

City of Rapid City

2021 Benefits Summary - Part-time Benefited

This summary highlights the competitive benefits packages offered to eligible benefited employees. Summary plan descriptions and detailed information may be found by visiting the [Noodle](https://intranet.rcgov.org/Login.po): <https://intranet.rcgov.org/Login.po>

****Outside of new hire and annual benefits open enrollment timeframes, a qualified life event is required in order to make certain changes to core benefits.** Questions? Access detailed plans via the [Noodle](#) or contact Human Resources at 605.394.4136.

Core Benefits – Health, Dental, Vision and Flex

Eligibility for new hires is effective first of month following hire date unless otherwise stated.

Health/Medical Insurance (Wellmark/Blue Cross and Blue Shield)

- Self-funded, PPO (preferred provider organization) plans
- Office Visit Co-Pay: \$30
- Base Plan Deductible per Calendar year: \$1000 for single or \$2000 for family
- Enhanced Plan Deductible per Calendar year: \$500 for single or \$1000 for family
- Virtual visits (Doctor on Demand): \$0 co-pay

Coverage Tier (Base Plan)	City Premium (Monthly)	Employee Premium (Monthly)
Single	\$350	\$104
Employee + Child(ren)	\$908	\$308.25
Employee + Spouse	\$752	\$384
Family – 2 Parents + Child(ren)	\$768.50	\$594.50

Coverage Tier (Enhanced Plan)	City Premium (Monthly)	Employee Premium (Monthly)
Single	\$415.50	\$238.50
Employee + Child(ren)	\$724.88	\$383.12
Employee + Spouse	\$907.13	\$478.87
Family – 2 Parents + Child(ren)	\$934.13	\$727.88

Dental (Delta Dental of South Dakota)

Coverage Tier	Dental Base Plan Employee Cost	Dental Premium Plan Employee Cost
Employee only	\$32.00 per month	\$ 58.18 per month
Employee + 1 dependent	\$63.98 per month	\$113.32 per month
Family	\$87.86 per month	\$160.10 per month

Vision Care (Avesis)

Coverage Tier	Avesis Base Plan Employee Cost	Avesis Enhanced Plan Employee Cost
Employee only	\$10.14 per month	\$13.10 per month
Employee + 1 dependent	\$17.74 per month	\$23.24 per month
Family	\$26.35 per month	\$34.74 per month

City of Rapid City

2021 Benefits Summary

Flexible Spending Accounts – Health and Dependent Care (WageWorks)

- **Healthcare FSA** allows you to pay for qualified out-of-pocket medical, dental and vision expenses on a pre-tax basis, deducted from your paycheck. Save on average 30% on healthcare costs. Use the WageWorks® Healthcare card when you make healthcare-related purchases, such as prescriptions and eye glasses. It's like a debit card – just swipe and go. Carryover of up to \$550 into the next plan year allowed.
 - 2021 healthcare maximum annual contribution of \$2750 per calendar (set by the IRS).
- **Dependent Care FSA** allows you to pay for qualified preschool, summer day camp, before/after school programs and child or elder daycare expenses on a pre-tax basis, deducted from your paycheck. Save on average 30% on dependent care costs.
 - 2021 Dependent Care maximum annual contribution of \$5000 per calendar year (set by IRS).

Life Insurance

Life and Accidental Death & Dismemberment Insurance- (Met Life Insurance Company)

- Coverage options: Single - \$35,000 Basic Life and \$35,000 Accidental Death & dismemberment (AD&D)
- 50% of premium is paid by employee & 50% of premium is paid by the City.

City Cost	Employee Cost
\$3.21 per month	\$3.21 per month

Dependent Life Insurance (Met Life Insurance Company)

- Optional coverage available: Spouse - \$10,000, each Dependent - \$5,000. Cost is \$0.92 per month.
- Premiums are deducted on an after-tax basis.

Retirement Plans

South Dakota Retirement System (SDRS) (mandatory participation and includes City match)

- 401(a) defined benefit pension plan
- Participation required by the State of South Dakota, immediate eligibility
- Class A (Non-public safety) employee contribution of 6% with City match of 6%
- Class B (Public Safety) employee contribution of 8% with City match of 8%
- 3-year contributory vesting schedule

South Dakota Retirement System Supplemental Retirement Plan (457) (mandatory automatic enrollment)

- Immediate eligibility & automatic enrollment of \$12.50 per pay period
- Opt-out within 90 days of hire by contacting SDRS-SRP directly
- Pre and post-tax contribution options available

ICMA-RC Deferred Compensation Retirement Plan (457)

- Administered by ICMA-Retirement Corporation (ICMA-RC)
- Immediate eligibility and only pre-tax contributions are available
- FOP Lodge #2 plan option available (#306491)

City of Rapid City

2021 Benefits Summary

Time Off

Annual Paid Leave

- Benefited employees shall be entitled to Annual Leave paid at their regular hourly rate of pay. Full-time employees shall accrue Annual Leave as shown below. Part-time benefited employees shall accrue annual leave on a prorated basis. Refer to appropriate union contract and/or Non-Union Employee Guide for complete details.

Part-time employees paid leave accrual schedule

Years of Service	Bi-weekly accrual amount	Monthly accrual amount
Date of hire – 4 years of service	2.31 hours	4.62 hours
After 4 years of service – 13 years of service	3.47 hours	6.94 hours
After 13 years of service – beyond	4.62 hours	9.24 hours

Personal Holiday

- Part-time employees are granted personal holidays per calendar year based on their schedule and must have reached 90 calendar days employment by October 15 to be eligible for personal holiday pay. Unused personal holiday does NOT rollover into the next calendar year.
- For union employees, refer to appropriate union contract for number of personal holidays, if applicable.

Paid Sick Leave

- Part-time benefited employees shall accrue a prorated amount of sick leave based on their schedule.
- Refer to Non-Union Employee Guide or appropriate union contract for complete details. Short Term Disability applies to employee ONLY.

