

Employee Benefits Guide

April 2025 - March 2026



Enroll online at:
powdersprings.zevobenefits.com
Then Follow On-Screen Instructions

This guide includes information on the following:

Medical Benefits | HSA | HRA | Flexible Spending Account
Dental Benefits | Vision Benefits | Life Insurance
Disability Insurance | Important Contacts

CONTENTS, ELIGIBILITY & CHANGES

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Eligibility

Newly hired Full-Time Employees are eligible for benefits on the first of the month following 30 days of employment.

If you elect coverage, you can also enroll your Legally Married Spouse and Dependent Children up to age 26. Dependent Children include natural children, legally adopted children, stepchildren and children for whom you have been appointed guardian.

All Employer Group Health Plans are required by law to collect and supply to the Centers for Medicare Services the Social Security Number of employees and dependents covered under the plan, so please remember to have this available when enrolling.

Changes

Please make your enrollment decisions carefully as you cannot make changes outside of Open Enrollment or your New Hire Eligibility Window without a Qualified Life Event due to Section 125 of the IRS Code. Examples of Qualified Life Events include but are not limited to: Marriage, Divorce, Birth or Adoption of a Child, Loss of Coverage, Gain of Coverage, etc.

Note: If you have a Qualified Life Event during the year, you must notify Human Resources within **30 days** of the event or you will have to wait until Open Enrollment to process your change. Please contact Human Resources at 770-943-1666.

WELCOME & ONLINE ENROLLMENT

The most important asset of the City of Powder Springs is our people. That's why we offer you an exceptional benefits program with many options, designed to meet your needs and the needs of your family. In this guide you will find summaries of City's Medical, Dental, Vision, Life, Disability, HRA, HSA, FSA, and Telemedicine benefits as well as benefit plan options provided by Aflac and Cincinnati Life.

It is our mission to provide our valued employees with a rich and comprehensive employee benefits package to effectively meet the needs of you and your family. Whether it's health care coverage or employee discount programs, we hope you understand the value of the options available to you.

Online Enrollment *(during Open Enrollment only)*

How do I enroll online?

Simply follow the instructions below to confirm your new benefit elections...

Go to: powdersprings.zevobenefits.com

The link will take you to the login page.

If you are a returning user, click "Log In" in the top-right corner of the screen.

If you are enrolling for the first time, click "Get Started Now" on the middle of the page to create an account. You will then see the screen below:

This will prompt you to enter an email address, the last 4 digits of your SSN and your birthdate. You will then create a password to be used for future access.

Please confirm your account

| | |
|--------------------------------|---|
| Email address * | Password * |
| <input type="text"/> | <input type="password"/> |
| Last four digits of your SSN * | Confirm password * |
| <input type="text"/> | <input type="password"/> |
| Date of Birth * | <input type="button" value="Create Account"/> |
| <input type="text"/> | |

[Click here if you are having trouble confirming your account](#)

If you have issues getting logged into the system, please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.

The benefits information presented in this guide is for informational purposes only. Additional information is available in the various carrier benefit summaries, Certificates of Coverage and other plan documents. Final benefits administration is dictated by policy documents in place at the time of service.

You may view copies of all certificates of coverage / plan documents by following the these instructions:
Go to www.msibg.com and use the below login information:

Username: powderspringsEE

Password: Benefits123

MEDICAL PLANS SIDE-BY-SIDE

The City of Powder Springs offers medical insurance through Kaiser Permanente. A brief side by side summary of benefits and the cost for coverage is listed in the table below. For more detailed information about the medical plans, please refer to the carrier's Summary of Benefits and Coverage (SBC) document and/or the plan document, policy, or certificate of coverage. Additionally, depending on the plan you select, the City funds a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA). The amount funded by the City is shown below:



