72	\$53.72	\$83.63	\$143.31	\$211.98	\$319.43	\$629.72	\$1,071.42
\$310,000	\$19.46	\$19.46	\$21.75	\$26.33	\$36.91	\$55.51	\$86.42	\$148.08	\$219.05	\$330.08	\$650.71	\$1,107.13
\$320,000	\$20.09	\$20.09	\$22.45	\$27.18	\$38.10	\$57.30	\$89.21	\$152.86	\$226.12	\$340.73	\$671.70	\$1,142.84
\$330,000	\$20.71	\$20.71	\$23.15	\$28.02	\$39.30	\$59.10	\$91.99	\$157.64	\$233.18	\$351.37	\$692.70	\$1,178.56
\$340,000	\$21.34	\$21.34	\$23.85	\$28.87	\$40.49	\$60.89	\$94.78	\$162.42	\$240.25	\$362.02	\$713.69	\$1,214.27
\$350,000	\$21.97	\$21.97	\$24.55	\$29.72	\$41.68	\$62.68	\$97.57	\$167.19	\$247.32	\$372.67	\$734.68	\$1,249.98
\$360,000	\$22.60	\$22.60	\$25.26	\$30.57	\$42.87	\$64.47	\$100.36	\$171.97	\$254.38	\$383.32	\$755.67	\$1,285.70
\$370,000	\$23.22	\$23.22	\$25.96	\$31.42	\$44.06	\$66.26	\$103.14	\$176.75	\$261.45	\$393.96	\$776.66	\$1,321.41
\$380,000	\$23.85	\$23.85	\$26.66	\$32.27	\$45.25	\$68.05	\$105.93	\$181.52	\$268.51	\$404.61	\$797.65	\$1,357.13
\$390,000	\$24.48	\$24.48	\$27.36	\$33.12	\$46.44	\$69.84	\$108.72	\$186.30	\$275.58	\$415.26	\$818.64	\$1,392.84
\$400,000	\$25.11	\$25.11	\$28.06	\$33.97	\$47.63	\$71.63	\$111.51	\$191.08	\$282.65	\$425.91	\$839.63	\$1,428.55
\$410,000	\$25.74	\$25.74	\$28.76	\$34.82	\$48.82	\$73.42	\$114.30	\$195.85	\$289.71	\$436.56	\$860.62	\$1,464.27
\$420,000	\$26.36	\$26.36	\$29.46	\$35.67	\$50.01	\$75.21	\$117.08	\$200.63	\$296.78	\$447.20	\$881.61	\$1,499.98
\$430,000	\$26.99	\$26.99	\$30.17	\$36.52	\$51.20	\$77.00	\$119.87	\$205.41	\$303.84	\$457.85	\$902.60	\$1,535.70
\$440,000	\$27.62	\$27.62	\$30.87	\$37.37	\$52.39	\$78.79	\$122.66	\$210.18	\$310.91	\$468.50	\$923.59	\$1,571.41

\$450,000	\$28.25	\$28.25	\$31.57	\$38.22	\$53.58	\$80.58	\$125.45	\$214.96	\$317.98	\$479.15	\$944.58	\$1,607.12
\$460,000	\$28.87	\$28.87	\$32.27	\$39.06	\$54.78	\$82.38	\$128.23	\$219.74	\$325.04	\$489.79	\$965.58	\$1,642.84
\$470,000	\$29.50	\$29.50	\$32.97	\$39.91	\$55.97	\$84.17	\$131.02	\$224.52	\$332.11	\$500.44	\$986.57	\$1,678.55
\$480,000	\$30.13	\$30.13	\$33.67	\$40.76	\$57.16	\$85.96	\$133.81	\$229.29	\$339.18	\$511.09	\$1,007.56	\$1,714.26
\$490,000	\$30.76	\$30.76	\$34.38	\$41.61	\$58.35	\$87.75	\$136.60	\$234.07	\$346.24	\$521.74	\$1,028.55	\$1,749.98
\$500,000	\$31.38	\$31.38	\$35.08	\$42.46	\$59.54	\$89.54	\$139.38	\$238.85	\$353.31	\$532.38	\$1,049.54	\$1,785.69

**Spouse Bi-Weekly Premiums**

Benefit Amount	Age 18-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
\$5,000	\$0.31	\$0.31	\$0.35	\$0.42	\$0.60	\$0.90	\$1.39	\$2.39	\$3.53	\$5.32	\$10.50	\$17.86
\$10,000	\$0.63	\$0.63	\$0.70	\$0.85	\$1.19	\$1.79	\$2.79	\$4.78	\$7.07	\$10.65	\$20.99	\$35.71
\$15,000	\$0.94	\$0.94	\$1.05	\$1.27	\$1.79	\$2.69	\$4.18	\$7.17	\$10.60	\$15.97	\$31.49	\$53.57
\$20,000	\$1.26	\$1.26	\$1.40	\$1.70	\$2.38	\$3.58	\$5.58	\$9.55	\$14.13	\$21.30	\$41.98	\$71.43
\$25,000	\$1.57	\$1.57	\$1.75	\$2.12	\$2.98	\$4.48	\$6.97	\$11.94	\$17.67	\$26.62	\$52.48	\$89.28
\$30,000	\$1.88	\$1.88	\$2.10	\$2.55	\$3.57	\$5.37	\$8.36	\$14.33	\$21.20	\$31.94	\$62.97	\$107.14
\$35,000	\$2.20	\$2.20	\$2.46	\$2.97	\$4.17	\$6.27	\$9.76	\$16.72	\$24.73	\$37.27	\$73.47	\$125.00
\$40,000	\$2.51	\$2.51	\$2.81	\$3.40	\$4.76	\$7.16	\$11.15	\$19.11	\$28.26	\$42.59	\$83.96	\$142.86
\$45,000	\$2.82	\$2.82	\$3.16	\$3.82	\$5.36	\$8.06	\$12.54	\$21.50	\$31.80	\$47.91	\$94.46	\$160.71
\$50,000	\$3.14	\$3.14	\$3.51	\$4.25	\$5.95	\$8.95	\$13.94	\$23.88	\$35.33	\$53.24	\$104.95	\$178.57
\$55,000	\$3.45	\$3.45	\$3.86	\$4.67	\$6.55	\$9.85	\$15.33	\$26.27	\$38.86	\$58.56	\$115.45	\$196.43
\$60,000	\$3.77	\$3.77	\$4.21	\$5.10	\$7.14	\$10.74	\$16.73	\$28.66	\$42.40	\$63.89	\$125.94	\$214.28
\$65,000	\$4.08	\$4.08	\$4.56	\$5.52	\$7.74	\$11.64	\$18.12	\$31.05	\$45.93	\$69.21	\$136.44	\$232.14
\$70,000	\$4.39	\$4.39	\$4.91	\$5.94	\$8.34	\$12.54	\$19.51	\$33.44	\$49.46	\$74.53	\$146.94	\$250.00
\$75,000	\$4.71	\$4.71	\$5.26	\$6.37	\$8.93	\$13.43	\$20.91	\$35.83	\$53.00	\$79.86	\$157.43	\$267.85
\$80,000	\$5.02	\$5.02	\$5.61	\$6.79	\$9.53	\$14.33	\$22.30	\$38.22	\$56.53	\$85.18	\$167.93	\$285.71
\$85,000	\$5.34	\$5.34	\$5.96	\$7.22	\$10.12	\$15.22	\$23.70	\$40.60	\$60.06	\$90.51	\$178.42	\$303.57
\$90,000	\$5.65	\$5.65	\$6.31	\$7.64	\$10.72	\$16.12	\$25.09	\$42.99	\$63.60	\$95.83	\$188.92	\$321.42
\$95,000	\$5.96	\$5.96	\$6.66	\$8.07	\$11.31	\$17.01	\$26.48	\$45.38	\$67.13	\$101.15	\$199.41	\$339.28
\$100,000	\$6.28	\$6.28	\$7.02	\$8.49	\$11.91	\$17.91	\$27.88	\$47.77	\$70.66	\$106.48	\$209.91	\$357.14
\$105,000	\$6.59	\$6.59	\$7.37	\$8.92	\$12.50	\$18.80	\$29.27	\$50.16	\$74.19	\$111.80	\$220.40	\$375.00
\$110,000	\$6.90	\$6.90	\$7.72	\$9.34	\$13.10	\$19.70	\$30.66	\$52.55	\$77.73	\$117.12	\$230.90	\$392.85
\$115,000	\$7.22	\$7.22	\$8.07	\$9.77	\$13.69	\$20.59	\$32.06	\$54.93	\$81.26	\$122.45	\$241.39	\$410.71
\$120,000	\$7.53	\$7.53	\$8.42	\$10.19	\$14.29	\$21.49	\$33.45	\$57.32	\$84.79	\$127.77	\$251.89	\$428.57
\$125,000	\$7.85	\$7.85	\$8.77	\$10.62	\$14.88	\$22.38	\$34.85	\$59.71	\$88.33	\$133.10	\$262.38	\$446.42
\$130,000	\$8.16	\$8.16	\$9.12	\$11.04	\$15.48	\$23.28	\$36.24	\$62.10	\$91.86	\$138.42	\$272.88	\$464.28
\$135,000	\$8.47	\$8.47	\$9.47	\$11.46	\$16.08	\$24.18	\$37.63	\$64.49	\$95.39	\$143.74	\$283.38	\$482.14
\$140,000	\$8.79	\$8.79	\$9.82	\$11.89	\$16.67	\$25.07	\$39.03	\$66.88	\$98.93	\$149.07	\$293.87	\$499.99
\$145,000	\$9.10	\$9.10	\$10.17	\$12.31	\$17.27	\$25.97	\$40.42	\$69.27	\$102.46	\$154.39	\$304.37	\$517.85
\$150,000	\$9.42	\$9.42	\$10.52	\$12.74	\$17.86	\$26.86	\$41.82	\$71.65	\$105.99	\$159.72	\$314.86	\$535.71