City of Rapid City

2021 Benefits Summary

Paid Holidays

- Eligibility: Non-Union employees are immediately eligible to use holiday pay.
- Union employees should refer to the applicable union contract for complete details.

City Hall: 9 Observed Holidays

Holiday	Date
New Year's Day	Friday, January 1, 2021
Good Friday	Friday, April 2, 2021
Memorial Day	Monday, May 31, 2021
Independence Day	Monday, July 5, 2021
Labor Day	Monday, September 6, 2021
Veterans Day	Thursday, November 11, 2021
Thanksgiving Day	Thursday, November 25, 2021
Day after Thanksgiving Day	Friday, November 26, 2021
Christmas Day	Friday, December 24, 2021

Police: 10 Observed Holidays

Holiday	Date
New Year's Day	Friday, January 1, 2021
Good Friday	Friday, April 2, 2021
Memorial Day	Monday, May 31, 2021
Independence Day	Monday, July 5, 2021
Labor Day	Monday, September 6, 2021
Native American Day (Columbus Day)	Monday, October 11, 2021* *Police designated personal holiday.
Veterans Day	Thursday, November 11, 2021
Thanksgiving Day	Thursday, November 25, 2021
Day after Thanksgiving Day	Friday, November 26, 2021
Christmas Day	Friday, December 24, 2021

Library: 7 Observed Holidays

Holiday	Date
New Year's Day	Friday, January 1, 2021
Memorial Day	Monday, May 31, 2021
Independence Day	Monday, July 5, 2021
Labor Day	Monday, September 6, 2021
Veterans Day	Thursday, November 11, 2021
Thanksgiving Day	Thursday, November 25, 2021
Christmas Day	Friday, December 24, 2021

Solid Waste: 8 Observed Holidays

Holiday	Date
New Year's Day	Friday, January 1, 2021
Good Friday	Friday, April 2, 2021
Memorial Day	Monday, May 31, 2021
Independence Day	Monday, July 5, 2021
Labor Day	Monday September 6, 2021
Veterans Day	Thursday, November 11, 2021
Thanksgiving Day	Thursday, November 25, 2021
Christmas Day	Friday, December 24, 2021

City of Rapid City

2021 Benefits Summary

Additional Benefits

Employee Educational Loan Program

- Details and eligibility information may be found in the Non-Union Employee Guide as well as applicable union contracts.

Employee Assistance Program (Connections, Inc.)

- Immediate eligibility and no cost to employees.
- Provides confidential, professional service to help resolve problems that affect personal life and job performance.

Wellness Incentive

- Wellness incentive: Eligible after 12 consecutive months of service and must be a participant of the City of Rapid City Healthcare Benefit Plan. Sworn Police and Fire Operations employees are NOT eligible to participate. Upon verification and approval, the employee meeting all criteria shall be awarded a payment of \$100 per calendar.
- Wellness screenings: Annual wellness screenings offered at a discounted rate; must be actively enrolled in the City's group health plan.

AFLAC (American Family Life Assurance Company of Columbus)

- Optional employee-paid supplemental insurance coverage such as accident, cancer, critical care, etc.

Direct Deposit

- Payroll funds are deposited to one checking or savings account of the employee's choice and direct deposit is mandated for all full and part-time benefited employees.

Pro-rated Benefit Employee Information

- For part-time benefitted employees (working less than an average of 40 hours per week), accruals are pro-rated.

Benefit Partnerships

The City of Rapid City offers its' employees local and nationwide benefits partnerships – discounts and savings can really add up!

Reduced Recreation Rates – Rapid City Parks and Recreation

- The City and the Parks and Recreation department offer a 50% discount to employees and their immediate family members who participate in the City's group health plan. Reduced recreation rates/passes are available for City facilities such as aquatics, gym, and golf courses. Current participation forms and rates are available on SharePoint. For questions on passes and usage details, please contact the City Parks and Recreation administration office.

City of Rapid City

2021 Benefits Summary

Benefit Partnerships continued

YMCA of Rapid City

- The City is happy to partner with the YMCA of Rapid City to offer City employees the benefit of a corporate discount. The YMCA offers a variety of aquatics and group exercise programs. Contact the YMCA of Rapid City at 605.718.9622 or stop by 815 Kansas City St, Rapid City, SD 57701 for current rates and membership information.

Blue365

- Benefited employees enrolled in the City's Group health insurance plan have access to Blue365 which offers exclusive discounts in addition to wellness products and services. Register for [Blue365](https://www.blue365deals.com/) at <https://www.blue365deals.com/> it's free and all you need to register is a valid email address and the first three characters of your Wellmark ID number.

MetLife Advantages

- In addition to the Employee Assistance Program offered by Connections, Inc., MetLife offers 24/7 confidential support through LifeWorks. LifeWorks offers self-help resources online on a variety of topics as well as funeral assistance services.
- Will preparation services offered through www.willscenter.com

Verizon

- Take advantage of discounts on qualifying plans and features with [Verizon](https://www.verizon.com). To get started, visit [verizonwireless.com/discount-program](https://www.verizon.com) and follow the prompts.