| Medical Plan | Low Plan HSA HDHP KP Network | High Plan—HMO Plan H 5000/0/7.5K KP Network | High Plan—PPO PPO Plan H 5000/10/6.5K KP Network/Network Providers |
|---|--|--|--|
| Coinsurance (member pays) | 0% | 0% | 10% |
| Calendar Year Deductible | | | |
| • Individual | \$4,000 | \$5,000 | \$5,000 |
| • Family | \$8,000 | \$10,000 | \$10,000 |
| Out of Pocket Maximum (deductible included) | | | |
| • Individual | \$6,000 | \$7,500 | \$6,500 |
| • Family | \$12,000 | \$15,000 | \$13,000 |
| HSA / HRA City Contribution | | | |
| • Individual | (HSA) \$1,500 | (HRA) \$500 | (HRA) \$500 |
| • Family | \$3,000 | \$1,000 | \$1,000 |
| Office Visits | | | |
| • Primary | Deductible | \$40 Copay | \$40 KP / \$60 Network Providers |
| • Specialist | Deductible | \$60 Copay | \$50 KP / \$70 Network Providers |
| Preventive Visits | 100% covered | 100% covered | 100% covered |
| Inpatient Services | Deductible | Deductible | Deductible + Coinsurance |
| Outpatient Services | Deductible | Deductible | Deductible + Coinsurance |
| Emergency Room Services (waived if admitted) | Deductible | Deductible | Deductible + Coinsurance |
| Urgent Care | Deductible | \$80 Copay | \$80 Copay |
| Telemedicine | Deductible + Coinsurance | \$0 Copay | \$0 Copay |
| Prescription Coverage (30-day supply) | Low Plan HSA KP Network/MedImpact Pharmacies | High Plan—HMO KP Network/MedImpact Pharmacies | High Plan—PPO KP Network/MedImpact Pharmacies |
| Rx Deductible | | | |
| • Individual | Medical Deductible Applies | (Tiers 3-4 only) \$250 | (Tiers 3-4 only) \$250 |
| • Family | | \$500 | \$500 |
| Tier 1 (Generic Maintenance) | \$5 (KP) / \$15 (MIP) | \$5 (KP) / \$15 (MIP) | \$5 (KP) / \$15 (MIP) |
| Tier 2 (Generic Preferred) | 0% after deductible (KP) / 10% after deductible (MIP) | \$20 (KP) / \$30 (MIP) | \$20 (KP) / \$30 (MIP) |
| Tier 3 (Brand Preferred) | 0% after deductible (KP) / 10% after deductible (MIP) | \$40 (KP) / \$60 (MIP) | \$40 (KP) / \$60 (MIP) |
| Tier 4 (Non-Preferred) | 0% after deductible (KP) / 10% after deductible (MIP) | \$60 (KP) / \$90 (MIP) | \$60 (KP) / \$90 (MIP) |
| Tier 5 (Specialty) | 0% after deductible (KP) / 10% after deductible (MIP) | 20% to \$300 after Rx deductible (KP) / 20% after Rx deductible (MIP) | 20% to \$300 after Rx deductible (KP) / 30% after Rx deductible (MIP) |
| Employee Medical Semi-Monthly Rates (24/ Year) | Low Plan HSA | High Plan—HMO | High Plan—PPO |
| Employee Only | \$0.00 | \$32.50 | \$46.28 |
| Employee + Spouse | \$0.00 | \$107.50 | \$146.96 |
| Employee + Child(ren) | \$0.00 | \$120.00 | \$133.23 |
| Employee + Family | \$0.00 | \$207.50 | \$233.92 |

ADDITIONAL MEDICAL BENEFIT INFORMATION

Working Spouse Surcharge

As of April 1, 2024, the City of Powder Springs has implemented a \$50 per pay period surcharge for all employees whose spouses are offered coverage elsewhere but are covered under the City's medical plan.

Tobacco/Nicotine User Surcharge

The City of Powder Springs will implement a \$30 per month surcharge for all tobacco users (this includes vaping) that do not complete a tobacco cessation program and provide certification of completion within 90 days of the coverage effective date. To gain access to a free cessation program please contact:

(877) 270-STOP or visit [dph.georgia.gov/ready quit](https://dph.georgia.gov/ready-quit)

Kaiser Permanente Subsidy

The City of Powder Springs will provide a \$30 per pay period subsidy for employees that are enrolled in the High Plan HMO or PPO and live more than 30 miles away from the Kaiser Permanente TownPark Comprehensive Medical Center in Kennesaw.

