

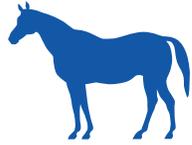
LEXINGTON

2021 EMPLOYEE BENEFITS OVERVIEW

Jan 1, 2021 – Dec 31, 2021



The contents of this booklet are intended for general information purposes only. It is not to be relied upon as a summary plan description or for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



LEXINGTON

Welcome!

What a challenging year 2020 has been so far and we are already approaching our open enrollment time frame for the 2021 plan year. This new plan year is bringing with it some very good news. We are excited to announce that there will be no rate increases for employees, changes in plan designs, or changes in benefit levels offered for any of our four medical plans as well as our dental and vision plans. The benefits and premium terms as outlined in the voluntary plans will remain the same as well. Essentially, what this means is that all plans will remain the same for the coming year.

In addition, we are offering a “passive” enrollment this year. In other words, all of your elections will automatically remain the same, unless you want to make a change during open enrollment. However, **there is one notable exception:**

- If you want to enroll or re-enroll in the medical or dependent care Flexible Spending Accounts (FSA), you must make an election during this upcoming open enrollment for the 2021 plan year. This is an IRS regulation and we cannot carry forward your last year’s FSA election.

Accordingly, and in summary please note, you have a right to change any and all your elections, including your tobacco credit election at open enrollment should you choose to do so. Otherwise, with the exception of the FSA, all other elections will remain the same without any action required on your part.

One important reason we were able to hold our rates the same this year for the second year in a row, is the high utilization of our Samuel Brown Health Center (SBHC) and the City Employee Pharmacy. By using these facilities it not only helps the LFUCG avoid costs but it also is a real cost saver for employees. It truly is a substantial benefit and it is great to see that even more employees are taking advantage of the Center each year. We believe our health center proves that the LFUCG is going above and beyond the standard healthcare delivery system. Marathon Health and OnSite Rx provide gold standard models in healthcare complete with highly regarded staffs at both the Samuel Brown Health Center led by Dr. Michael Huang and the City Employee Pharmacy led by registered pharmacist Ashley Stewart. If you’re not already using the Center now, we highly encourage you to give it a try. Please be advised that we are offering telehealth at the SBHC at the patients’ request. We are also only offering telehealth services currently for patients with respiratory conditions and curbside delivery at the On Site Employee Pharmacy for all prescriptions.

These temporary measures have been put in place for your safety as well as the safety of our medical staffs. Thank you for your understanding and cooperation. As a side note, we will be moving the location of the Samuel Brown Health Center and City Employee Pharmacy due to our lease expiring at the current location. We hope to be able to formally announce the new location soon and expect the move to occur sometime during the first half of next year.

This year, and due to COVID-19 and since there are no changes in our various plans, we will not have a benefits fair. If you have any questions about your benefits, please contact the Human Resources Benefits Section.

The benefits and programs described in this overview are a significant component of your overall compensation package. You may not think of your benefits every time you receive a paycheck, but we know they are very important to you and certainly are one of LFUCG’s greatest investments.

This booklet contains highlights of the benefits offered by the LFUCG beginning January 1, 2021 through December 31, 2021. Human Resources, BIM Group and Star Robbins & Company will be assisting employees again this year but at limited locations to be announced due to COVID-19. Rest assured Star Robbins and Company will also be available by phone along with our Human Resources Benefits team and members of the BIM Group to provide guidance and support during your enrollment process for those needing assistance to make changes to their 2021 benefit elections.

We are working very hard to ensure our employees can stay as safe as possible during the period of this pandemic. We have put in place throughout the government many measures for the safety of employees and we will continue to evaluate and make changes to those safety initiatives as appropriate. Thank you for your continued understanding, support and cooperation with our efforts to mitigate the spread of COVID-19.

Best wishes for a happy and healthy upcoming holiday season and a much better New Year ahead!

John Maxwell

Director, Division of Human Resources

Eligibility

Full time employees are eligible for all benefits outlined in this summary on the first of the month following your date of hire. Eligible employees may elect to cover a spouse, dependent or qualified adult. All new employees must provide proof of dependents' eligibility to enroll.