The contents of this summary are not intended to create an employment contract, either expressed or implied, between the City and any of its employees or potential employees. This benefits summary is provided for general information purposes only. Please refer to City policies, summary plan descriptions, plan contracts, and/or union plan contracts for complete detailed information. The City reserves the right to modify, revoke, suspend, terminate, or change any or all of such plans, policies, or procedures, in whole or in part, at any time, with or without notice. **This summary is not intended to be all-inclusive and may vary under existing union contracts.**

CITY OF RAPID CITY NEW PLAN OPTIONS

Benefit Information	Base Plan			Enhanced Plan		
HEALTH BENEFIT PLAN						
Deductible In-& Out of Network	Single \$1,000 Family \$2,000			Single \$500 Family \$1,000		
Ded/OPM/HRA Embedded/Non-Embedded	Yes Embedded			Yes Embedded		
Coinsurance In-Network	30%			30%		
Coinsurance Non-Network	40%			40%		
Copay Office Visit	PCP \$30			PCP \$30		
Exam only copayment	Non PCP \$30			Non PCP \$30		
Copay Emergency Room	No - all inclusive \$500.00			No - all inclusive \$500.00		
Copay ER - Deductible and/or Coinsurance Follows	Deductible Does Not Follow ER Copay Applies to Services From All Providers Coinsurance Does Not Follow			Deductible Does Not Follow ER Copay Applies to Services From All Providers Coinsurance Does Not Follow		
Copay Urgent Care	\$30.00			\$30.00		
Out of Pocket Maximum In-Network	Single \$3,000 Family \$6,000			Single \$2,000 Family \$4,000		
Out of Pocket Maximum Non-Network	Single \$4,000 Family \$8,000			Single \$2,500 Family \$5,000		
Out of Pocket Maximum Aggregates (In/Non)	Yes			Yes		
PHARMACY BENEFIT PLAN						
Health OPM Aggregates With RX OPM	No			No		
Out Of Pocket Maximum (OPM)	Single \$2000			Single \$2000		
Rates	City Premium	Employee Premium	Total	City Premium	Employee Premium	Total
Single	\$ 454.00	\$ -	\$ 454.00	\$ 454.00	\$ 100.00	\$ 554.00
Employee + Child(ren)	\$ 683.00	\$ 225.00	\$ 908.00	\$ 828.00	\$ 280.00	\$ 1,108.00
Employee + Spouse	\$ 886.00	\$ 250.00	\$ 1,136.00	\$ 1,071.00	\$ 315.00	\$ 1,386.00
Family - 2 Parents + Child(ren)	\$ 908.00	\$ 455.00	\$ 1,363.00	\$ 1,107.00	\$ 555.00	\$ 1,662.00



To: City of Rapid City Employees (Benefited employees covered under the City's group health insurance plan)

We are excited to announce that Doctor On Demand is here!

Feeling better should be easy. That's why virtual visits through **Doctor on Demand** will be a covered benefit (starting April 1) through your Wellmark Blue Cross and Blue Shield health plan. A virtual visit connects you to a doctor through live video from your smartphone, tablet or computer.

Doctor on Demand offers the convenience of no longer having to schedule around work hours, travel to and from the clinic, sit in a waiting room or worry about health advice sought after doctors' office hours.

Getting sick is bad enough without having to get out of bed and go to the doctor. Doctor on Demand services are available **24 hours a day, 7 days a week, 365 days a year**. Even in the middle of the night or on holidays, you and your enrolled family members can see a board-certified doctor in minutes who can treat the most common medical conditions and prescribe medication if needed.

Get treatment for:

- Cold and flu
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headache
- Pink eye
- Skin Condition
- Mental health

You'll love the convenience and cost savings. ***A normal co-pay cost for a routine office visit is \$20... but for Doctor on Demand you pay \$0!** Your Wellmark benefits apply automatically for you and your covered family members. *If further treatment is required beyond the scope of the virtual visit, any applicable costs will be processed per the plan's schedule of benefits.*

Questions? Contact [Nancy](#) or [Elaine](#) in HR.

FEELING BETTER SHOULD BE EASY.

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



GETTING STARTED IS EASY.

- 1 Download the Doctor On Demand® app or visit DoctorOnDemand.com.
- 2 Have your Wellmark member ID card ready.
- 3 Create an account or sign in.

¹ Mental health treatment cost share is subject to group plan coverage. 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.

SEE A DOCTOR IN MINUTES

Getting sick is bad enough without having to get out of bed to see a doctor. With Doctor On Demand, you and your family members can connect face-to-face with a board-certified doctor 24 hours a day, 7 days a week, 365 days a year.



Get treatment for:

- Cold and flu
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headache
- Pink eye
- Skin condition
- Other conditions such as mental health (if covered by your group health plan)¹

Questions? Call 800-997-6196.