Find a Provider

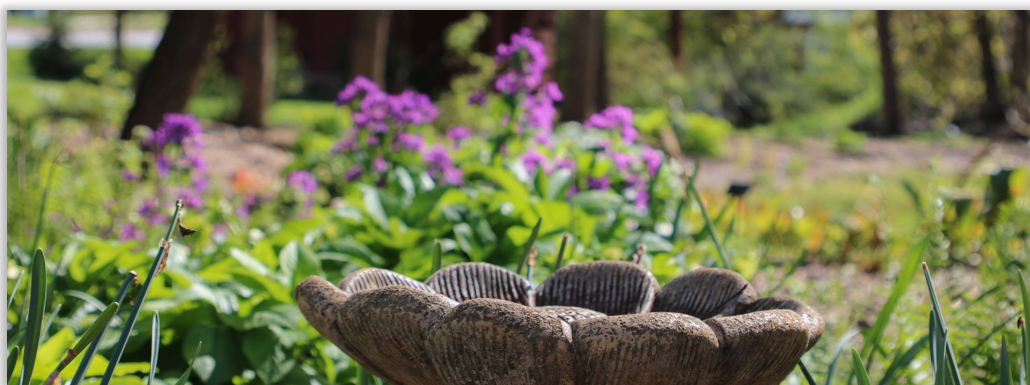
To find a provider, visit healthy.kaiserpermanente.org/georgia/doctors-locations.

GoodRx

Find the Lowest Costing Prescriptions

Did you know that drug prices can drastically vary among different pharmacies? Did you know that purchasing a drug through your company medical plan is not always the lowest costing option? A free, independent, third-party solution, GoodRx, is here to help!

- Navigate to www.GoodRx.com or download the free mobile app (search "GoodRx" in your app store).
- Type in your prescription name, and then adjust your location, dosage, and quantity.
- Review the real-time cost of your prescription at various pharmacies around your zip code.
- Download a free coupon for that pharmacy, or order online when available.
- Please be aware that any prescriptions purchased outside of your Medical Insurance do not accumulate to your plan deductible and/or out-of-pocket maximum.



Health Savings Account (HSA)

A Health Saving Account (HSA) is a way for you to use pretax dollars to pay for qualified health care expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. The funds can be taken out via payroll deductions and are deposited into the account for future use. **In order to contribute to an HSA, you must be enrolled in the Low Plan HSA Health Plan (which is a qualified High Deductible Health Plan).** All participants will receive a debit card that can be used for covering eligible expenses.

Who contributes to an HSA?

You can contribute to an HSA. You will also receive a contribution from City of Powder Springs to help grow your balance faster. The City of Powder Springs will deposit \$62.50 (for individual coverage - \$1,500 annually) or \$125.00 (for family coverage - \$3,000 annually) into your HSA each pay period (24 times a year). Any unused HSA dollars will rollover to the next plan year.

City HSA contributions:

- Employee only coverage: \$1,500 per year (\$62.50 / pay period)
- Employee with dependent coverage: \$3,000 (\$125.00 / pay period)

How much can I contribute into the HSA?

- Employee only coverage: \$2,800 (the IRS limit for 2025 is \$4,300)
- Employees with dependent coverage: \$5,550 (the IRS limit for 2025 is \$8,550)
- If you are 55 or older, you can make an additional annual catch-up contribution of \$1,000.

Please note: the City's contribution should be factored into the maximum allowable contribution each year

Who cannot contribute to an HSA?

- Employees age 65 or older and enrolled in Medicare.
- Employees with health coverage under another medical plan that is not a high deductible plan.
- If you or your spouse has a Full Purpose FSA, you can still enroll in the High Deductible Health Plan, but neither you nor City of Powder Springs can contribute money into the HSA.

Health Reimbursement Arrangement (HRA)

The City of Powder Springs' Health Reimbursement Arrangement (HRA) is administered by AdminAmerica. Employees enrolled with single coverage will receive \$500 annually and those that cover dependents (spouse and/or children) will receive \$1,000 annually if enrolled in the High Plan (HMO or PPO).

How does the HRA work?

The HRA will cover any medical expenses not covered by your health plan (copays, deductible, prescriptions. etc.) .

How are expenses reimbursed?