**Dependent Child(ren) Bi-Weekly Premiums:**

Benefit Amount	Premium
\$20,000	\$0.55

*(One rate and benefit amount for all eligible children in family, regardless of number)*

**PREMIUM CALCULATION (Add your elections here):**

Employee Premium	
Spouse Premium	
Dependent Child(ren) Premium	
<b>Total Premium</b>	

*(Rates are calculated as of coverage effective date and are based on insured's age in relation to Plan anniversary date. Billed rates may be higher if, at application, the person is at the highest age in an age band).*

**Please read this important information:**

- You may not have coverage as both an employee and as a dependent.
- Only one insured spouse may cover the eligible dependent children.

*Rates are subject to change.*

# VOLUNTARY GROUP SHORT TERM DISABILITY INSURANCE

## PLAN HIGHLIGHTS - RELIANCE STANDARD

### Coverage

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### Benefit Amount

You may elect a weekly benefit in increments of \$25, from a minimum of \$100 up to a maximum benefit of \$1,500 per week, not to exceed 60% of your weekly covered earnings (rounded to the lower \$25 increment)

### Day Benefits Begin

Injury (accident): Benefits begin on the 1<sup>st</sup> consecutive day of disability; Sickness (illness): Benefits begin on the 8th consecutive day of disability

### Maximum Benefit Duration

Benefits for one period of disability, will be paid up to a maximum of 13 weeks.

### Contribution Requirements

Coverage is 100% employee paid.

### Features

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Zero Day Residual included Definition

### Limitations

Pre-Existing Condition Limitation – 3/12

### Exclusions

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

**\*\*Full-time and part-time eligible.**



# Reliance Standard Voluntary Plans Voluntary Group Short Term Disability Insurance

## City of Ankeny - 1/8 Elimination

**Scheduled Benefit:** Each eligible employee may elect an amount of insurance, in increments of \$25 from a minimum of \$100 to a maximum of \$1,500 per week up to 60% of covered earnings (rounded down to the lower \$25).

You may select any benefit amount from \$100 up to your maximum weekly benefit. Locate your weekly earnings to determine your maximum weekly benefit amount. If your covered earnings fall between ranges, the lesser benefit amount will apply.

### Employee Bi-Weekly Premiums

Weekly Earnings	Weekly Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$288	\$100	\$1.71	\$1.71	\$1.71	\$1.85	\$1.75	\$2.12	\$2.68	\$3.37	\$4.34	\$4.98	\$5.45	\$5.82
\$288	\$125	\$2.13	\$2.13	\$2.13	\$2.31	\$2.19	\$2.65	\$3.35	\$4.21	\$5.42	\$6.23	\$6.81	\$7.27
\$288	\$150	\$2.56	\$2.56	\$2.56	\$2.77	\$2.63	\$3.18	\$4.02	\$5.05	\$6.51	\$7.48	\$8.17	\$8.72
\$292	\$175	\$2.99	\$2.99	\$2.99	\$3.23	\$3.07	\$3.72	\$4.68	\$5.90	\$7.59	\$8.72	\$9.53	\$10.18
\$333	\$200	\$3.42	\$3.42	\$3.42	\$3.69	\$3.51	\$4.25	\$5.35	\$6.74	\$8.68	\$9.97	\$10.89	\$11.63
\$375	\$225	\$3.84	\$3.84	\$3.84	\$4.15	\$3.95	\$4.78	\$6.02	\$7.58	\$9.76	\$11.22	\$12.25	\$13.08
\$417	\$250	\$4.27	\$4.27	\$4.27	\$4.62	\$4.38	\$5.31	\$6.69	\$8.42	\$10.85	\$12.46	\$13.62	\$14.54
\$458	\$275	\$4.70	\$4.70	\$4.70	\$5.08	\$4.82	\$5.84	\$7.36	\$9.27	\$11.93	\$13.71	\$14.98	\$15.99
\$500	\$300	\$5.12	\$5.12	\$5.12	\$5.54	\$5.26	\$6.37	\$8.03	\$10.11	\$13.02	\$14.95	\$16.34	\$17.45
\$542	\$325	\$5.55	\$5.55	\$5.55	\$6.00	\$5.70	\$6.90	\$8.70	\$10.95	\$14.10	\$16.20	\$17.70	\$18.90
\$583	\$350	\$5.98	\$5.98	\$5.98	\$6.46	\$6.14	\$7.43	\$9.37	\$11.79	\$15.18	\$17.45	\$19.06	\$20.35
\$625	\$375	\$6.40	\$6.40	\$6.40	\$6.92	\$6.58	\$7.96	\$10.04	\$12.63	\$16.27	\$18.69	\$20.42	\$21.81
\$667	\$400	\$6.83	\$6.83	\$6.83	\$7.38	\$7.02	\$8.49	\$10.71	\$13.48	\$17.35	\$19.94	\$21.78	\$23.26
\$708	\$425	\$7.26	\$7.26	\$7.26	\$7.85	\$7.45	\$9.02	\$11.38	\$14.32	\$18.44	\$21.18	\$23.15	\$24.72
\$750	\$450	\$7.68	\$7.68	\$7.68	\$8.31	\$7.89	\$9.55	\$12.05	\$15.16	\$19.52	\$22.43	\$24.51	\$26.17
\$792	\$475	\$8.11	\$8.11	\$8.11	\$8.77	\$8.33	\$10.08	\$12.72	\$16.00	\$20.61	\$23.68	\$25.87	\$27.62
\$833	\$500	\$8.54	\$8.54	\$8.54	\$9.23	\$8.77	\$10.62	\$13.38	\$16.85	\$21.69	\$24.92	\$27.23	\$29.08
\$875	\$525	\$8.97	\$8.97	\$8.97	\$9.69	\$9.21	\$11.15	\$14.05	\$17.69	\$22.78	\$26.17	\$28.59	\$30.53
\$917	\$550	\$9.39	\$9.39	\$9.39	\$10.15	\$9.65	\$11.68	\$14.72	\$18.53	\$23.86	\$27.42	\$29.95	\$31.98
\$958	\$575	\$9.82	\$9.82	\$9.82	\$10.62	\$10.08	\$12.21	\$15.39	\$19.37	\$24.95	\$28.66	\$31.32	\$33.44
\$1,000	\$600	\$10.25	\$10.25	\$10.25	\$11.08	\$10.52	\$12.74	\$16.06	\$20.22	\$26.03	\$29.91	\$32.68	\$34.89
\$1,042	\$625	\$10.67	\$10.67	\$10.67	\$11.54	\$10.96	\$13.27	\$16.73	\$21.06	\$27.12	\$31.15	\$34.04	\$36.35
\$1,083	\$650	\$11.10	\$11.10	\$11.10	\$12.00	\$11.40	\$13.80	\$17.40	\$21.90	\$28.20	\$32.40	\$35.40	\$37.80
\$1,125	\$675	\$11.53	\$11.53	\$11.53	\$12.46	\$11.84	\$14.33	\$18.07	\$22.74	\$29.28	\$33.65	\$36.76	\$39.25
\$1,167	\$700	\$11.95	\$11.95	\$11.95	\$12.92	\$12.28	\$14.86	\$18.74	\$23.58	\$30.37	\$34.89	\$38.12	\$40.71
\$1,208	\$725	\$12.38	\$12.38	\$12.38	\$13.38	\$12.72	\$15.39	\$19.41	\$24.43	\$31.45	\$36.14	\$39.48	\$42.16
\$1,250	\$750	\$12.81	\$12.81	\$12.81	\$13.85	\$13.15	\$15.92	\$20.08	\$25.27	\$32.54	\$37.38	\$40.85	\$43.62
\$1,292	\$775	\$13.23	\$13.23	\$13.23	\$14.31	\$13.59	\$16.45	\$20.75	\$26.11	\$33.62	\$38.63	\$42.21	\$45.07
\$1,333	\$800	\$13.66	\$13.66	\$13.66	\$14.77	\$14.03	\$16.98	\$21.42	\$26.95	\$34.71	\$39.88	\$43.57	\$46.52
\$1,375	\$825	\$14.09	\$14.09	\$14.09	\$15.23	\$14.47	\$17.52	\$22.08	\$27.80	\$35.79	\$41.12	\$44.93	\$47.98
\$1,417	\$850	\$14.52	\$14.52	\$14.52	\$15.69	\$14.91	\$18.05	\$22.75	\$28.64	\$36.88	\$42.37	\$46.29	\$49.43
\$1,458	\$875	\$14.94	\$14.94	\$14.94	\$16.15	\$15.35	\$18.58	\$23.42	\$29.48	\$37.96	\$43.62	\$47.65	\$50.88
\$1,500	\$900	\$15.37	\$15.37	\$15.37	\$16.62	\$15.78	\$19.11	\$24.09	\$30.32	\$39.05	\$44.86	\$49.02	\$52.34