**WITH DOCTOR ON DEMAND, WELLMARK MEMBERS GET MORE.
IT'S CONVENIENT AND EASY. AND YOUR BENEFITS APPLY AUTOMATICALLY.**


City of Rapid City Base Plan PPO


The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.wellmark.com or call 1-800-774-0384. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-774-0384 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	\$1,000 person/ \$2,000 family per calendar year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. In- <u>network</u> <u>preventive care</u> , preadmission testing, <u>prescription drugs</u> , independent lab/office/outpatient services for mental health/substance abuse, independent lab/office/outpatient x-ray/labs for dependent children and office/outpatient surgery(excluding colonoscopies).	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No. There are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	Health In- <u>Network</u> : \$3,000 person/ \$6,000 family per calendar year. Health Out-Of- <u>Network</u> : \$4,000 person/ \$8,000 family per calendar year. Drug Card: \$2,000 person per calendar year. The In- <u>Network</u> health and drug card <u>out-of-pocket</u> maximum amounts accumulate separately.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why this Matters:
Will you pay less if you use a <u>network provider</u>?	Yes. See www.wellmark.com or call 1-800-774-0384 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an out-of- <u>network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an out-of- <u>network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay In- <u>Network</u> (IN) <u>Provider</u> (You will pay the least)	What You Will Pay Out-of- <u>Network</u> (OON) <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service	\$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service	Preadmission testing waives <u>deductible</u> and <u>coinsurance</u> .
	<u>Specialist</u> visit	\$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service	\$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service	Preadmission testing waives <u>deductible</u> and <u>coinsurance</u> .
	<u>Preventive care/screening/immunization</u>	No charge	40% <u>coinsurance</u>	One preventive exam and one gynecological exam per calendar year. Mammograms are unlimited. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-774-0384.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above. Preadmission testing waives <u>deductible</u> and <u>coinsurance</u> . In-network independent labs for mental health/substance abuse services are not subject to <u>coinsurance</u> .
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.wellmark.com/prescriptions .	Tier 1	25% <u>coinsurance</u>	25% <u>coinsurance</u>	Drugs listed on Wellmark's Blue Rx Complete Drug List are covered. Drugs not on this Drug List are not covered. For out-of-network <u>prescription drugs</u> , you may be balance billed. 30-day supply for <u>prescription drugs</u> . 90-day prescription maximum (maintenance). <u>Specialty drugs</u> are covered only when obtained through the Specialty Pharmacy Program. See wellmark.com/prescriptions for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.
	Tier 2	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
	Tier 3	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
	Tier 4	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
	Specialty drugs	25% <u>coinsurance</u>	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Physician/surgeon</u> fees	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-774-0384.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	<u>Emergency room care</u>	\$500 <u>copay</u> per date of service for facility and physician(s) combined	\$500 <u>copay</u> per date of service for facility and physician(s) combined	For <u>emergency medical conditions</u> treated out-of- <u>network</u> , you may be balance billed.
	<u>Emergency medical transportation</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	For covered non-emergent situations, out-of- <u>network</u> ambulance services are NOT reimbursed at the in- <u>network</u> level. The member may be balance billed for any out-of- <u>network</u> service. Waive <u>deductible</u> on ambulance services for mental health/substance abuse.
	<u>Urgent care</u>	\$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service	\$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service	Waive cost-share on in- <u>network</u> services for mental health/substance abuse. Deductible is waived for out-of- <u>network</u> mental health/substance abuse services.
If you have a hospital stay	Facility fee (e.g., hospital room)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Physician/surgeon fees</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 30% <u>coinsurance</u>	Office: \$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 40% <u>coinsurance</u>	-----None-----
	Inpatient services	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-774-0384.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you are pregnant	Office visits	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for <u>preventive services</u> . For any in-network services that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-774-0384.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	<u>Home health care</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Waive <u>deductible</u> on home health services for mental health/substance abuse.
	<u>Rehabilitation services</u>	Office: \$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 30% <u>coinsurance</u>	Office: \$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 40% <u>coinsurance</u>	-----None-----
	<u>Habilitation services</u>	Office: \$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 30% <u>coinsurance</u>	Office: \$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 40% <u>coinsurance</u>	-----None-----
	<u>Skilled nursing care</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Durable medical equipment</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Waive <u>deductible</u> on durable medical equipment for mental health/substance abuse. Custom foot orthotics are covered as prescribed by a physician. Wigs related to chemotherapy or radiation treatment are covered up to \$300 per lifetime.
	<u>Hospice services</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----None-----
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-774-0384.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Eye exam
- Glasses
- Hearing aids
- Infertility treatment
- Long-term care
- Routine eye care - Adult
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Applied Behavior Analysis therapy-covered through age 18 subject to annual limits
- Bariatric surgery
- Chiropractic care
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-774-0384 or the South Dakota Division of Insurance at 605-773-3563.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page. _____

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This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.

About These Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- PCP copay and coinsurance \$30 and 30%
- Hospital(facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$1,900
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,060

Managing Joe's type 2 Diabetes (a years of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist copay and coinsurance \$30 and 30%
- Hospital(facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$900
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$1,100
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,320

Mia's Simple Fracture (in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist copay and coinsurance \$30 and 30%
- Hospital(facility) copayment \$500
- Other coinsurance 30%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$300
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$2,000

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.


City of Rapid City Enhanced Plan PPO


The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.wellmark.com or call 1-800-774-0384. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-774-0384 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	\$500 person/ \$1,000 family per calendar year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. In- <u>network</u> <u>preventive care</u> , preadmission testing, <u>prescription drugs</u> , independent lab/office/outpatient services for mental health/substance abuse, independent lab/office/outpatient x-ray/labs for dependent children and office/outpatient surgery(excluding colonoscopies).	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No. There are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	Health In- <u>Network</u> : \$2,000 person/ \$4,000 family per calendar year. Health Out-Of- <u>Network</u> : \$2,500 person/ \$5,000 family per calendar year. Drug Card: \$2,000 person per calendar year. The In- <u>Network</u> health and drug card <u>out-of-pocket</u> maximum amounts accumulate separately.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .

Important Questions	Answers	Why this Matters:
Will you pay less if you use a <u>network provider</u>?	Yes. See www.wellmark.com or call 1-800-774-0384 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an out-of- <u>network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an out-of- <u>network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay In- <u>Network</u> (IN) <u>Provider</u> (You will pay the least)	What You Will Pay Out-of- <u>Network</u> (OON) <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service	\$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service	Preadmission testing waives <u>deductible</u> and <u>coinsurance</u> .
	<u>Specialist</u> visit	\$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service	\$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service	Preadmission testing waives <u>deductible</u> and <u>coinsurance</u> .
	<u>Preventive care/screening/immunization</u>	No charge	40% <u>coinsurance</u>	One preventive exam and one gynecological exam per calendar year. Mammograms are unlimited. Well-child care is covered to age 7. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-774-0384.