Employees enrolled in one of the High Plans (HMO or PPO) will automatically be enrolled in the HRA and will receive a debit card can be used for covering eligible expenses. Employees may also complete the HRA reimbursement process on the AdminAmerica website: www.adminamerica.com.

Where do I find a reimbursement form?

You may obtain an HRA reimbursement form by contacting AdminAmerica at 800-366-2691 or on the website above. You may also contact MSI Benefits Group at 800-580-1629 to request the form.

Any unused HRA funds will rollover year after year.



FLEXIBLE SPENDING ACCOUNT (FSA)

The City of Powder Springs offers Flexible Spending Accounts (FSA) administered through Admin Americas. The FSA plan year is from April 1 to March 31.

If an employee or family member(s) has predictable health care or work-related day care expenses, then the employee may benefit from participating in an FSA. An FSA allows an employee to set aside money from the employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from the employee's paycheck and deposited into the FSA. During the year, the employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. A participating employee must re-elect the dollar amount to be deducted each plan year. There are two (2) types of FSAs:

Health Care FSA

This account allows participant to set aside up to an annual maximum of \$3,300. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. A participating employee can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).

Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participant to set aside up to an annual maximum of \$5,000 if the participating employee is single or married and files a joint tax return (\$2,500 if married and files a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and dependent adults.

To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least eight (8) hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

A sample list of qualified expenses eligible for reimbursement include, but not limited to, the following:

- Ambulance
- Chiropractic Care
- Dental and Orthodontic Fees
- Diagnostic Tests/Health Screenings
- Physician Fees and Office Visits
- Drug Addiction/Alcoholism Treatment
- Experimental Medical Treatment
- Corrective Eyeglasses and Contact Lenses
- Hearing Aids and Exams
- Injections and Vaccinations
- LASIK Surgery
- Mental Health Care
- Nursing Services
- Optometrist Fees
- Prescription Drugs
- Sunscreen SPF 15 or Greater
- Wheelchairs

Important Rules

You will be allowed to carry over up to \$660 of your account balance (unused funds) into the next plan year. The IRS requires that any unused portion of your account balance above \$660 remaining at the end of the year be forfeited. It is important to estimate your expenses carefully. The "run out period" after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. If you were enrolled in an FSA and would like to continue that election or have remaining rollover funds, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

Limited Purpose FSA

Employees enrolled in the city's HDHP plan or another HDHP plan can use the FSA funds for any qualified vision or dental expenses, not medical.



DENTAL & VISION PLANS

| DENTAL PLAN | The Standard Dental Plan | Low Plan | High Plan |
|-------------|--|--------------|-----------------|
| | Annual Deductible (Individual / Family) | \$50 / \$150 | \$50 / \$150 |
| | Preventative | 100% | 100% |
| | Basic Services | 50% | 80% |
| | Major Services | 50% | 50% |
| | Endodontic, Periodontic and Oral Surgery | 50% | 80% |
| | Annual Maximum | \$1,000 | \$5,000 |
| | Orthodontia | Not Covered | 50% |
| | Orthodontia Lifetime Maximum | N/A | \$2,000 — Child |
| | Employee Dental Semi-Monthly Rates (24/Year) | Low Plan | High Plan |
| | Employee Only | \$3.61 | \$6.25 |
| | Employee + Spouse | \$10.40 | \$17.14 |
| | Employee + Child(ren) | \$11.77 | \$20.43 |
| | Employee + Family | \$19.65 | \$33.98 |

| The Standard Vision Plan | In-Network | Out-of-Network | VISION PLAN |
|--|------------------------------|---------------------------|-------------|
| Eye Exam | \$10 Copay | Up to \$45 reimbursement | |
| Lenses | | | |
| Single Vision | \$25 Copay | Up to \$30 reimbursement | |
| Bifocals | \$25 Copay | Up to \$50 reimbursement | |
| Trifocals | \$25 Copay | Up to \$65 reimbursement | |
| Frames | \$130 Allowance then 15% off | Up to \$70 reimbursement | |
| Contacts | | | |
| Elective | \$130 Allowance then 15% off | Up to \$105 reimbursement | |
| Medically Necessary | Covered in Full | Up to \$210 reimbursement | |
| Frequency | | | |
| Exam | Every 12 Months | | |
| Lenses | Every 12 Months | | |
| Frames | Every 24 Months | | |
| Employee Vision Semi-Monthly Rates (24/Year) | | | |
| Employee Only | \$3.12 | | |
| Employee + Spouse | \$5.89 | | |
| Employee + Child(ren) | \$6.42 | | |
| Employee + Family | \$8.26 | | |



To find a dentist or vision provider, visit:

www.standard.com/individuals-families/workplace-benefits/find-network-dentist-or-vision-provider

- Use the Classic (PPO) Network when searching for a dentist.
- Use the VSP Network when searching for a vision provider.