## Employee Bi-Weekly Premiums

Weekly Earnings	Weekly Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$1,542	\$925	\$15.80	\$15.80	\$15.80	\$17.08	\$16.22	\$19.64	\$24.76	\$31.17	\$40.13	\$46.11	\$50.38	\$53.79
\$1,583	\$950	\$16.22	\$16.22	\$16.22	\$17.54	\$16.66	\$20.17	\$25.43	\$32.01	\$41.22	\$47.35	\$51.74	\$55.25
\$1,625	\$975	\$16.65	\$16.65	\$16.65	\$18.00	\$17.10	\$20.70	\$26.10	\$32.85	\$42.30	\$48.60	\$53.10	\$56.70
\$1,667	\$1,000	\$17.08	\$17.08	\$17.08	\$18.46	\$17.54	\$21.23	\$26.77	\$33.69	\$43.38	\$49.85	\$54.46	\$58.15
\$1,708	\$1,025	\$17.50	\$17.50	\$17.50	\$18.92	\$17.98	\$21.76	\$27.44	\$34.53	\$44.47	\$51.09	\$55.82	\$59.61
\$1,750	\$1,050	\$17.93	\$17.93	\$17.93	\$19.38	\$18.42	\$22.29	\$28.11	\$35.38	\$45.55	\$52.34	\$57.18	\$61.06
\$1,792	\$1,075	\$18.36	\$18.36	\$18.36	\$19.85	\$18.85	\$22.82	\$28.78	\$36.22	\$46.64	\$53.58	\$58.55	\$62.52
\$1,833	\$1,100	\$18.78	\$18.78	\$18.78	\$20.31	\$19.29	\$23.35	\$29.45	\$37.06	\$47.72	\$54.83	\$59.91	\$63.97
\$1,875	\$1,125	\$19.21	\$19.21	\$19.21	\$20.77	\$19.73	\$23.88	\$30.12	\$37.90	\$48.81	\$56.08	\$61.27	\$65.42
\$1,917	\$1,150	\$19.64	\$19.64	\$19.64	\$21.23	\$20.17	\$24.42	\$30.78	\$38.75	\$49.89	\$57.32	\$62.63	\$66.88
\$1,958	\$1,175	\$20.07	\$20.07	\$20.07	\$21.69	\$20.61	\$24.95	\$31.45	\$39.59	\$50.98	\$58.57	\$63.99	\$68.33
\$2,000	\$1,200	\$20.49	\$20.49	\$20.49	\$22.15	\$21.05	\$25.48	\$32.12	\$40.43	\$52.06	\$59.82	\$65.35	\$69.78
\$2,042	\$1,225	\$20.92	\$20.92	\$20.92	\$22.62	\$21.48	\$26.01	\$32.79	\$41.27	\$53.15	\$61.06	\$66.72	\$71.24
\$2,083	\$1,250	\$21.35	\$21.35	\$21.35	\$23.08	\$21.92	\$26.54	\$33.46	\$42.12	\$54.23	\$62.31	\$68.08	\$72.69
\$2,125	\$1,275	\$21.77	\$21.77	\$21.77	\$23.54	\$22.36	\$27.07	\$34.13	\$42.96	\$55.32	\$63.55	\$69.44	\$74.15
\$2,167	\$1,300	\$22.20	\$22.20	\$22.20	\$24.00	\$22.80	\$27.60	\$34.80	\$43.80	\$56.40	\$64.80	\$70.80	\$75.60
\$2,208	\$1,325	\$22.63	\$22.63	\$22.63	\$24.46	\$23.24	\$28.13	\$35.47	\$44.64	\$57.48	\$66.05	\$72.16	\$77.05
\$2,250	\$1,350	\$23.05	\$23.05	\$23.05	\$24.92	\$23.68	\$28.66	\$36.14	\$45.48	\$58.57	\$67.29	\$73.52	\$78.51
\$2,292	\$1,375	\$23.48	\$23.48	\$23.48	\$25.38	\$24.12	\$29.19	\$36.81	\$46.33	\$59.65	\$68.54	\$74.88	\$79.96
\$2,333	\$1,400	\$23.91	\$23.91	\$23.91	\$25.85	\$24.55	\$29.72	\$37.48	\$47.17	\$60.74	\$69.78	\$76.25	\$81.42
\$2,375	\$1,425	\$24.33	\$24.33	\$24.33	\$26.31	\$24.99	\$30.25	\$38.15	\$48.01	\$61.82	\$71.03	\$77.61	\$82.87
\$2,417	\$1,450	\$24.76	\$24.76	\$24.76	\$26.77	\$25.43	\$30.78	\$38.82	\$48.85	\$62.91	\$72.28	\$78.97	\$84.32
\$2,458	\$1,475	\$25.19	\$25.19	\$25.19	\$27.23	\$25.87	\$31.32	\$39.48	\$49.70	\$63.99	\$73.52	\$80.33	\$85.78
\$2,500	\$1,500	\$25.62	\$25.62	\$25.62	\$27.69	\$26.31	\$31.85	\$40.15	\$50.54	\$65.08	\$74.77	\$81.69	\$87.23

## Reliance Standard Voluntary Plans Voluntary Group Short Term Disability Insurance

### City of Ankeny - 1/15 Elimination

**Scheduled Benefit:** Each eligible employee may elect an amount of insurance, in increments of \$25 from a minimum of \$100 to a maximum of \$1,500 per week up to 60% of covered earnings (rounded down to the lower \$25).

You may select any benefit amount from \$100 up to your maximum weekly benefit. Locate your weekly earnings to determine your maximum weekly benefit amount. If your covered earnings fall between ranges, the lesser benefit amount will apply.