A qualified adult is defined as a person of the same or opposite sex who meets the following criteria (See HR for Affidavit and required documentation):

- Age 18 or older.
- Not related to the employee.
- Must reside with employee for at least 12 months prior to enrollment.
- Agree to inform LFUCG within 30 days of any change in the circumstances attested to in the affidavit.
- Must be unmarried.
- Financially interdependent with the covered employee for at least twelve (12) months & will certify, via an affidavit signed by both the Qualified Adult and the employee, that at least two (2) of the following conditions have existed for twelve (12) months. (choose one (1) from the left column & one (1) from the right column). See chart below.

Joint ownership of real estate property or joint tenancy on a residential lease	Will designating the eligible Qualified Adult as primary beneficiary
Joint ownership of an automobile	Retirement plan or life insurance policy beneficiary designation form designating the eligible Qualified Adult as primary beneficiary
Joint bank or credit account	Durable power of attorney signed to the effect that the employee and eligible Qualified Adult have granted powers to one another
Joint liabilities	Adoption papers or legal guardianship identifying the employee and Qualified Adult as the joint adopting individuals or joint legal guardians
Joint utility account	



Qualifying Events

The LFUCG offers an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to FSA accounts and/or certain supplemental policies to be deducted from your paycheck on a pre-tax basis.

Plan changes cannot be made after open enrollment without a change in family status or qualifying event that is consistent with the IRS guidelines. A change in family status allows you to add or remove dependents from your plan but does not allow you to change from one plan to another. Some examples of qualifying events are:

- Legal marital status changes: Marriage, divorce, death of a spouse (copy of marriage certificate, copy of final court divorce decree or death certificate required).
- Cancellation of dependent coverage due to dependent ineligibility: Dependent gains or loses coverage under another plan.
- Birth or adoption of a child (copy of birth certificate or adoption papers required).
- Change in employment status from part-time or temporary to full-time.
- Change in employment status (full-time to part-time or temporary) or termination of employment.
- Loss of coverage under spouse's employer plan due to a spouse's death, termination of employment, divorce or loss of eligibility for other coverage
- Qualified medical child support court order (documents required).

CHANGES IN FAMILY STATUS MUST BE REPORTED TO HR WITHIN 30 DAYS OF THE QUALIFYING EVENT IN ORDER TO MAKE A PLAN CHANGE.



Dr. Samuel Brown Health Center



The Dr. Samuel Brown Health Center is a **ZERO-COST** alternative to office visit copays (certain lab costs will be extra). The Health Center provides a variety of health & wellness services similar to any doctor's office, but with no copays*! In addition to primary and acute care, the Center offers Health Coaching for those individuals looking to succeed with long term goals such as weight loss, health improvement or smoking cessation.

Who staffs the Center?

The Center has a full-time clinical staff of seven, including a physician, three physician assistants, three medical assistants and a receptionist.

Who can use the Center?

The Center is open to all LFUCG employees, Police and Fire retirees and dependents age 2 and older who are enrolled in an LFUCG 2021 Preferred Provider Organization (PPO) plan or High Deductible Health Plans (HDHP/HSA).



Dr. Michael Huang
Medical Director

City Employee Pharmacy

The City Employee Pharmacy is available to all employees and their dependents that are enrolled on the 2021 LFUCG PPO or HSA health plans. Medications through the on-site pharmacy are offered at wholesale cost.

Located inside the Dr. Samuel Brown Health Center at 100 Trade Street, Suite 145.

Phone: 859-367-4990 **Fax:** 859-367-4993

Pharmacy Hours:

Monday through Thursday – 8:30 a.m. – 6:00 p.m.

Friday – 8:30 a.m. – 4:00 p.m.

Saturday – 8:30 a.m. – noon

Closed – 1:30 p.m. – 2:00 p.m. for lunch everyday

Prescribing Physicians do not have to be with the Health Center. The City Employee Pharmacy will fill a prescription from any healthcare provider authorized to prescribe in the Commonwealth of Kentucky.

Transferring Prescriptions can be done by calling or faxing your prescription information (found on your prescription label) to the City Employee Pharmacy.

Government Center Delivery Service is Available.