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above. Preadmission testing waives <u>deductible</u> and <u>coinsurance</u> . In-network independent labs for mental health/substance abuse services are not subject to <u>coinsurance</u> .
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.wellmark.com/prescriptions .	Tier 1	25% <u>coinsurance</u>	25% <u>coinsurance</u>	Drugs listed on Wellmark's Blue Rx Complete Drug List are covered. Drugs not on this Drug List are not covered. For out-of-network <u>prescription drugs</u> , you may be balance billed. 30-day supply for <u>prescription drugs</u> . 90-day prescription maximum (maintenance). <u>Specialty drugs</u> are covered only when obtained through the Specialty Pharmacy Program. See wellmark.com/prescriptions for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.
	Tier 2	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
	Tier 3	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
	Tier 4	25% <u>coinsurance</u>	25% <u>coinsurance</u>	
	Specialty drugs	25% <u>coinsurance</u>	Not covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Physician/surgeon</u> fees	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

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Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need immediate medical attention	<u>Emergency room care</u>	\$500 <u>copay</u> per date of service for facility and physician(s) combined	\$500 <u>copay</u> per date of service for facility and physician(s) combined	For <u>emergency medical conditions</u> treated out-of- <u>network</u> , you may be balance billed.
	<u>Emergency medical transportation</u>	30% <u>coinsurance</u>	30% <u>coinsurance</u>	For covered non-emergent situations, out-of- <u>network</u> ambulance services are NOT reimbursed at the in- <u>network</u> level. The member may be balance billed for any out-of- <u>network</u> service. Waive <u>deductible</u> on ambulance services for mental health/substance abuse.
	<u>Urgent care</u>	\$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service	\$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service	Waive cost-share on in- <u>network</u> services for mental health/substance abuse. Deductible is waived for out-of- <u>network</u> mental health/substance abuse services.
If you have a hospital stay	Facility fee (e.g., hospital room)	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Physician/surgeon fees</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office: \$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 30% <u>coinsurance</u>	Office: \$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 40% <u>coinsurance</u>	-----None-----
	Inpatient services	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

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Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you are pregnant	Office visits	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply for <u>preventive services</u> . For any in-network services that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----

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Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	<u>Home health care</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Waive <u>deductible</u> on home health services for mental health/substance abuse.
	<u>Rehabilitation services</u>	Office: \$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 30% <u>coinsurance</u>	Office: \$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 40% <u>coinsurance</u>	-----None-----
	<u>Habilitation services</u>	Office: \$30 <u>copay</u> and 30% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 30% <u>coinsurance</u>	Office: \$30 <u>copay</u> and 40% <u>coinsurance</u> per <u>provider</u> per date of service Facility: 40% <u>coinsurance</u>	-----None-----
	<u>Skilled nursing care</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	-----None-----
	<u>Durable medical equipment</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Waive <u>deductible</u> on durable medical equipment for mental health/substance abuse. Custom foot orthotics are covered as prescribed by a physician. Wigs related to chemotherapy or radiation treatment are covered up to \$300 per lifetime.
	<u>Hospice services</u>	30% <u>coinsurance</u>	40% <u>coinsurance</u>	Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	-----None-----
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

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Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

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- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Eye exam
- Glasses
- Hearing aids
- Infertility treatment
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- Routine eye care - Adult
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Applied Behavior Analysis therapy-covered through age 18 subject to annual limits
- Bariatric surgery
- Chiropractic care
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Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page. _____

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Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- PCP copay and coinsurance \$30 and 30%
- Hospital(facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$1,400
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$2,060

Managing Joe's type 2 Diabetes (a years of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist copay and coinsurance \$30 and 30%
- Hospital(facility) coinsurance 30%
- Other coinsurance 30%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$1,200
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$2,020

Mia's Simple Fracture (in-network emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist copay and coinsurance \$30 and 30%
- Hospital(facility) copayment \$500
- Other coinsurance 30%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$400
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,600

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Required Federal Accessibility and Nondiscrimination Notice



Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ກັບ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griegie. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တစ်ခုခုပြော-နားထောင်ကုန်ကုန်, ကိုက်တာမဟုတ်ဘဲတစ်ခုခုပြော, လာဘာဘက်လက်ဘက်လဲ, ဆိုလားနီလီလီ. ဆဲးကျိုးသူ ၈၀၀-၅၂၄-၉၂၄ ခုထုတ် (TTY: ၈၈၈-၇၈၁-၄၂၆) ဘက်ကွဲ.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆኑ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yánílti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

South Dakota Retirement System (SDRS) Supplemental Retirement Plan

The City of Rapid City has adopted Automatic Enrollment in the South Dakota Retirement System (SDRS) Supplemental Retirement (457) Plan for newly hired, benefit eligible employees. Upon starting benefited employment with the City, you will be automatically enrolled in the SDRS Supplemental Retirement Plan at the minimum deferral rate of \$25.00 per month.

The South Dakota Retirement System recognized long ago that employees need help in understanding how to work toward financial security for retirement, and established the SDRS Supplemental Retirement Plan, a 457(b) deferred compensation plan, to help meet that need. When you participate in the Plan, you:

- Contribute through payroll deduction before you have a chance to spend it
- Defer income taxes on contributions to your SDRS SRP account.
- Pay ordinary income taxes when and as you withdraw from your SDRS SRP account
- Invest your contributions according to your long-term needs and tolerance for market risk.
- You have the right:
 - to elect a contribution amount greater than \$25 per month, up to the legal maximum limit, and the right to change your contribution amount at any time
 - To terminate contributions at any time

After being automatically enrolled, you will have 90 days after your first pay date in which to decide if you want to continue contributing or opt out of the Plan. If you elect to opt out of the Plan, you will receive a refund of your contributions and the associated gains or losses with no penalties (taxes will be withheld).

If you do not opt out during this 90-day period, you will not be able to refund your account unless you qualify under IRS rules for a one-time, in-service distribution, you terminate employment, or you retire.