### Employee Bi-Weekly Premiums

Weekly Earnings	Weekly Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$288	\$100	\$1.52	\$1.52	\$1.52	\$1.57	\$1.48	\$1.75	\$2.22	\$2.77	\$3.60	\$4.15	\$4.48	\$4.80
\$288	\$125	\$1.90	\$1.90	\$1.90	\$1.96	\$1.85	\$2.19	\$2.77	\$3.46	\$4.50	\$5.19	\$5.60	\$6.00
\$288	\$150	\$2.28	\$2.28	\$2.28	\$2.35	\$2.22	\$2.63	\$3.32	\$4.15	\$5.40	\$6.23	\$6.72	\$7.20
\$292	\$175	\$2.67	\$2.67	\$2.67	\$2.75	\$2.58	\$3.07	\$3.88	\$4.85	\$6.30	\$7.27	\$7.83	\$8.40
\$333	\$200	\$3.05	\$3.05	\$3.05	\$3.14	\$2.95	\$3.51	\$4.43	\$5.54	\$7.20	\$8.31	\$8.95	\$9.60
\$375	\$225	\$3.43	\$3.43	\$3.43	\$3.53	\$3.32	\$3.95	\$4.98	\$6.23	\$8.10	\$9.35	\$10.07	\$10.80
\$417	\$250	\$3.81	\$3.81	\$3.81	\$3.92	\$3.69	\$4.38	\$5.54	\$6.92	\$9.00	\$10.38	\$11.19	\$12.00
\$458	\$275	\$4.19	\$4.19	\$4.19	\$4.32	\$4.06	\$4.82	\$6.09	\$7.62	\$9.90	\$11.42	\$12.31	\$13.20
\$500	\$300	\$4.57	\$4.57	\$4.57	\$4.71	\$4.43	\$5.26	\$6.65	\$8.31	\$10.80	\$12.46	\$13.43	\$14.40
\$542	\$325	\$4.95	\$4.95	\$4.95	\$5.10	\$4.80	\$5.70	\$7.20	\$9.00	\$11.70	\$13.50	\$14.55	\$15.60
\$583	\$350	\$5.33	\$5.33	\$5.33	\$5.49	\$5.17	\$6.14	\$7.75	\$9.69	\$12.60	\$14.54	\$15.67	\$16.80
\$625	\$375	\$5.71	\$5.71	\$5.71	\$5.88	\$5.54	\$6.58	\$8.31	\$10.38	\$13.50	\$15.58	\$16.79	\$18.00
\$667	\$400	\$6.09	\$6.09	\$6.09	\$6.28	\$5.91	\$7.02	\$8.86	\$11.08	\$14.40	\$16.62	\$17.91	\$19.20
\$708	\$425	\$6.47	\$6.47	\$6.47	\$6.67	\$6.28	\$7.45	\$9.42	\$11.77	\$15.30	\$17.65	\$19.03	\$20.40
\$750	\$450	\$6.85	\$6.85	\$6.85	\$7.06	\$6.65	\$7.89	\$9.97	\$12.46	\$16.20	\$18.69	\$20.15	\$21.60
\$792	\$475	\$7.23	\$7.23	\$7.23	\$7.45	\$7.02	\$8.33	\$10.52	\$13.15	\$17.10	\$19.73	\$21.27	\$22.80
\$833	\$500	\$7.62	\$7.62	\$7.62	\$7.85	\$7.38	\$8.77	\$11.08	\$13.85	\$18.00	\$20.77	\$22.38	\$24.00
\$875	\$525	\$8.00	\$8.00	\$8.00	\$8.24	\$7.75	\$9.21	\$11.63	\$14.54	\$18.90	\$21.81	\$23.50	\$25.20
\$917	\$550	\$8.38	\$8.38	\$8.38	\$8.63	\$8.12	\$9.65	\$12.18	\$15.23	\$19.80	\$22.85	\$24.62	\$26.40
\$958	\$575	\$8.76	\$8.76	\$8.76	\$9.02	\$8.49	\$10.08	\$12.74	\$15.92	\$20.70	\$23.88	\$25.74	\$27.60
\$1,000	\$600	\$9.14	\$9.14	\$9.14	\$9.42	\$8.86	\$10.52	\$13.29	\$16.62	\$21.60	\$24.92	\$26.86	\$28.80
\$1,042	\$625	\$9.52	\$9.52	\$9.52	\$9.81	\$9.23	\$10.96	\$13.85	\$17.31	\$22.50	\$25.96	\$27.98	\$30.00
\$1,083	\$650	\$9.90	\$9.90	\$9.90	\$10.20	\$9.60	\$11.40	\$14.40	\$18.00	\$23.40	\$27.00	\$29.10	\$31.20
\$1,125	\$675	\$10.28	\$10.28	\$10.28	\$10.59	\$9.97	\$11.84	\$14.95	\$18.69	\$24.30	\$28.04	\$30.22	\$32.40
\$1,167	\$700	\$10.66	\$10.66	\$10.66	\$10.98	\$10.34	\$12.28	\$15.51	\$19.38	\$25.20	\$29.08	\$31.34	\$33.60
\$1,208	\$725	\$11.04	\$11.04	\$11.04	\$11.38	\$10.71	\$12.72	\$16.06	\$20.08	\$26.10	\$30.12	\$32.46	\$34.80
\$1,250	\$750	\$11.42	\$11.42	\$11.42	\$11.77	\$11.08	\$13.15	\$16.62	\$20.77	\$27.00	\$31.15	\$33.58	\$36.00
\$1,292	\$775	\$11.80	\$11.80	\$11.80	\$12.16	\$11.45	\$13.59	\$17.17	\$21.46	\$27.90	\$32.19	\$34.70	\$37.20
\$1,333	\$800	\$12.18	\$12.18	\$12.18	\$12.55	\$11.82	\$14.03	\$17.72	\$22.15	\$28.80	\$33.23	\$35.82	\$38.40
\$1,375	\$825	\$12.57	\$12.57	\$12.57	\$12.95	\$12.18	\$14.47	\$18.28	\$22.85	\$29.70	\$34.27	\$36.93	\$39.60
\$1,417	\$850	\$12.95	\$12.95	\$12.95	\$13.34	\$12.55	\$14.91	\$18.83	\$23.54	\$30.60	\$35.31	\$38.05	\$40.80
\$1,458	\$875	\$13.33	\$13.33	\$13.33	\$13.73	\$12.92	\$15.35	\$19.38	\$24.23	\$31.50	\$36.35	\$39.17	\$42.00
\$1,500	\$900	\$13.71	\$13.71	\$13.71	\$14.12	\$13.29	\$15.78	\$19.94	\$24.92	\$32.40	\$37.38	\$40.29	\$43.20

## Employee Bi-Weekly Premiums

Weekly Earnings	Weekly Benefit Amount	Age -19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+
\$1,542	\$925	\$14.09	\$14.09	\$14.09	\$14.52	\$13.66	\$16.22	\$20.49	\$25.62	\$33.30	\$38.42	\$41.41	\$44.40
\$1,583	\$950	\$14.47	\$14.47	\$14.47	\$14.91	\$14.03	\$16.66	\$21.05	\$26.31	\$34.20	\$39.46	\$42.53	\$45.60
\$1,625	\$975	\$14.85	\$14.85	\$14.85	\$15.30	\$14.40	\$17.10	\$21.60	\$27.00	\$35.10	\$40.50	\$43.65	\$46.80
\$1,667	\$1,000	\$15.23	\$15.23	\$15.23	\$15.69	\$14.77	\$17.54	\$22.15	\$27.69	\$36.00	\$41.54	\$44.77	\$48.00
\$1,708	\$1,025	\$15.61	\$15.61	\$15.61	\$16.08	\$15.14	\$17.98	\$22.71	\$28.38	\$36.90	\$42.58	\$45.89	\$49.20
\$1,750	\$1,050	\$15.99	\$15.99	\$15.99	\$16.48	\$15.51	\$18.42	\$23.26	\$29.08	\$37.80	\$43.62	\$47.01	\$50.40
\$1,792	\$1,075	\$16.37	\$16.37	\$16.37	\$16.87	\$15.88	\$18.85	\$23.82	\$29.77	\$38.70	\$44.65	\$48.13	\$51.60
\$1,833	\$1,100	\$16.75	\$16.75	\$16.75	\$17.26	\$16.25	\$19.29	\$24.37	\$30.46	\$39.60	\$45.69	\$49.25	\$52.80
\$1,875	\$1,125	\$17.13	\$17.13	\$17.13	\$17.65	\$16.62	\$19.73	\$24.92	\$31.15	\$40.50	\$46.73	\$50.37	\$54.00
\$1,917	\$1,150	\$17.52	\$17.52	\$17.52	\$18.05	\$16.98	\$20.17	\$25.48	\$31.85	\$41.40	\$47.77	\$51.48	\$55.20
\$1,958	\$1,175	\$17.90	\$17.90	\$17.90	\$18.44	\$17.35	\$20.61	\$26.03	\$32.54	\$42.30	\$48.81	\$52.60	\$56.40
\$2,000	\$1,200	\$18.28	\$18.28	\$18.28	\$18.83	\$17.72	\$21.05	\$26.58	\$33.23	\$43.20	\$49.85	\$53.72	\$57.60
\$2,042	\$1,225	\$18.66	\$18.66	\$18.66	\$19.22	\$18.09	\$21.48	\$27.14	\$33.92	\$44.10	\$50.88	\$54.84	\$58.80
\$2,083	\$1,250	\$19.04	\$19.04	\$19.04	\$19.62	\$18.46	\$21.92	\$27.69	\$34.62	\$45.00	\$51.92	\$55.96	\$60.00
\$2,125	\$1,275	\$19.42	\$19.42	\$19.42	\$20.01	\$18.83	\$22.36	\$28.25	\$35.31	\$45.90	\$52.96	\$57.08	\$61.20
\$2,167	\$1,300	\$19.80	\$19.80	\$19.80	\$20.40	\$19.20	\$22.80	\$28.80	\$36.00	\$46.80	\$54.00	\$58.20	\$62.40
\$2,208	\$1,325	\$20.18	\$20.18	\$20.18	\$20.79	\$19.57	\$23.24	\$29.35	\$36.69	\$47.70	\$55.04	\$59.32	\$63.60
\$2,250	\$1,350	\$20.56	\$20.56	\$20.56	\$21.18	\$19.94	\$23.68	\$29.91	\$37.38	\$48.60	\$56.08	\$60.44	\$64.80
\$2,292	\$1,375	\$20.94	\$20.94	\$20.94	\$21.58	\$20.31	\$24.12	\$30.46	\$38.08	\$49.50	\$57.12	\$61.56	\$66.00
\$2,333	\$1,400	\$21.32	\$21.32	\$21.32	\$21.97	\$20.68	\$24.55	\$31.02	\$38.77	\$50.40	\$58.15	\$62.68	\$67.20
\$2,375	\$1,425	\$21.70	\$21.70	\$21.70	\$22.36	\$21.05	\$24.99	\$31.57	\$39.46	\$51.30	\$59.19	\$63.80	\$68.40
\$2,417	\$1,450	\$22.08	\$22.08	\$22.08	\$22.75	\$21.42	\$25.43	\$32.12	\$40.15	\$52.20	\$60.23	\$64.92	\$69.60
\$2,458	\$1,475	\$22.47	\$22.47	\$22.47	\$23.15	\$21.78	\$25.87	\$32.68	\$40.85	\$53.10	\$61.27	\$66.03	\$70.80
\$2,500	\$1,500	\$22.85	\$22.85	\$22.85	\$23.54	\$22.15	\$26.31	\$33.23	\$41.54	\$54.00	\$62.31	\$67.15	\$72.00

# VOLUNTARY GROUP ACCIDENT INSURANCE

## PLAN HIGHLIGHTS - RELIANCE STANDARD

### Coverage

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

### Eligibility

All Active eligible Employees per the Employer's guidelines

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- Your legal spouse
- Your dependent children from Birth to 26 years
- A person may not have coverage as both an Employee and Dependent