Tuesdays & Thursdays - 11am to 1pm
(subject to change, see intranet)



Dr. Samuel Brown Health Center

How do I schedule my appointments?

To schedule appointments you can call the Center at **(859) 425-2555** or schedule your appointment online at marathon-health.com/myphr.

***Laboratory tests:** You may incur charges for laboratory services. This will depend on your health plan and the terms of coverage that are applied.

Location:

100 Trade St. Suite 145
Lexington, KY 40511

Hours:

Monday, Wednesday & Friday: 8 a.m. – 5 p.m.
Tuesday & Thursday: 8 a.m. – 7 p.m.
Saturday: 8 a.m. – Noon

Marathon Health Virtual Visits

We're excited to announce virtual care visits, which are a private and secure way to meet with your Marathon Health provider through video and/or phone.

Schedule a Virtual Visit today on the eHealth Portal at my.marathon-health.com or by downloading the Marathon Health Mobile App.

If you have questions, or your desired virtual appointment is not available, call The Samuel Brown Center at **859-425-2555**.



Marathon
*health*TM
For life.

Medical Benefits

Your medical coverage is designed to help promote good health and protect you and your family from major financial hardships in the event of illness or injury. Anthem of Kentucky is your health insurance carrier.

Each health plan offered has unique features. You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you. See medical summary below.

Take Advantage of Preventive Care Benefits

Preventive care is covered in full when performed in a preventive capacity by an in-network provider. The types of tests or procedures typically covered as preventive may include mammograms, pap smears, prostate specific antigen (PSA) tests, colonoscopies, and preventive screenings for newborns and children. Some testing may have age or gender requirements.



LFUCG Health Plan Comparisons January 1 - December 31, 2021



Note: Vision coverage is no longer included in the medical plan. See page 11 for Vision coverage options.

Anthem In-Network Plan Design	Traditional Plans		Health Savings Account Eligible	
	PPO 1	PPO 2	HSA 1	HSA 2
Calendar Year Annual Deductible	\$500 Individual \$1,000 Family	\$2,000 Individual \$4,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Coinsurance (Plan / Member)	80% / 20%	80% / 20%	100% / 0%	80% / 20%
Medical Maximum Out-of-Pocket (includes deductible, medical copays and coinsurance)	\$1,500 Individual \$3,000 Family	\$4,500 Individual \$9,000 Family	\$3,000 Individual \$6,000 Family	\$5,250 Individual \$10,500 Family
Rx Maximum Out-of-Pocket	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	Included in Med Max Out-of-Pocket	Included in Med Max Out-of-Pocket
Covered Services	Member Cost Share			
Samuel Brown Wellness Center	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Office Visit	\$15 Copay ¹	\$30 Copay ¹	Deductible + 0%	Deductible + 20%
Specialist Office Visit	\$30 Copay ¹	\$60 Copay ¹	Deductible + 0%	Deductible + 20%
Preventive Care	Covered in full	Covered in full	Covered in full	Covered in full
Urgent Care	\$60 Copay ¹	\$100 Copay ¹	Deductible + 0%	Deductible + 20%
Emergency Room	Deductible + 20%	Deductible + 20%	Deductible + 0%	Deductible + 20%
Inpatient Facility Services	Deductible + 20%	Deductible + 20%	Deductible + 0%	Deductible + 20%
Outpatient Services	Deductible + 20%	Deductible + 20%	Deductible + 0%	Deductible + 20%
Rx Drug Copay	\$10 / \$30 / \$60 ² 25% (\$100 max Rx)	\$10 / \$30 / \$60 ² 25% (\$100 max Rx)	Deductible + 0%	Deductible + 20%
City Pharmacy Rx Drug Copay	\$3 / \$15 / \$30 ² 25% (\$50 max Rx) ³	\$3 / \$15 / \$30 ² 25% (\$50 max Rx) ³	Deductible + 0%	Deductible + 20%
Annual LFUCG HSA Contribution	N/A	N/A	\$500 Indiv. ⁴ \$1,000 ES/EC/F	\$1,000 Indiv. ⁴ \$1,000 ES/EC/F

NOTE: Dependents covered to age 26.

¹ Medical copayments accumulate toward the Medical maximum out-of-pocket.