If you have any questions or to initiate the opt out process please contact SDRS:

Pierre: (605) 224.2230

Customer Service: (800) 959.4457

Website: www.srp457.com

Or

Human Resources:

(605) 394.4136

Human.resources@rcgov.org

City of Rapid City – Base Plan**Summary of Benefits**

(Please refer to the handbook for more detailed benefits)

% Paid by
Delta Dental

- 50% **Diagnostic and Preventive Services** (Check-Ups and Routine Teeth Cleaning)
- Routine examinations - two per coverage year.
 - Routine dental cleaning (prophylaxis) - two per coverage year.
 - Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
 - Full mouth/panoramic x-rays - one in any five-year interval.
 - Fluoride applications - two per coverage year up to age 19.
 - Space maintainers (fixed, band type) on primary posterior teeth up to age 14.
 - Dental sealants - once for unrestored 1st and 2nd permanent molars of children up to age 16.
- 50% **Routine and Restorative Services** (Cavity Repair/Fillings and Tooth Extractions)
- Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.
 - Extractions and other oral surgery.
 - Emergency treatment for relief of pain.
- 50% **Endodontics** (Root Canals) and **Periodontics** (Gum and Bone Diseases)
- Root canals.
 - Treatment of diseases of the tissues supporting the teeth.
 - Periodontal maintenance cleanings.
- 50% **Major Services** (Crowns, Bridges, Dentures, and Implants)
- Crowns when teeth cannot be restored with another filling material.
 - Prosthetics - bridges, partial dentures, complete dentures, and implants.
- 50% **Orthodontics** (Braces)
- Treatment necessary for the proper alignment of teeth.
- Lifetime Orthodontic Benefit:** \$1,500 per person

Deductible: \$50 per person per coverage year not to exceed \$150 per family. The deductible does not apply to Diagnostic, Preventive, or Orthodontic Services.

Annual Maximum Benefit: \$1,500 per person per coverage year. All services (except Orthodontics) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

Coverage Year: January - December

New employees will be eligible on the first day of the month following employment.

Dependent children are covered to age 26. Unmarried dependent children who are full-time students are covered to age 29.

See other side for information on our Health *through* Oral Wellness® program.

Health *through* Oral Wellness®

Health *through* Oral Wellness® is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

If the assessment determines a member is at risk for tooth decay, additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If a member is at risk for periodontal (gum) disease, has periodontal disease or has had periodontal surgery, the member will be eligible for two additional cleanings* and two fluoride treatments.

If a member has any of the following health conditions, they are eligible for additional benefits.

- Diabetes (2 additional cleanings*)
- High-risk cardiac care (2 additional cleanings*)
- Kidney failure or dialysis (2 additional cleanings*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings* and 2 applications of fluoride varnish)
- Suppressed immune system (2 additional cleanings* and 2 applications of fluoride varnish)
- Rheumatoid arthritis (2 additional cleanings*)
- Stroke (2 additional cleanings*)
- Pregnancy (1 additional cleaning* during the time of pregnancy)

** Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are typically covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category.*



Delta Dental of South Dakota
Group #2499

City of Rapid City – Premium Plan

Summary of Benefits

(Please refer to the handbook for more detailed benefits)

% Paid by
Delta Dental

100% Diagnostic and Preventive Services (Check-Ups and Routine Teeth Cleaning)

- Routine examinations - two per coverage year.
- Routine dental cleaning (prophylaxis) - two per coverage year.
- Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
- Full mouth/panoramic x-rays - one in any five-year interval.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers (fixed, band type) on primary posterior teeth up to age 14.
- Dental sealants - once for unrestored 1st and 2nd permanent molars of children up to age 16.

80% Routine and Restorative Services (Cavity Repair/Fillings and Tooth Extractions)

- Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

80% Endodontics (Root Canals) and **Periodontics** (Gum and Bone Diseases)

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.
- Periodontal maintenance cleanings.

50% Major Services (Crowns, Bridges, Dentures, and Implants)

- Crowns when teeth cannot be restored with another filling material.
- Prosthetics - bridges, partial dentures, complete dentures, and implants.

50% Orthodontics (Braces)

- Treatment necessary for the proper alignment of teeth.

Lifetime Orthodontic Benefit: \$1,500 per person

Deductible: \$25 per person per coverage year not to exceed \$75 per family. The deductible does not apply to Diagnostic, Preventive, or Orthodontic Services.

Annual Maximum Benefit: \$1,500 per person per coverage year. All services (except Orthodontics) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

Coverage Year: January - December

New employees will be eligible on the first day of the month following employment.

Dependent children are covered to age 26. Unmarried dependent children who are full-time students are covered to age 29.

See other side for information on our Health *through* Oral Wellness® program.

Health *through* Oral Wellness®

Health *through* Oral Wellness® is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

If the assessment determines a member is at risk for tooth decay, additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If a member is at risk for periodontal (gum) disease, has periodontal disease or has had periodontal surgery, the member will be eligible for two additional cleanings* and two fluoride treatments.

If a member has any of the following health conditions, they are eligible for additional benefits.

- Diabetes (2 additional cleanings*)
- High-risk cardiac care (2 additional cleanings*)
- Kidney failure or dialysis (2 additional cleanings*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings* and 2 applications of fluoride varnish)
- Suppressed immune system (2 additional cleanings* and 2 applications of fluoride varnish)
- Rheumatoid arthritis (2 additional cleanings*)
- Stroke (2 additional cleanings*)
- Pregnancy (1 additional cleaning* during the time of pregnancy)

** Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are typically covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category.*

	<u>Base Plan #2688</u>	<u>Premium Plan #2499</u>
Diagnostic and Preventive Services Examinations, X-rays, Cleanings, Fluoride Treatments, Space Maintainers, and Dental Sealants	50%	100%
Routine and Restorative Services Fillings, Extractions, Oral Surgery and Emergency Treatment	50%	80%
Endodontics and Periodontics Root Canals, Gum and Bone Diseases, and Periodontal Maintenance Cleanings	50%	80%
Major Services Crowns, Bridges, Dentures, and Implants	50%	50%
Annual Deductible	\$50/\$150	\$25/\$75
Annual Maximum Benefit per person All services (except Orthodontics) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.	\$1,500	\$1,500
Orthodontics (Braces)	50%	50%
Lifetime Orthodontic Benefit	\$1,500	\$1,500
Coverage Year January - December		

New employees will be eligible on the first day of the month following employment.