### Benefit Amount

See Full Schedule of Benefits on next page

### Contribution Requirements

Coverage is 100% Employee Paid

### Bi-Weekly Premium

Coverage	Premium
Employee	\$4.53
Employee and Spouse	\$10.62
Employee & Children	\$13.39
Employee & Family	\$ 16.62

### Features

- A Portability to Employee Age 70
- A FMLA/MSLA Continuation
- A Newlywed and Newborn Provision
- A 24-Hour Travel Assistance Services
- A Off the Job Coverage

**\*\*Full-time and part-time eligible.**



<b>Benefits</b>	<b>Amount</b>
<b>Ambulance</b>	\$300 Ground, \$1,500 Air
<b>Blood, Plasma and Platelets</b>	\$600
<b>Burns</b>	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 50.00% of benefit payable for Burns
<b>Chiropractic Services (per Visit)</b>	\$60 per session, 6 sessions maximum
<b>Coma</b>	\$20,000
<b>Concussion</b>	\$600
<b>Dental Injury</b>	\$201 for Crown; \$67 for Extraction
<b>Diagnostic Exams</b>	\$135 per CT/MRI scan
<b>Dislocation</b>	To \$4,000 for Non-surgical; To \$8,000 for Surgical; Partial - 37.5% of full dislocation; Multiple - 150% of highest dislocation benefit
<b>Emergency Treatment</b>	\$201
<b>Epidural Anesthesia Injection (per Injection)</b>	\$100, 2 maximum
<b>Eye Injury</b>	\$200 for removal of foreign object, \$400 for surgical repair
<b>Fractures</b>	To \$4,000 for Non-surgical; To \$8,000 for Surgical repair; Chip fracture: 37.5% of nonsurgical benefit; Multiple fractures: 150% of highest sustained fracture
<b>Initial Hospital Admission</b>	\$2,000
<b>Hospital Confinement (per Day)</b>	\$400, 365 days maximum
<b>Intensive Care Unit (ICU) Confinement (per Day)</b>	\$800, 30 days maximum
<b>Lacerations</b>	To \$800
<b>Lodging (per Day)</b>	\$200 per day up to 30 days if more than 100 miles from residence
<b>Medical Appliances</b>	\$250
<b>Paralysis</b>	\$30,000 quadriplegia; \$15,000 paraplegia/hemiplegia
<b>Physical Therapy (per Session)</b>	\$60, 6 sessions maximum
<b>Physician Visit</b>	\$100 Initial, \$100 Follow-up
<b>Prosthesis</b>	\$1,000 for one, \$2,000 for two or more
<b>Rehabilitation Facility Confinement (per Day)</b>	\$200, 30 days maximum
<b>Surgery</b>	\$334 for Exploratory; \$1,002 for Knee Cartilage; \$3,340 for Abdominal or Thoracic; \$1,670 for Ruptured Disc; to \$2,004 Tendon, Ligament, or Rotator cuff
<b>Transportation</b>	\$402, if more than 100 miles from residence
<b>X-Rays</b>	\$250
<b>Accidental Death Benefits</b>	<b>Amount</b>
<b>Employee AD&amp;D</b>	\$50,000
<b>Spouse AD&amp;D</b>	\$50,000
<b>Child AD&amp;D</b>	\$15,000
<b>Common Carrier</b>	100%
<b>Accidental Dismemberment Benefits</b>	<b>% of AD Benefit Amount</b>
<b>Single Loss</b>	50%
<b>Multiple Loss (Catastrophic)</b>	100%
<b>Thumb / Finger / Toe</b>	1%
<b>2+ Thumb / Finger / Toe</b>	3%
<b>Speech</b>	100%
<b>Wellness (Health Screening) Benefit</b>	<b>Amount</b>
<b>Wellness (Health Screening)</b>	<b>\$100</b>

# VOLUNTARY GROUP CRITICAL ILLNESS INSURANCE

## PLAN HIGHLIGHTS - RELIANCE STANDARD

### Coverage

Voluntary group critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and copays to transportation and child care.

### Eligibility

All Active eligible Employees per the Employer's guidelines

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- Your legal spouse
- Your dependent children from Birth to 26 years
- A person may not have coverage as both an Employee and Dependent

### Benefit Amount

**Employee:** Choose from a benefit of \$10,000 to a maximum of \$20,000 in \$10,000 increments.

**Spouse:** Choose from a benefit of \$5,000 to a maximum of \$20,000 in \$5,000 increments (not to exceed 100% of employee amount).

**Child(ren):** 50% of approved employee amount up to a maximum of \$10,000.

### Contribution Requirements

Coverage is 100% Employee Paid.

### Rates

See attached Rate Sheet

### Features

Diagnosis Adult	Benefit
Alzheimer's Disease	25%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Major Organ Failure	100%
Paralysis	100%
Parkinson's Disease	25%
Stroke	100%

- **Lifetime Maximum Benefit:** 1000% of Insurance Amount
- **Subsequent Occurrence Benefit:** 100% of benefit if diagnosed 3 months or later
- **Recurrence Benefit (Same Illness):** 100% of benefit if diagnosed 12 months or later
- Transfer of Coverage
- Portability to employee age 70
- **Wellness Health Screening Benefit: \$100**

**\*\*Full-time and part-time eligible.**

# RELIANCE STANDARD VOLUNTARY PLANS CRITICAL ILLNESS INSURANCE PREMIUM TABLE

## Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

## Employee/Spouse Premiums:

To find you and your spouse's premium:

Determine your age band:	Your age = Your age on the effective date Spouse age = The Employee's age on the effective date
Select a benefit from:	Select an employee and spouse benefit from the table below.
Employee and spouse rates change as insured moves from one age bracket to the next, based on age determination.	

## Employee Tobacco User Bi-Weekly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70 +
\$10,000	\$1.57	\$3.23	\$7.94	\$17.17	\$28.62	\$40.62
\$20,000	\$3.14	\$6.46	\$15.88	\$34.34	\$57.23	\$81.23

## Employee Non-Tobacco User Bi-Weekly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70 +
\$10,000	\$1.20	\$2.12	\$4.15	\$8.77	\$17.54	\$23.08
\$20,000	\$2.40	\$4.25	\$8.31	\$17.54	\$35.08	\$46.15

## Spouse Tobacco User Bi-Weekly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70 +
\$5,000	\$0.78	\$1.62	\$3.97	\$8.58	\$14.31	\$20.31
\$10,000	\$1.57	\$3.23	\$7.94	\$17.17	\$28.62	\$40.62
\$15,000	\$2.35	\$4.85	\$11.91	\$25.75	\$42.92	\$60.92
\$20,000	\$3.14	\$6.46	\$15.88	\$34.34	\$57.23	\$81.23

## Spouse Non-Tobacco User Bi-Weekly Premiums

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70 +
\$5,000	\$0.60	\$1.06	\$2.08	\$4.38	\$8.77	\$11.54
\$10,000	\$1.20	\$2.12	\$4.15	\$8.77	\$17.54	\$23.08
\$15,000	\$1.80	\$3.18	\$6.23	\$13.15	\$26.31	\$34.62
\$20,000	\$2.40	\$4.25	\$8.31	\$17.54	\$35.08	\$46.15

## Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 50% of your Critical Illness benefit election, limited to a maximum of \$10,000.

**Please Note:** One rate and benefit amount for all eligible children in family, regardless of number. The Child Rate is included in the above Employee Premium Table.

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

# VOLUNTARY GROUP HOSPITAL INDEMNITY INSURANCE

## PLAN HIGHLIGHTS - RELIANCE STANDARD

### Coverage

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

### Eligibility

All Active eligible Employees per the Employer's guidelines

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- Your legal spouse
- Your dependent children from Birth to 26 years.
- A person may not have coverage as both an Employee and Dependent.

### Nursery Benefit

- **Admission Benefit:** \$1,000 (once per year)
- **Confinement Benefit:** \$100 per day (up to 10 days)

### Guaranteed Issue

- **Employee:** \$20,000
- **Spouse:** \$20,000
- **Children:** \$10,000

### Features

- Guaranteed issue; No medical questions
- No pre-existing conditions exclusions
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- No deductibles
- Coverage Offered on a Voluntary Basis

### Benefits

Hospital Room & Board Benefits	
Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)	\$100
Hospital Admission Benefit	
One Daily Benefit per Coverage Year	\$1,000

### Bi-Weekly Premium

Coverage	Premium
Employee	\$9.51
Employee & Spouse	\$18.05
Employee & Child(ren)	\$13.48
Employee & Family	\$21.78

**\*\*Full-time and part-time eligible.**



# Trustmark Universal Life/LifeEvents<sup>®</sup> Insurance with Long-Term Care Benefit

Two choices for combined coverage and lifelong protection.

## Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

**Universal Life/LifeEvents can help.**

**Universal Life** provides a consistent lifelong benefit, while, for the same rate, the **Universal LifeEvents** option offers a **higher death benefit** during your working years, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you.**

Universal Life/LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



## Universal Life/LifeEvents sample rates

Sample ranges of weekly rates for employee-only, non-smoker coverage with long-term care benefit. Your exact rate may depend on additional features selected by you and/or by your employer.