LIFE INSURANCE

Basic Life and AD&D

Life and AD&D Benefit Amount: **\$50,000**

This benefit is 100% employer paid.

Reduction Schedule: At age 65, your coverage will reduce to 65%. At age 70, your coverage will reduce to 50%. At age 75, your coverage will reduce to 35%.

Basic Family Life (Employee Paid — \$0.70 Semi-Monthly)

- Spouse: **\$5,000**
- Child(ren): **\$2,500**

Standard Insurance Company



Voluntary Life and AD&D

Eligible employees may elect to purchase additional Life insurance on a voluntary basis through The Standard. This coverage may be purchased in addition to the Basic Term Life and AD&D coverage. Voluntary Life insurance offers coverage for employees in **\$10,000 increments up to a maximum of \$500,000**. Basic Life and Voluntary Life cannot combine to exceed eight times salary. Employees may purchase Voluntary Employee Life Insurance without having to go through Medical Underwriting (also known as Evidence of Insurability - EOI) up to the **Guaranteed Issue (GI) amount of \$150,000**.

Dependents are eligible for coverage as long as the employee is enrolled in coverage. Spousal Life Insurance is offered in **\$5,000 increments up to a maximum of \$250,000**. A spouse of an employee has a **GI amount of \$30,000**.

Dependent Child(ren) Life Insurance is offered at **\$10,000**.

Note: Spouse and Child Life amounts cannot exceed 100% of the employee's elected amount.

Reduction Schedule: At age 65, your coverage will reduce to 65%. At age 70, your coverage will reduce to 50%. At age 75, your coverage will reduce to 35%.

| Employee Voluntary Life and AD&D Semi-Monthly Rates (24/Year) | | | | | | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|----------|------------|
| AGE | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
| \$10,000 | \$0.59 | \$0.59 | \$0.59 | \$0.77 | \$1.10 | \$1.62 | \$2.45 | \$4.14 | \$4.59 | \$7.69 | \$13.56 | \$50.98 |
| \$20,000 | \$1.18 | \$1.18 | \$1.18 | \$1.53 | \$2.19 | \$3.24 | \$4.89 | \$8.28 | \$9.18 | \$15.38 | \$27.11 | \$101.96 |
| \$30,000 | \$1.77 | \$1.77 | \$1.77 | \$2.30 | \$3.29 | \$4.86 | \$7.34 | \$12.42 | \$13.77 | \$23.07 | \$40.67 | \$152.94 |
| \$40,000 | \$2.36 | \$2.36 | \$2.36 | \$3.06 | \$4.38 | \$6.48 | \$9.78 | \$16.56 | \$18.36 | \$30.76 | \$54.22 | \$203.92 |
| \$50,000 | \$2.95 | \$2.95 | \$2.95 | \$3.83 | \$5.48 | \$8.10 | \$12.23 | \$20.70 | \$22.95 | \$38.45 | \$67.78 | \$254.90 |
| \$60,000 | \$3.54 | \$3.54 | \$3.54 | \$4.59 | \$6.57 | \$9.72 | \$14.67 | \$24.84 | \$27.54 | \$46.14 | \$81.33 | \$305.88 |
| \$70,000 | \$4.13 | \$4.13 | \$4.13 | \$5.36 | \$7.67 | \$11.34 | \$17.12 | \$28.98 | \$32.13 | \$53.83 | \$94.89 | \$356.86 |
| \$80,000 | \$4.72 | \$4.72 | \$4.72 | \$6.12 | \$8.76 | \$12.96 | \$19.56 | \$33.12 | \$36.72 | \$61.52 | \$108.44 | \$407.84 |
| \$90,000 | \$5.31 | \$5.31 | \$5.31 | \$6.89 | \$9.86 | \$14.58 | \$22.01 | \$37.26 | \$41.31 | \$69.21 | \$122.00 | \$458.82 |
| \$100,000 | \$5.90 | \$5.90 | \$5.90 | \$7.65 | \$10.95 | \$16.20 | \$24.45 | \$41.40 | \$45.90 | \$76.90 | \$135.55 | \$509.80 |
| \$150,000 | \$8.85 | \$8.85 | \$8.85 | \$11.48 | \$16.43 | \$24.30 | \$36.68 | \$62.10 | \$68.85 | \$115.35 | \$203.33 | \$764.70 |
| \$200,000 | \$11.80 | \$11.80 | \$11.80 | \$15.30 | \$21.90 | \$32.40 | \$48.90 | \$82.80 | \$91.80 | \$153.80 | \$271.10 | \$1,019.60 |
| \$300,000 | \$17.70 | \$17.70 | \$17.70 | \$22.95 | \$32.85 | \$48.60 | \$73.35 | \$124.20 | \$137.70 | \$230.70 | \$406.65 | \$1,529.40 |
| \$400,000 | \$23.60 | \$23.60 | \$23.60 | \$30.60 | \$43.80 | \$64.80 | \$97.80 | \$165.60 | \$183.60 | \$307.60 | \$542.20 | \$2,039.20 |
| \$500,000 | \$29.50 | \$29.50 | \$29.50 | \$38.25 | \$54.75 | \$81.00 | \$122.25 | \$207.00 | \$229.50 | \$384.50 | \$677.75 | \$2,549.00 |