² Rx copayments go toward the Pharmacy maximum out-of-pocket which accumulates separately from the Medical maximum out-of-pocket.

³ Some Specialty medications (Tier 4) may not be available at the City Pharmacy.

⁴ LFUCG contributions will be deposited half in January and half in July.

PPO vs. HSA Medical Plans...What is the Difference?

The information below provides key definitions and a review of how PPO and HSA medical plans function. Both plans cover the same network of providers and the same services but how you pay for your share of expenses is handled differently. The benefit summary grid will outline your out-of-pocket expenses and the benefit period specific to your plan.

PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- When you use services such as MRIs, CT Scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met, services are covered in full by the plan for the entire family until the end of the benefit period.

HSA MEDICAL PLAN

- **Copays:** Generally, HSA medical plans do not feature copays for medical or pharmacy services. Instead, you are responsible for the amount of the claim, after the carrier has applied all applicable discounts, and the entire claim will be applied toward your deductible.
- **Deductible:** The full deductible on your HSA medical plan must be met before your plan begins to pay. **All out-of-pocket medical and prescription expenses apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay, during a benefit period, and includes all deductible, copays, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum is met services are paid in full by the plan for the entire family until the end of the benefit period.

HealthEquity® / HSA Help Center

If you need help with your claims status, card swipes, account balance, or eligible expenses contact the HealthEquity Help Center. They are available every hour of every day at the phone number listed on your card or: **866-346-5800**.

You can also view your personal Health Savings Account Information on line at **myHealthEquity.com**... click 'begin now'. The site will walk you through the initial set up of your account.

After your first site visit, you can log in to **myHealthEquity.com** with the user name and password that you set up previously.

For general HSA information, go to **HealthEquity.com/LFUCG**.

Medical Plan Decision Tool

Trying to decide which medical plan is best for you? Check out the Decision Tool provided by HealthEquity. Your employer health plans and payroll deductions have been pre-loaded. You just select the plans and scenarios you would like to evaluate. You'll be shown side-by-side plan comparisons and tax saving opportunities.

This plan comparison tool offers personalized insight into your benefits and provides useful data so you can make informed decisions regarding your health plan selection.

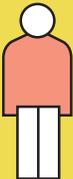
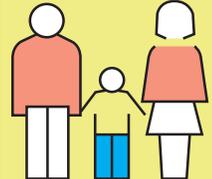
<https://comparemyhsa.com/LFUCG>

IN THE EVENT OF AN IRS AUDIT you will need to provide all receipts for withdrawals made from the HSA Account to verify that they were Qualified Medical Expenses.

Please note that it is ultimately your responsibility to provide the IRS with evidence of the expense if audited. The item(s) you purchase with the debit card may process to pay at the point of purchase, but the item(s) may not be an IRS qualifying expenditure.

Health Savings Account (HSA)

If you elect the HSA Medical Plan, you may contribute money into a Health Savings Account (HSA). **This is a personal bank account designed to allow you to save pre-tax dollars for current and future medical expenses. Money in this account is always yours and unused funds roll over year after year providing savings for future medical expenses.** Even though there is no limit to the amount of money you can accumulate in your account, there are annual contribution limits set each year by the IRS. The contribution limits are based on who you are covering under your medical plan. The contribution limits for January 1st – December 31st are as follows and are subject to change, per IRS regulations.

		
Single Medical Plan	Medical Plan with Dependents	Over Age 55
\$3,600 Annual Contribution Limit	\$7,200 Annual Contribution Limit	Additional \$1,000 Annual Catch Up Contribution

HSA 1: We contribute \$500 (Single) and \$1,000 (w/ dependents) to your Health Savings Account;

HSA 2: We contribute \$1,000 (Single or w/dependents) to your Health Savings Account.

Contributions will be deposited half in January and half in July.

HealthEquity®

We have chosen **HealthEquity** as the administrator for Health Savings Accounts. Upon initial election of the HSA Medical Plan, a Health Savings Account will automatically be opened for you and a debit card will be mailed to the address on file. Upon receipt, you must activate your card as instructed. Your debit card can be used as soon as funds are available in the account.