Age at purchase	\$25,000 Universal Life policy	\$25,000 Universal LifeEvents policy
30	from <b>\$5.06 - \$6.27</b>	from <b>\$3.49 - \$4.59</b>
40	from <b>\$7.42 - \$9.44</b>	from <b>\$5.05 - \$6.71</b>
50	from <b>\$11.92 - \$15.44</b>	from <b>\$7.84 - \$10.71</b>

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

**Note: your rate is "locked in" at your age at purchase!**

Once you have a policy, your rate will never increase due to age.

## Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal Life/LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. With either option, this benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

## Here's how it works:

4%

You can **collect 4% of your Universal Life/LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

## Flexible features available:

2x

**PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

*The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.*



Universal Life/LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



**No medical exams** or blood work – just answer a few simple questions.



# What would happen if you weren't around?



**1 in 3 households** would have immediate trouble paying for living expenses if they lost their primary earner.<sup>1</sup>



**40% of Americans** live paycheck to paycheck. Could your family afford to stay in your home?<sup>2</sup>



**56% of Americans** have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?<sup>3</sup>

## How the Universal LifeEvents option works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

### Example: \$25,000 policy

#### Before age 70

Death benefit	<b>\$25,000</b>
LTC benefits	<b>\$25,000</b>

#### After age 70

Death benefit	<b>\$8,333</b>
LTC benefits	<b>\$25,000</b>

Universal LifeEvents death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

## Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

## Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

**You care.  
We listen.**

<sup>1</sup>2018 Insurance Barometer Study LIMRA/Life Happens. <sup>2</sup>nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html. <sup>3</sup>gobankingrates.com/retirement/1-3-americans-0-saved-retirement. <sup>5</sup>An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit [www.trustmarksolutions.com/disclosures/UL/](http://www.trustmarksolutions.com/disclosures/UL/) (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: [http://www.aging.ca.gov/aboutcda/publications/Taking\\_Care\\_of\\_Tomorrow\\_English/](http://www.aging.ca.gov/aboutcda/publications/Taking_Care_of_Tomorrow_English/). Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company  
Rated A- (Excellent) for financial strength by A.M. Best.<sup>5</sup>

TrustmarkVB.com   



# EMPLOYEE BENEFIT WELLNESS PLAN

PLAN YEAR: JULY 1, 2026 - JUNE 30, 2027

## Employee Wellness Incentive Program Summary

To qualify for a 2% reduction on your health insurance premium for the plan year beginning July 1, 2027 you must participate in the wellness incentive program.

### Requirements:

- Biometric Health Screen (annually between May 1, 2026 – April 30, 2027)
- Voluntary Events – complete five (5)
- Complete the Employee Wellness Incentive Form

Participants identified from the health screen as high risk may choose to participate in the following paid for by the City:

- Health Coach/Dietitian services
- Diabetes Prevention Program

### Eligibility

Regular Full-time employees covered by the city health plan.

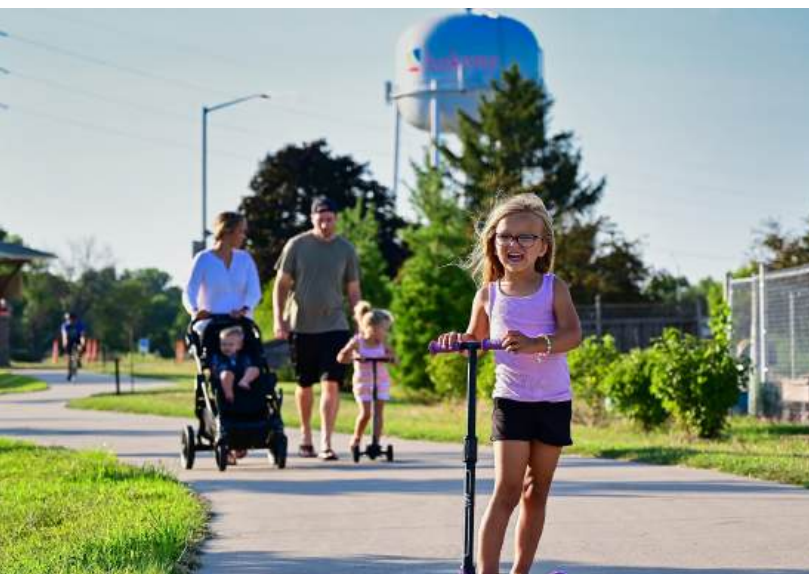
## Employee Wellness Reimbursement Program Summary

Maximum \$216 reimbursement per fiscal year\* for any combination of the following wellness activities:

- Fitness membership - up to \$18.00 per month for attending a fitness center at least 6 times per month (membership receipt and attendance records must be attached)
- 50% reimbursement of the cost for any wellness/fitness related program, for example:
  - Weight Loss Program
  - Fitness class/Personal Trainer
  - Fitness Equipment for a home gym
  - Health event registration: i.e. organized bike ride, walk, run, triathlon, etc.
  - Any other approved fitness/wellness event
- To request reimbursement, you must complete a Wellness Program Reimbursement Claim Form with itemized receipt. Contact Human Resources for more information.

### Eligibility

Regular Full-time and Part-time employees working 20+ hours per week; excludes part-time fire. Eligible expenses purchased in the current fiscal year (July – June).



## Wellness Reimbursement How to Submit

Employees will be reimbursed for Fitness Attendance and/or Eligible Expenses purchased in the current fiscal year (July 1 – June 30). An itemized receipt must be attached to the Claim Form. If a used item is purchased, a receipt and a copy of the ad (i.e. Craigslist photo, Facebook photo) must be provided.

\*Items purchased in the fiscal year must be reimbursed in the same fiscal year; no carry over of funds allowed. The same piece of equipment may be purchased only once every three (3) years.

\*If an item's eligibility is questionable, employees should contact HR for approval.

**Do not purchase the questionable item prior to approval.**

## Employee Wellness Eligible Expenses:

- Health club/Fitness facilities memberships for the employee (i.e. monthly dues plus tax and any enrollment fees). If a dual or family membership is purchased, only the amount of a single membership will be eligible. The membership plan noting membership level pricing must be provided with a claim.
- Albaugh Family Senior Community Center - 50% of annual membership
- Virtual fitness membership app (e.g., Peloton, iFIT, BODi, etc.)
- Weight loss or tobacco cessation programs (e.g. nicotine gum and patches, hypnosis, Weight Watchers or similar programs)
- Stress management classes and programs
- Fitness and exercise classes
- Personal trainers
- New and used fitness equipment for a home gym (e.g. stationary bicycle, treadmill, yoga mat, weights, kettle bells, resistance bands, medicine ball, stability ball, other stationary fitness equipment, etc.)
- Fitness tracker (including smart ring, smart watch, and fitness band)
- Registration fees (e.g., sport league registration, equipment rental or events such as running races, walks, bike rides, and triathlon)

## Ineligible Expenses:

- Club memberships and leagues fees of a primarily social nature (e.g., country club, golf, bowling)
- Clothing and shoe items
- Smart watches (e.g., Apple Watch, Android Watch)
- Food and supplements, even if purchased in conjunction with a weight loss program
- Backpacks or luggage
- Medical expenses (e.g., lab tests, prescriptions, co-pays, medical equipment)
- Camping, fishing or recreational equipment (e.g., tents, packs, coolers)
- Tips for services
- Fees (e.g., golf green fees, ski lift tickets or ski club membership, licenses, park permits, tanning)
- Day care, recreation club or similar
- Reimbursements for more than one piece of the same equipment
- Weapons, including archery and hunting equipment and firearms
- Basketball hoops and any other sport nets
- Game Consoles
- Golf Clubs
- Massage and Chiropractic visits
- Spa related (e.g. hot tubs, saunas, pools)
- Bicycles, roller blades, or any other outdoor sports equipment.

Get To Know Your

# 457(b) Deferred Compensation Plan

In addition to any pension or Social Security benefits you may receive, your 457(b) deferred compensation plan offers simple and flexible ways to help increase your retirement savings.

**With your 457(b) plan, you're in control of how much you save and where you invest those savings, while also enjoying tax advantages.\***

- Contributions are made during your employment, and you can change, stop, and restart them at any time.
- Your account's value is based on those contributions and subsequent investment returns.
- Earnings are not subject to tax until withdrawn.

## You have control over:

- How your money is invested.
- How funds are withdrawn following your separation from service.
- Who receives any remaining assets upon your death.

\*All investing is subject to risk, including the possible loss of principal.





### Contribute what you can.

You and/or your employer contribute to your account each year based on a set formula, which is determined by your employer.

See retirement savings contribution limits at [www.missionsq.org/contributionlimits](http://www.missionsq.org/contributionlimits).

### Learn More

Get to know your 457(b) plan at [www.missionsq.org/457](http://www.missionsq.org/457).

Log in to your account to manage your savings and visit MissionSquare's Financial Wellness Center for 100+ interactive and fun short videos, charts, calculators, articles, and tutorials. Get answers to your questions about debt, emergency savings, college tuition planning, investing, retirement planning, and much more at [www.missionsq.org](http://www.missionsq.org).