Dependent children are covered to age 26. Unmarried dependent children who are full-time students are covered to age 29.

The deductible does not apply to Diagnostic and Preventive Services or Orthodontics. No family pays more than three deductibles per coverage year.

Health *through* Oral Wellness®

Health *through* Oral Wellness® is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

If the assessment determines a member is at risk for tooth decay, additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If a member is at risk for periodontal (gum) disease, has periodontal disease or has had periodontal surgery, the member will be eligible for two additional cleanings* and two fluoride treatments.

If a member has any of the following health conditions, they are eligible for additional benefits.

- Diabetes (2 additional cleanings*)
- High-risk cardiac care (2 additional cleanings*)
- Kidney failure or dialysis (2 additional cleanings*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings* and 2 applications of fluoride varnish)
- Suppressed immune system (2 additional cleanings* and 2 applications of fluoride varnish)
- Rheumatoid arthritis (2 additional cleanings*)
- Stroke (2 additional cleanings*)
- Pregnancy (1 additional cleaning* during the time of pregnancy)

** Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are typically covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category.*

Questions?

Call our contact center at 1-877-841-1478.

Find an In-Network Dentist

Go to www.deltadentalsd.com. Click on "Find a Dentist" and select your plan – "Delta Dental Premier".

City of Rapid City Basic Option

Group ID: 60790-1527
Effective Date: January 1, 2020
Plan ID: 050130FZ

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$15 copay	Up to \$25
Bifocal	Covered in full after \$15 copay	Up to \$40
Trifocal	Covered in full after \$15 copay	Up to \$50
Lenticular	Covered in full after \$15 copay	Up to \$80
Preferred Pricing Options		
Level 1 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 (Covered in full up to age 19)	N/A (Up to \$10 for ages up to 19)
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
PLAN DETAILS		
Contribution	Voluntary	
Frequency		Rates
Eye Exam	Once every 12 month	EO \$10.14
Lenses	Once every 12 month	E1 \$17.74
Frame	Once every 24 month	EF \$26.35
Contact Lenses	Once every 12 month	

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Policy #: VC-16, Form M-9059

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:

www.avesis.com

Customer Service:

800-828-9341

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:

877-712-2010

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.

City of Rapid City Enhanced Option

Group ID: 60790-1527
Effective Date: January 1, 2020
Plan ID: 065130EZ-L5

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$25 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$65 wholesale allowance up to \$175 retail value	Up to \$55
Standard Spectacle Lenses		
Single Vision	Covered in full after \$25 copay	Up to \$25
Bifocal	Covered in full after \$25 copay	Up to \$40
Trifocal	Covered in full after \$25 copay	Up to \$50
Lenticular	Covered in full after \$25 copay	Up to \$80
Preferred Pricing Options		
Level 5 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	Covered in Full	Up to \$40
Level 2 Progressives	\$120	Up to \$40
All Other Progressives	\$120 allowance + 20% discount	Up to \$40
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
Contact Lenses † (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
PLAN DETAILS		
Contribution	Voluntary	
Frequency		Rates
Eye Exam	Once every 12 month	EO \$13.10
Lenses	Once every 12 month	E1 \$23.24
Frame	Once every 24 month	EF \$34.73
Contact Lenses	Once every 12 month	

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$82. At participating Costco locations, retail pricing is \$69.99.

†Prior Authorization is required for medically necessary contacts.

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Policy #: VC-16, Form M-9059

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:

www.avesis.com

Customer Service:

800-828-9341

7:00 a.m. to 8:00 p.m. EST

LASIK Provider:

877-712-2010

HERE'S HOW IT WORKS

When you need to see an eye care professional, simply visit www.avesis.com or contact Avësis' Customer Service Monday through Friday, 7:00 a.m. to 8:00 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pairs of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
 - a. provided free of charge in the absence of insurance
 - b. payable under any Workers' Compensation law or similar statutory authority
 - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

2020 Avesis Low/Basic Option

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	RELIABLE & DEPENDABLE
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35	
MATERIALS*	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable)		Avesis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45	
Standard Spectacle Lenses			The Avesis vision care products give our members an easy-to-use wellness benefit that provides excellent value.
Single Vision	Covered in full after \$15 copay	Up to \$25	
Bifocal	Covered in full after \$15 copay	Up to \$40	
Trifocal	Covered in full after \$15 copay	Up to \$50	
Lenticular	Covered in full after \$15 copay	Up to \$80	
Preferred Pricing Options			
Level 1 Lens Option Package			
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 (Covered in full up to age 19)	N/A (Up to \$10 for ages up to 19)	
Standard Scratch-Resistant Coating	\$17	N/A	
Ultra-Violet Screening	\$15	N/A	
Solid or Gradient Tint	\$17	N/A	
Standard Anti-Reflective Coating	\$45	N/A	
Level 1 Progressives	\$75	Up to \$40	
Level 2 Progressives	\$110	Up to \$40	
All Other Progressives	\$50 allowance + 20% discount	Up to \$40	
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A	
Polarized	\$75	N/A	
PGX/PBX	\$40	N/A	
Other Lens Options	Up to 20% Discount	N/A	
Contact Lenses † (In lieu of frame and spectacle lenses)			
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110	
Medically Necessary	Covered in full	Up to \$250	
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance	
PLAN DETAILS			
Contribution	Voluntary		
Frequency		Rates	
Eye Exam	Once every 12 month	EO \$10.14	
Lenses	Once every 12 month	E1 \$17.74	
Frame	Once every 24 month	EF \$26.35	
Contact Lenses	Once every 12 month		

Discounts are not insured benefits.

*At participating Walgreens® locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.



Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

EO = Employee Only
E1 = Employee + One
E5 = Employee + Spouse
EC = Employee + Child(ren)
EF = Employee + FAM

How can we help you?
Avesis Website:
www.avesis.com
Customer Service:
800-828-9341
7:00 a.m. to 8:00 p.m. EST
LASIK Provider:
877-712-2010

2020 Avesis Enhanced Option

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	RELIABLE & DEPENDABLE
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35	
MATERIALS*	\$25 copay (Materials copay applies to frame or spectacle lenses, if applicable)		Avesis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$65 wholesale allowance up to \$175 retail value	Up to \$55	
Standard Spectacle Lenses			The Avesis vision care products give our members an easy-to-use wellness benefit that provides excellent value.
Single Vision	Covered in full after \$25 copay	Up to \$25	
Bifocal	Covered in full after \$25 copay	Up to \$40	
Trifocal	Covered in full after \$25 copay	Up to \$50	
Lenticular	Covered in full after \$25 copay	Up to \$80	
Preferred Pricing Options			
Level 5 Lens Option Package			
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10	
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5	
Ultra-Violet Screening	Covered in Full	Up to \$6	
Solid or Gradient Tint	Covered in Full	Up to \$4	
Standard Anti-Reflective Coating	Covered in Full	Up to \$24	
Level 1 Progressives	Covered in Full	Up to \$40	
Level 2 Progressives	\$120	Up to \$40	
All Other Progressives	\$120 allowance + 20% discount	Up to \$40	
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A	
Polarized	\$75	N/A	
PGX/PBX	\$40	N/A	
Other Lens Options	Up to 20% Discount	N/A	
Contact Lenses † (In lieu of frame and spectacle lenses)			
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110	
Medically Necessary	Covered in full	Up to \$250	
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance	
PLAN DETAILS			
Contribution	Voluntary		
Frequency		Rates	
Eye Exam	Once every 12 month	EO \$13.10	
Lenses	Once every 12 month	E1 \$23.24	
Frame	Once every 24 month	EF \$34.73	
Contact Lenses	Once every 12 month		

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

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LASIK Provider:
877-712-2010

City of Rapid City Life Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Your employer provides you with Basic Term Life and AD&D insurance coverage in the amount of \$35,000.

Supplemental Term Life Insurance Coverage Options

For Your Spouse	\$10,000
For Your Dependent Children*	\$5,000

*Child(ren)'s Eligibility: Dependent children ages from birth to 21 years old, or 25 years old if a child is a full-time student, are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Once Enrolled, You have Access to MetLife AdvantagesSM - Services to Help Navigate What Life May Bring

Grief Counseling¹ *To help you, your dependents, and your beneficiaries cope with loss*

You, your dependents, and your beneficiaries have access to grief counseling¹ sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.¹ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at www.metlife.com/funeralguide.

Funeral Discounts and Planning Services²

Ensuring your final wishes are honored

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States. When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Beneficiary Claim Assistance³

For support when beneficiaries need it most

This program is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for Massachusetts Mutual Life Insurance Company (Mass Mutual) financial professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and help with financial questions.

Life Settlement Account⁴

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

WillsCenter.com⁵

Self-service online legal document preparation

Employees and spouses have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Digital Storage⁶

MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of affiliation with MetLife. MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using MetLife Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you've captured your digital legacy, MetLife Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access MetLife Infinity, visit <https://metlifeinfinity.com> to register and learn more.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option⁷

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your basic term life and personal AD&D insurance premium until you reach age 70, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The waiver of premium will end when you turn age 70, reach your normal social security retirement age, die, or recover. Please note that this benefit is is not available on dependent coverage.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Please note that a reduction schedule may apply. Please see your plan administrator or certificate for specific details.

Accidental Death & Dismemberment (AD&D) coverage complements your Basic and Supplemental Life insurance coverage and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips.

MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Air Bag
- Seat Belt
- Common Carrier

What Is Not Covered by AD&D?

AD&D insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard;; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Additional Coverage Information

How To Apply*

Complete your enrollment form and return it to your Human Resources Manager today! Be sure to indicate your Beneficiary.

Act Now During the Enrollment Period.

Note: If you do not wish to make a change to your coverage, you do not need to do anything.

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits.

For Dependent Coverage[†]

You must be covered in order to obtain coverage for your spouse and child(ren).

Your spouse and dependent children do not need to provide medical information as long as s/he/they have not been hospitalized at the enrollment date, and:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse and child(ren) in the last year.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse and eligible children's coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic coverage, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

¹ Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

² Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

³ MetLife administers this program, but has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) to have specially-trained financial professionals offer financial education and, upon request, provide personal guidance to employees and former employees of companies providing this program through MetLife..

⁴ The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

⁵ WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

⁶ MetLife Infinity is offered by MetLife Corporate Services, Inc., an affiliate of Metropolitan Life Insurance Company.

⁷ The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and City of Rapid City and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse reaches age 70. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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LI-ALL-SUPP

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child’s birth or placement);
- To care for the employee’s spouse, child, or parent who has a qualifying serious health condition;
- For the employee’s own qualifying serious health condition that makes the employee unable to perform the employee’s job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee’s spouse, child, or parent.

An eligible employee who is a covered servicemember’s spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer’s normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual’s FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee’s worksite.

*Special “hours of service” requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days’ advance notice of the need for FMLA leave. If it is not possible to give 30-days’ notice, an employee must notify the employer as soon as possible and, generally, follow the employer’s usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee’s need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

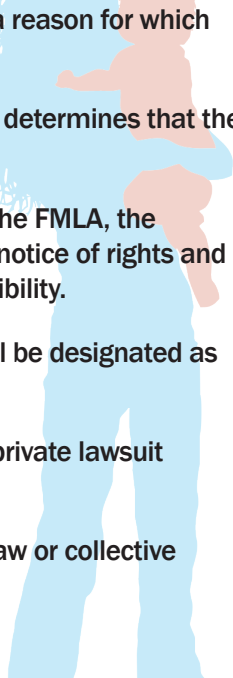
Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

EMPLOYER RESPONSIBILITIES

ENFORCEMENT



For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