HEALTH SAVINGS ACCOUNT
4000 1234 5678 9010
Valid Thru 05/20
LEE CARDHOLDER
DEBIT
VISA

HSA

FREQUENTLY ASKED QUESTIONS

What expenses are covered?

- Out-of-pocket expenses for medical, dental, vision, pharmacy, and over-the-counter medical items. For a complete listing of covered items, please visit your HSA medical plan administrator's website.

Who is eligible to contribute to a Health Savings Account?

- **You are eligible** if you have enrolled in an HSA- eligible medical plan and you **do not** have PPO coverage in addition to your HSA Medical Plan.
- **You are NOT eligible** for a Health Savings Account if you (or your spouse) contribute to a General-Purpose Flexible Spending Account (FSA).
- **You are NOT eligible** for a Health Savings Account if you are enrolled in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare.

Who can I use the funds for?

- You can pay for qualified expenses for yourself, your spouse, and dependent children, even if they are not covered on your insurance plans.

Can I change my contributions throughout the year?

- Yes. You are not required to encounter a Qualifying Event to adjust your HSA contribution amount. Contact HR for more details and/or limitations on when changes to HSA contributions deducted through payroll should be reported.

What if I move to a PPO medical plan next year?

- Once funds are deposited into the HSA, the account can be used to pay for qualified expenses tax-free, even if you are no longer covered by an HSA- eligible medical plan. Please note, additional funds cannot be contributed into the account if you are not enrolled in an HSA-eligible medical plan.

What if I incur more expenses than I have funds available in my account?

- If you do not have sufficient HSA funds to pay for an eligible expense, you will need to issue payment by some other means. However, as funds accumulate in your HSA, you can reimburse yourself for those expenses provided the account was open on or before the date the expense was incurred. You will be required to provide the receipt(s) showing proof of payment.



Healthcare Flexible Spending Accounts (FSA)

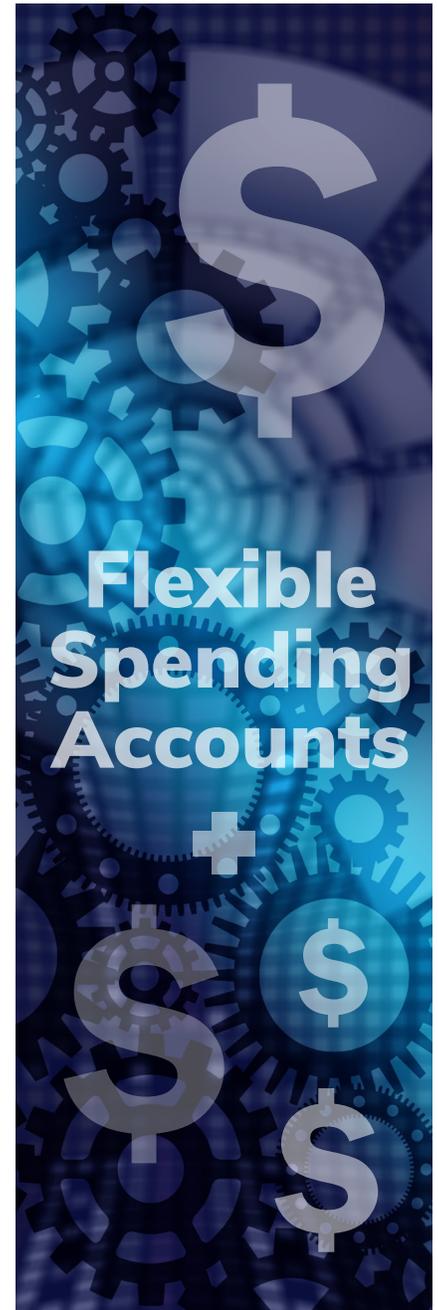
Flexible Spending Accounts (FSAs) offer you the opportunity to payroll deduct some of your income on a **pre-tax basis** to pay for certain healthcare expenses that may not be covered as part of your benefit plans. In addition to the pre-tax savings benefit, your total election amount will be available at the beginning of the plan year! You will “pay back” the program with future paycheck deductions.