## Contributions

Pretax contributions you make reduce your taxable income for the year. These contributions and all associated earnings won't be taxed until you withdraw them.

You also may be able to make after-tax Roth contributions, if offered by your employer. While they don't reduce your taxable income for the year, future withdrawals may be tax-free. Alternatively, you can contribute to a Roth IRA. For more information, visit [www.missionsq.org/ira](http://www.missionsq.org/ira).

## Investment Control

A wide range of investment options are available to help you build a diversified portfolio. You control all investment decisions, including:

- How your contributions are invested.
- How to manage your investments on an ongoing basis.

## Access to Your Money

Based on your employer's plan rules, withdrawals may be allowed while you're still working.

When you leave your employer, you can withdraw assets regardless of the reason and your years of service.

Enjoy flexible withdrawal options for vested assets like:

- Withdrawal of your entire balance.
- Periodic, partial withdrawals as you see fit.
- Installment payments of a certain dollar amount and frequency, such as monthly or quarterly, that you can change at any time.
- Lifetime income payments.

After you reach age 73\* or separate from service, whichever is later, you'll be required to withdraw a minimum amount from pretax assets in your account each year, per IRS rules. If plan and/or IRS rules allow, you can also borrow against your vested assets through a loan.

Beginning with RMDs due in 2024, Roth balances will be excluded from the RMD calculation. Roth was required to be part of the RMD calculation for RMDs due prior to Jan. 1, 2024.

**457(b) plans are unique.** Unlike with other retirement accounts, you don't have to qualify for an exception to avoid the 10% IRS penalty tax on withdrawals of your contributions and associated earnings before age 59 ½. Just remember that your 457(b) plan is designed to help you save toward your retirement goals. Any withdrawals prior to retirement may reduce your future retirement security.

\*Age 70 ½ (if you were born before July 1, 1949), age 72 (if you were born after June 30, 1949, and before Jan. 1, 1951), or age 73 (if you were born after Dec. 31, 1950).

## Guided Pathways®

MissionSquare can help you decide how much to save and how to invest through **Guided Pathways®.\*\***

Guided Pathways Advisory Service is a fee-based service and is not suitable for all investors. Please contact our Guided Pathways team or your MissionSquare Retirement Plan Specialist and fully read the Guided Pathways Fund Advice and Managed Accounts Investment Advisor Agreement prior to enrolling in Managed Accounts to determine if this services is right for you.

Underlying fund expenses and plan administration fees still apply.

Find more information at [www.missionsq.org/guidedpathways](http://www.missionsq.org/guidedpathways).

## Roll-Ins

After you leave your employer, assets can be transferred – or rolled in – to another eligible retirement plan without being taxed.

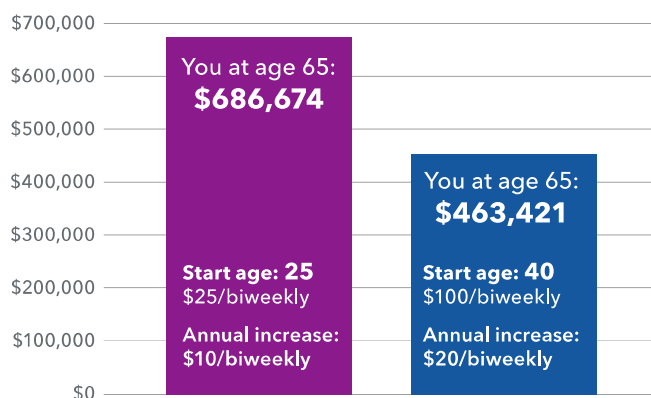
## Designate Beneficiaries

You designate a beneficiary, or beneficiaries, to receive any remaining assets upon your death. Beneficiaries control investment decisions, receive the most flexible withdrawal options allowed by law, and aren't subject to any additional fees. If you don't designate beneficiaries, your estate is the default beneficiary, in which case:

- Assets may not be distributed per your wishes.
- Assets are subject to probate costs, potential delays, and creditor claims.
- Non-spouse heirs may receive fewer tax benefits.

## Don't Delay – Start Saving Today!

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.



Assumes an effective annual rate of 6%, compounded biweekly. For illustrative purposes only. This illustration regarding the likelihood of various investment outcomes is hypothetical in nature, does not reflect actual investment results, and is not a guarantee of future results. Results may vary with use and over time, reflecting any changed circumstances, assumptions, or variables upon which the information is based. Projections involve known and unknown risks, uncertainties, and other factors that may cause actual results to differ materially and substantially from any future results or performance expressed or implied by the projections for any reason. Projections in no way represent a guarantee that a particular result will be produced or achieved. The projections do not represent actual securities or client performance and cannot determine which securities to buy or sell, or if your investment strategy is appropriate.

\*\* Investment advice and analysis tools are offered to participants through MissionSquare Retirement, a federally registered investment adviser. Investment advice is the result of methodologies developed, maintained, and overseen by the independent financial expert Morningstar Investment Management LLC. Morningstar Investment Management LLC is a registered investment adviser and subsidiary of Morningstar Inc. Morningstar Inc. and Morningstar Investment Management LLC are not affiliated with MissionSquare Retirement. All rights reserved. The Morningstar name and logo are registered marks of Morningstar Inc. For additional information on our Guided Pathways® Advisory Services, refer to Form ADV Part 2A Brochure, available at [www.adviserinfo.sec.gov](http://www.adviserinfo.sec.gov).

# WELCOME TO IPERS!

**Congratulations on your new job!** You work for an Iowa Public Employees' Retirement System-covered employer, so you're automatically an IPERS member. IPERS is an agency of the state of Iowa, employing about 100 people in Des Moines. We care about IPERS because we're IPERS members too.

Each pay period, IPERS will receive a small portion of your wages. These contributions are pooled with other members' wages – and contributions from employers – and are invested to pay the benefit you'll receive upon retirement. The best part: IPERS retirement benefits are guaranteed for life. Upon retirement, you will receive a predictable monthly benefit payment for the rest of your life. That's what makes IPERS different from traditional 401(k)-type plans; your retirement benefit will never run out.

## YOU'RE IN GOOD COMPANY

**400,000+**  
MEMBERS

**2,000+**  
EMPLOYERS



**ONE IN 10**  
IOWANS IS AN IPERS MEMBER



## WHAT IS IPERS?

The state's largest public retirement plan, the Iowa Legislature created IPERS in 1953 to attract and retain quality public employees. Today, IPERS is a trust fund of more than \$40 billion that pays more than \$2 billion in benefits annually. The Iowa Legislature and the Governor are the retirement plan's sponsors, and IPERS is the plan administrator. Federal and state laws regulate the administration of retirement plans for public employees, including IPERS.



## IPERS HAS THREE MEMBERSHIP GROUPS



**Regular members:**  
These make up 95% of IPERS membership.



**Protection Occupations and Sheriffs/Deputy Sheriffs members:**  
These are two smaller membership groups. Collectively, IPERS refers to these as Special Service members. These members work in public safety occupations.



The Iowa Legislature and Governor determine the employment positions that qualify for each membership group and the benefits provided. The benefits for each group are somewhat different and are fully explained in the IPERS Member Handbook. To read the IPERS Member Handbook, visit our website at [www.ipers.org/publications](http://www.ipers.org/publications).

## HOW RETIREMENT BENEFITS ARE DETERMINED

Your IPERS retirement benefit is guaranteed because it is calculated using a formula that includes your age, average salary and years of work in IPERS-covered employment. The longer you work in IPERS-covered employment, the larger your retirement benefit.

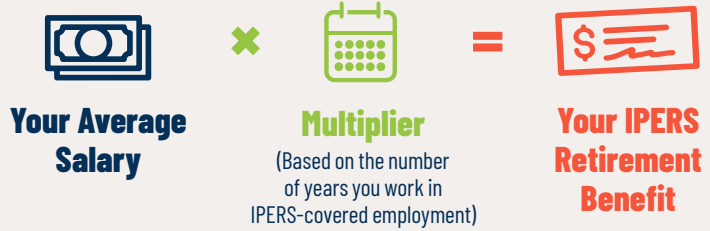


Photo Credit: Iowa Tourism Office, Northeast Iowa RC&D.

## VESTING

**Only vested members are eligible to receive a retirement benefit.**

**Regular members** become vested after seven years in IPERS-covered employment or at age 65 while working in IPERS-covered employment, whichever comes first.

**Special Service members** become vested after four years in IPERS-covered employment or at age 55 while working in IPERS-covered employment, whichever comes first.

## DESIGNATE YOUR BENEFICIARY

A few months after you start employment, IPERS will mail you a packet that includes a publication summarizing the IPERS plan and your username to establish an account in My Account, your IPERS retirement toolkit. A few days later, you will receive a second letter that includes your password for My Account. It's important that you establish your account quickly so you can designate your beneficiary. As a new member, it is essential that you designate your beneficiary so IPERS can carry out your wishes at your death. You can also designate your beneficiary using the Beneficiary Designation form at [www.ipers.org/forms](http://www.ipers.org/forms).