| Spousal Voluntary Life and AD&D Semi-Monthly Rates (24/Year) | | | | | | | | | | | | |
|--|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|----------|
| AGE | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
| \$10,000 | \$0.56 | \$0.56 | \$0.57 | \$0.70 | \$0.92 | \$1.32 | \$1.94 | \$3.12 | \$4.63 | \$7.77 | \$19.79 | \$32.53 |
| \$20,000 | \$1.12 | \$1.12 | \$1.13 | \$1.40 | \$1.84 | \$2.64 | \$3.87 | \$6.24 | \$9.26 | \$15.53 | \$39.57 | \$65.06 |
| \$30,000 | \$1.68 | \$1.68 | \$1.70 | \$2.10 | \$2.76 | \$3.96 | \$5.81 | \$9.36 | \$13.89 | \$23.30 | \$59.36 | \$97.59 |
| \$40,000 | \$2.24 | \$2.24 | \$2.26 | \$2.80 | \$3.68 | \$5.28 | \$7.74 | \$12.48 | \$18.52 | \$31.06 | \$79.14 | \$130.12 |
| \$50,000 | \$2.80 | \$2.80 | \$2.83 | \$3.50 | \$4.60 | \$6.60 | \$9.68 | \$15.60 | \$23.15 | \$38.83 | \$98.93 | \$162.65 |
| \$60,000 | \$3.36 | \$3.36 | \$3.39 | \$4.20 | \$5.52 | \$7.92 | \$11.61 | \$18.72 | \$27.78 | \$46.59 | \$118.71 | \$195.18 |
| \$70,000 | \$3.92 | \$3.92 | \$3.96 | \$4.90 | \$6.44 | \$9.24 | \$13.55 | \$21.84 | \$32.41 | \$54.36 | \$138.50 | \$227.71 |
| \$80,000 | \$4.48 | \$4.48 | \$4.52 | \$5.60 | \$7.36 | \$10.56 | \$15.48 | \$24.96 | \$37.04 | \$62.12 | \$158.28 | \$260.24 |
| \$90,000 | \$5.04 | \$5.04 | \$5.09 | \$6.30 | \$8.28 | \$11.88 | \$17.42 | \$28.08 | \$41.67 | \$69.89 | \$178.07 | \$292.77 |
| \$100,000 | \$5.60 | \$5.60 | \$5.65 | \$7.00 | \$9.20 | \$13.20 | \$19.35 | \$31.20 | \$46.30 | \$77.65 | \$197.85 | \$325.30 |
| \$150,000 | \$8.40 | \$8.40 | \$8.48 | \$10.50 | \$13.80 | \$19.80 | \$29.03 | \$46.80 | \$69.45 | \$116.48 | \$296.78 | \$487.95 |
| \$200,000 | \$11.20 | \$11.20 | \$11.30 | \$14.00 | \$18.40 | \$26.40 | \$38.70 | \$62.40 | \$92.60 | \$155.30 | \$395.70 | \$650.60 |
| \$250,000 | \$14.00 | \$14.00 | \$14.13 | \$17.50 | \$23.00 | \$33.00 | \$48.38 | \$78.00 | \$115.75 | \$194.13 | \$494.63 | \$813.25 |