Healthcare Flexible Spending Account Details	
Annual Contribution Limits (limits subject to change)	Up to \$2,750 You cannot make changes to election amount without a Qualifying Event
Medical FSA (Available with PPO Plans or stand-alone)	Qualified Expenses: Medical, Dental, Vision, Pharmacy, Over-the-Counter Medications
Debit Card Included	Yes
Plan Year	January 1 – December 31
2 ½ month extension to incur expenses from prior year	2 ½ months (March 15th)
Extension period to file claims from previous plan year	15 days after Extension Period (March 30th)
Termination of employment/Plan	90 days to request reimbursement

The Dependent Care Account (for use with either medical plan or stand-alone)
This account allows you to payroll deduct **tax-free dollars** to fund the daycare of children under the age of 13, or a disabled spouse, child, or parent. This account can be used for daycare, preschool, after school care, summer day camp or elder care.

The annual maximum contribution is \$5,000 for individuals or married couples filing jointly, or \$2,500 for married individuals filing separately. Married couples have a combined \$5,000 limit, even if each has access to a separate dependent care FSA. This account can only be used as the money accumulates from your paycheck and must be spent by the end of the Grace Period (March 15th) or will be forfeited. All claims must be filed by March 30th.

FSA Plan Elections (for either Healthcare or Dependent Care Accounts) do not roll over. You must re-enroll each year.



We have chosen Chard Snyder as the Administrator for your Healthcare Flexible Spending Account.

You can use the Benefit Card to pay for qualified services at your Doctor’s office, dentist, eye care professional and at your pharmacy.

You will receive two Chard Snyder Benefit Cards with your name on the front. Whoever signs the back of the card is the user of the card. Your card will automatically be reloaded each year until the expiration date.

As soon as you receive your card, call the toll-free number on the activation sticker, or visit the website. You can use both cards once the first card is activated.

Save your receipts to verify that your expenses comply with IRS guidelines. Most eligible expenses are approved automatically but you may be asked for copies to verify some of your purchases.



Say Hi to Sydney, Anthem's Mobile App

Meet **'Sydney'**, the mobile app that runs on intelligence and keeps pace with you!

Anthem's digital app **'Sydney'** provides a single, convenient location for a digital ID card, plan details, spending accounts, claims and more!

You now have advanced integrated help and support with click to chat features and the ability to schedule a call back.



Download the Sydney app at

Sydney's ON THE GO!



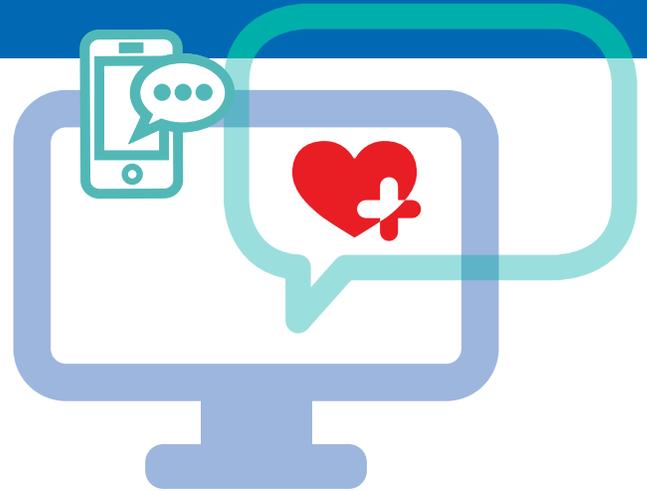
Visit the
BENEFITS
WEBSITE

Visit: lexingtonky.gov/benefits

You'll find summaries and contact information regarding:

- *medical benefits*
- *pharmacy benefits*
- *dental benefits*
- *vision benefits*
- *health savings account*
- *flexible spending account*
- *Dr. Samuel Brown Health Center*
- *City Employee Pharmacy*

A good alternative to an expensive emergency room visit for minor illnesses and injuries.



LiveHealth[®]
O N L I N E

See a doctor 24/7 on your smartphone, tablet, or computer.

LiveHealth Online is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

The cost for an online doctor visit is the same as the copay for an office visit under your PPO medical plan and less than a retail clinic visit on your HSA medical plan.