**MY ACCOUNT**  
Your IPERS retirement toolkit



**Use this code to watch an overview of My Account.**

## QUESTIONS?

Please contact us!



[www.ipers.org](http://www.ipers.org)

**515-281-0020**  
**800-622-3849**  
Monday - Friday  
7:30 a.m. - 5 p.m.  
Central Time  
Fax: 515-281-0053  
[info@ipers.org](mailto:info@ipers.org)

**MAILING ADDRESS**  
Iowa Public Employees'  
Retirement System  
P.O. Box 9117  
Des Moines, IA 50306-9117

**OFFICE HOURS**  
Monday - Friday  
8 a.m. - 4:30 p.m.  
Central Time  
7401 Register Drive  
Des Moines, IA 50321

## Active Members

Providing **SOUND**  
and **SECURE**  
retirement **BENEFITS**

Since 1992, the purpose of MFPRSI is to provide a sound and secure retirement income for individuals who have dedicated their lives as municipal public safety workers in the state of Iowa.

In order to achieve its goals, MFPRSI administers a contributory defined benefit plan for firefighters and police officers. The benefits available through MFPRSI are based on a formula using the average of a member's highest three years of earned wages and a multiplier based upon years of service.

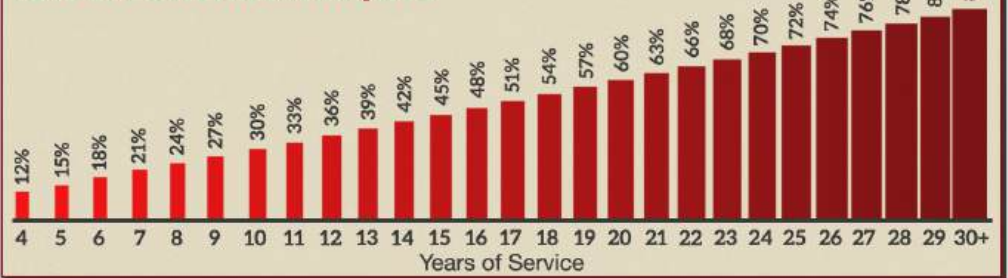
In addition to service retirement benefits, MFPRSI offers a comprehensive disability and death benefits program. Entrance physical exams, fitness and wellness guidelines, and post-disability compliance requirements fall under MFPRSI's disability responsibilities. Created by an act of the 1990 Iowa Legislature, MFPRSI is administered under a Board of Trustees representing the membership, cities, citizens of Iowa, and the Iowa General Assembly.

### Service Retirement Basic Benefit

A service retirement is available to members who have reached age 55 with at least 4 years of service.

The service retirement benefit is equal to 66% of average final compensation with 22 years of service. An additional 2% is granted to each additional year of service, but it will not exceed 82% following the completion of the 30th year of service.

**Basic Benefit Multiplier**



Members who reach age 55 with at least 22 years of service are eligible for the annual escalator which multiplies the monthly benefit by 1.5% plus a flat dollar amount based on the number of years retired.

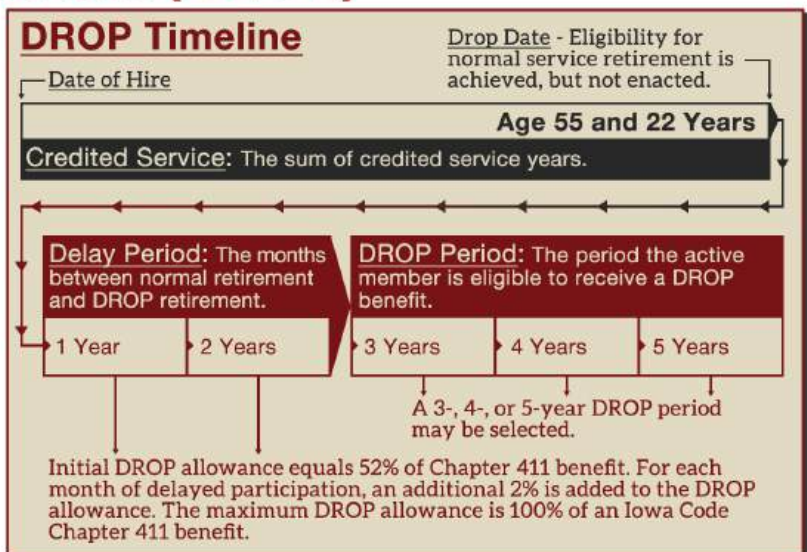
Members eligible for a service retirement have the opportunity to select the "basic benefit" or one of several optional forms of benefit. For more information on the optional forms of benefit, please contact MFPRSI and discuss with a pension officer.

### Deferred Retirement Option Plan (DROP)

DROP is a distribution election available to active members who are at least 55 years old with 22 or more years of eligible service. Members who enroll will have the choice of a 3-, 4-, or 5-year period. DROP members will have a dedicated account which will receive a percentage of their regular benefit for the duration of the selected participation period.

DROP benefit includes a minimum of 52% of the regular service benefit plus a percentage determined by the number of months between reaching eligibility and the enrollment in the DROP period.

Contact MFPRSI for more information concerning DROP.





# Employee Homeownership Assistance Benefit

## What is a Homeownership Assistance Benefit?

A groundbreaking new category of **employee benefits** designed to address the often overlooked challenges of homeownership.

### Our Employee Benefit



#### Interest Rate Monitoring

Upon purchase with us, we track your properties interest rate for 18 months and notify you when a lower rate becomes available.



#### Freedom Financing

We calculate your monthly savings opportunity and upon your approval, refinance your loan to the lower rate at no out-of-pocket cost.



#### Homeownership Head Start

We're helping to make purchased property easier to maintain through the selection of your preferred home maintenance equipment.

## The Challenges of Homeownership for Millennial Employees

With many employees now working in hybrid and virtual capacities, working Americans have gained newfound flexibility in where they desire to call an office.

- Housing Supply Shortage
- Housing Inventory Shortage
- Rapid Home Value Appreciation
- Competition from Investors

## Who is First Home Partners?

First Home Partners is an Iowa-based real estate company who simplifies the home buying process by selecting the appropriate real estate agent and mortgage banker who can deliver a successful, seamless purchase experience for employees of the city of Ankeny. Once a transaction is complete, our benefit features are activated.

**QUESTIONS?**  
[firsthomepartners.com/faqs](https://firsthomepartners.com/faqs)

**LEARN MORE**  
[firsthomepartners.com/how-our-benefit-works](https://firsthomepartners.com/how-our-benefit-works)



## HOW TO ENROLL INTO THE HOMEOWNERSHIP ASSISTANCE BENEFIT

**STEP 1:** Click below:  
[www.firsthomepartners.com/our-employee-benefit-ankeny](https://www.firsthomepartners.com/our-employee-benefit-ankeny)

**STEP 2:** Complete and submit benefit enrollment form.

**STEP 3:** Upon submission, employees will be connected with representatives from First Home Partners & Northwest Bank to understand your home buying or selling and buying needs.

**\$0.00** for Employees

- Submission of enrollment form is not an agreement to work with First Home Partners or Northwest Bank.
- Benefit eligibility for all city of Ankeny employees.
- Benefit is intended to support first-time and step-up homebuyers.

**SCAN TO ENROLL!**



# IMPORTANT CONTACTS

Plan	Carrier	Website	Phone
Medical	Wellmark Blue Cross Blue Shield	<a href="http://www.wellmark.com">www.wellmark.com</a>	(800) 524-9242
Vision	Delta Dental of Iowa	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a>	(800) 544-0718
Health Savings Account (HSA)	HealthEquity	<a href="http://www.healthequity.com">www.healthequity.com</a>	(866) 346-5800
Flexible Spending Account (FSA)	iSolved	<a href="http://www.isolvedhcm.com/login/benefits">www.isolvedhcm.com/login/benefits</a>	-
Life & Voluntary Benefits	Reliance Standard	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>	(888) 857-4801 ext 4808
Long Term Disability	OCHS	<a href="http://www.ochsinc.com">www.ochsinc.com</a>	(800) 392-7295
Universal Life With Long Term Care	Trustmark	<a href="http://www.trustmarksolutions.com">www.trustmarksolutions.com</a>	(800) 918-8877
Employee Assistance Program (EAP)	Employee & Family Resources	<a href="http://www.efr.org">www.efr.org</a>	(800) 327-4692
Human Resources	Dawn Gean	<a href="mailto:dgean@ankenyiowa.gov">dgean@ankenyiowa.gov</a>	(515) 965-6408
	Mindy Voigt	<a href="mailto:mvoigt@ankenyiowa.gov">mvoigt@ankenyiowa.gov</a>	(515) 965-6404
	Amy Dawson	<a href="mailto:adawson@ankenyiowa.gov">adawson@ankenyiowa.gov</a>	(515) 965-6412
Holmes Murphy & Associates	Annie Salgado	<a href="mailto:asalgado@holmesmurphy.com">asalgado@holmesmurphy.com</a>	(515) 223-6934
	Emily Patterson	<a href="mailto:Emily.Patterson@holmesmurphy.com">Emily.Patterson@holmesmurphy.com</a>	(515) 974-4634