| Dependent Voluntary Life and AD&D Semi-Monthly Rate (24/Year) | |
|---|--------|
| \$10,000 | \$0.40 |

LONG TERM DISABILITY & ADDITIONAL BENEFITS

Your Voluntary Long Term Disability (LTD) Benefits help to protect You from loss of income due to a Disability as defined under the Policy. Your Long Term Disability Benefits are subject to any limitations, maximums, exclusions and reductions under the Policy, including any reductions by Your Deductible Sources of Income. This page provides highlights only. The Long Term Disability Insurance Certificate will contain complete details of benefits, policy provisions, limitations, etc. Long Term Disability coverage is non-occupational. This means there is no coverage for any Injury or Illness that was caused by or aggravated by any employment for pay or profit. **The City of Powder Springs will pay 75% of this benefit.**

Standard Insurance Company



| | |
|------------------------|--|
| Benefit Schedule | 60% of monthly earnings |
| Maximum Benefit | \$5,000 per month |
| Elimination Period | 180 days |
| Benefit Duration | Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Exclusion | 3 months look back; 12 months after exclusion. A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. |

How to calculate your individual premium

To calculate your per pay period cost for this coverage, complete the formula below:

$$\frac{\text{Annual Salary}}{\div 100} = \frac{\text{Your Rate}}{\times \$0.075} = \frac{\text{Annual Cost}}{\div \text{Pay Periods}} = \text{Cost Per Pay Period}$$

Additional Benefits:

The City of Powder Springs is pleased to offer Aflac's voluntary supplemental insurance policies, featuring these plans:

- Short-Term Disability
- Accident Advantage Plan
- Cancer Assurance Plan
- Lump Sum Specified Critical Illness Plan
- Hospital Choice Plan



The Cincinnati Life policies are offered to City of Powder Springs employees on a voluntary basis. Options include:

- 20-year Level Term
- 20-year level term with Return of Premium
- Permanent Whole Life



A helping hand when you need it.

Rely on the support, guidance and resources of your Employee Assistance Program.

Standard Insurance Company



With EAP, personal assistance is immediate, confidential and available when you need it.









There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You and Your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your Program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone, by video or text.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Mobile Resource

The app is available for free on iOS and Android devices. Just search **Health Advocate** or scan the QR code to begin using today.



Online Resources

Visit healthadvocate.com/standard to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day, seven days a week

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10-2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

CARRIER CONTACTS

MEDICAL PLAN

Kaiser Permanente

Member Services:

Tel: 404.261.2590 / 1.855.364.3185

Health Line:

Tel: 404.365.0966 / 1.800.611.1811

www.kp.org

HRA / HSA / FSA

AdminAmerica

Tel: 800.366.2961

www.adminamerica.com

DENTAL & VISION PLAN

The Standard

Claims Service:

Tel: 800.547.9515

Portal Assistance:

Tel: 888.808.5080

www.standard.com

LIFE & DISABILITY INSURANCE

The Standard

Life Tel: 800.628.8600

LTD Tel: 800.368.1135

www.standard.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard

Tel: 888.293.6948

healthadvocate.com/standard

ADDITIONAL BENEFIT OPTIONS

Aflac & Cincinnati Life

Brad Hulsey

Tel: 404.391.2185

P.O. Box 46

Powder Springs, GA 30127

www.cityofpowdersprings.org

MSI BENEFITS GROUP, INC.

Administrative Contact

Tel: 770-425-1231

Fax: 770-425-4722

Online: www.msibg.com

Email: HelpMe@msibg.com

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to www.msibg.com

Username: **powderspringsEE**

Password: **Benefits123**