

Attachment 1 Benefit Outline

Group Term Life and AD&D Insurance Employer Paid

Class Description:	All Eligible Full-Time Employees ¹
Required Minimum Number of Hours Worked:	30 hours weekly
Amount of Life Insurance:	\$30,000
Amount of AD&D Insurance:	Matches Life Amount
Guaranteed Issue Amount:	\$30,000
Employer Contribution Percentage:	100%

Dependent Term Life Insurance Options Available:

Dependent Type	Option 1
Spouse under age 70	\$10,000
Child(ren) - 6 months to 19* years or 25* years if a full-time student	\$5,000
Child(ren) - live birth to 6 months	\$5,000

Group Voluntary Term Life and AD&D Insurance¹

Class Description:	All Eligible Full-Time Employees ¹	
Required Minimum Number of Hours Worked:	30 hours weekly	
Maximum Amount of Life Insurance:	\$500,000, not to exceed 5 times employee's annual base salary in increments of \$1,000.	
Minimum Amount of Life Insurance:	\$10,000.00	
Rounding Rule:	Life Amount is determined based on function of employee's annual base salary, then rounded to the next \$1,000.	
Amount of AD&D Insurance:	Matches Life Amount	
Guaranteed Issue Amount:	\$100,000	
Employer Contribution Percentage:	0%	

Dependent Voluntary Term Life and AD&D Insurance

Spouse Incremental Options Based on Employee Age / Spouse Volume	
Spouse Incremental Options:	Amount
Voluntary Term Life Benefit:	An incremental amount up to 50% of the Employee's Voluntary Life amount.
Minimum Amount of Voluntary Term Life Insurance:	\$5,000.00
Maximum Amount of Voluntary Term Life Insurance:	\$250,000.00
Guaranteed Issue Amount:	\$30,000.00
Increments:	\$500

Voluntary AD&D Insurance Amount:	Included
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Child(ren) – 15 days to 26* years	
Voluntary Term Life Benefit:	\$10,000
Guaranteed Issue Amount:	\$10,000.00

Group Voluntary Disability Insurance – Short Term

Class Description:	All Eligible Full-Time Employees ¹
Required Minimum Number of Hours Worked:	30 hours weekly
Employer Contribution Percentage:	0%
Participation Requirement:	Greater of 10 insured employees or 25% of all eligible employees
Features	STD
Injury Elimination Period:	14 Days
Sickness Elimination Period:	14 Days
Maximum Benefit Duration:	11 Weeks
Benefit Percentage:	60%
Maximum Weekly Benefit:	\$ 1,500
Total Disability Definition:	Regular Job
Partial Disability Benefit:	Proportionate Loss
Residual Benefit:	Yes

Group Voluntary Disability Insurance – Long Term

Class Description:	All Eligible Full-Time Employees ²
Required Minimum Number of Hours Worked:	30 hours weekly
Employer Contribution Percentage:	0%
Features	LTD
Elimination Period:	90 days
Maximum Benefit Duration:	5 yr
Benefit Percentage:	60%
Maximum Monthly Benefit:	\$6,000
Total Disability Definition:	Regular Occupation – 2 years
Partial Disability Benefit:	Proportionate Loss
Residual Benefit:	Yes

Note: Please refer to the Bid request. The city is requesting additional LTD quotes on the following basis

Current Plan Voluntary to a 5 year benefit

Requested Voluntary to SSFRA either standalone or an option with the 5 year benefit plan

Requested 100 % Employer paid to SSFRA

Voluntary Dental Coverage

Dental Services	In -Network	Out Network
Preventive- Exams, Cleanings, X-Rays	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontics	50%	50%
Benefit Maximum Per Member per Year	\$ 2,000	
Orthodontics Lifetime Maximum	\$ 1,500	

Voluntary Vision Coverage

Proposal needs to include In and Out of network Benefits/Allowance

Services	In-Network Copay
Exam	\$ 10
Frames	\$ 0
Lenses- Single,Bifocal,Trifocal	\$ 25
Allowance	
Frames	\$ 150
Contacts	\$ 150
Frequency	
Exam	Once every 12 months
Frames	Once every 24 months
Lenses or Contacts	Once every 12 months

Voluntary Group Critical Care

RFP Terms for Bid

Employee Maximum Coverage	\$ 50,000
Employee Minimum Coverage	\$ 5,000
Increment increases of	\$ 5,000
Guaranteed Issue Amount	\$ 15,000
Dependent coverage available	

Voluntary Group Accident Plan

The City offers an Voluntary Group Accident Plan through Colonial. The Group Accident Plan coverage is available to all employees and dependents.