Behavioral Health Services are offered, by appointment, for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma, and other non-emergency behavioral health concerns.

Visit Livehealthonline.com or download the app.



Anthem 

Your Delta Dental Plan allows you access to two dental network options that are both considered **In-Network**: the PPO Network and the Premier Network. PPO and Premier Network providers agree to contracted amounts for their services, which prevents the provider from balance billing you for any amount that is discounted by Delta Dental.

To confirm if your provider participates with either the PPO or Premier Networks, you may contact Delta Dental (contact info provided at back of this booklet).

Which network is better? The PPO Network offers the deepest negotiated discounts, which results in more savings to you! The Premier Network includes more providers, but the discounts are not as deep as the PPO Network.

If you choose an out-of-network provider, dental services are paid by Delta Dental, but you may be subject to paying additional money, over what Delta Dental has paid, since this is not a contracted provider. This is called balanced billing.

Dental Benefits Summary

OPTION 1			
Dental Benefits	PPO Dentist	Premier Dentist	Out-of-Network Dentist*
Calendar Year Annual Dental Deductible	\$25 indiv. \$75 family		
Dental Maximum Benefit per Year (per member)	\$1,000 per covered person		
Orthodontia Lifetime Max	N/A		
Dependent Age Limit (end of birthday month)	Up to age 26		
Covered Services	Member Cost Share		
Diagnostic / Preventive Care (once every 6 mos) - Oral exams, cleanings, space maintainers - Brush Biopsy - X-rays - Emergency Care	No member cost	No member cost	No member cost
Basic Services (deductible applies) - Minor Restorative - Fillings & crown repair - Endodontics - root canals - Periodontic Services - Major Restorative - crowns - Oral Surgery Services - Relines and Repairs - to bridges, implants and dentures	No member cost	No member cost	No member cost
Major Services (deductible applies) - Prosthodontic Services - bridges, implants & dentures	No member cost	No member cost	No member cost
Dental Payroll Deductions - 26 Pay Periods			
Employee	\$15.58		
Employee + Spouse	\$30.07		
Employee + Child(ren)	\$28.82		
Family	\$46.57		

You can purchase the Dental Plan even if you are not on the health plans.

Dental Benefits Summary

OPTION 2			
Dental Benefits	PPO Dentist	Premier Dentist	Out-of-Network Dentist*
Calendar Year Annual Dental Deductible	\$25 indiv. \$75 family		
Dental Maximum Benefit per Year (per member)	\$2,500 per covered person		
Orthodontia Lifetime Max	\$1,000		
Dependent Age Limit (end of birthday month)	Up to age 26 (age 19 for Ortho benefits)		
Covered Services	Member Cost Share		
Diagnostic / Preventive Care (once every 6 mos) - Oral exams, cleanings, space maintainers - Brush Biopsy - X-rays - Emergency Care	No member cost	20%	20%
Basic Services (deductible applies) - Fillings & crown repair - Periodontic Services - Oral Surgery Services - Denture repair	20%	40%	40%
Major Services (deductible applies) - Endodontics - root canals - Crowns - Relines/rebase to dentures - Repair to bridges - Implant maintenance, repair and removal - Adjustments to complete or partial dentures - Bridges, implants and dentures	50%	50%	50%
Orthodontia Services - Braces	50%	50%	50%
Dental Payroll Deductions - 26 Pay Periods			
Employee	\$11.82		
Employee + Spouse	\$23.06		
Employee + Child(ren)	\$29.32		
Family	\$44.58		

Delta Dental Healthy Mouth, Healthy Body

Your Delta Dental plan now provides enhanced coverage for members with certain high-risk medical conditions. This enhanced coverage includes up to 4 routine teeth cleanings or periodontal maintenance cleanings per benefit period (rather than the standard 2) for those with the following at-risk conditions:



- Diabetes and periodontal (gum) disease
- Pregnancy and periodontal (gum) disease
- Those at risk for infective endocarditis
- Those undergoing dialysis
- Those with a compromised immune system

An enrollment form for this benefit can be found on your benefits website at lexingtonky.gov/benefits or by contacting Delta Dental at **800-955-2030** or www.deltadentalky.com.

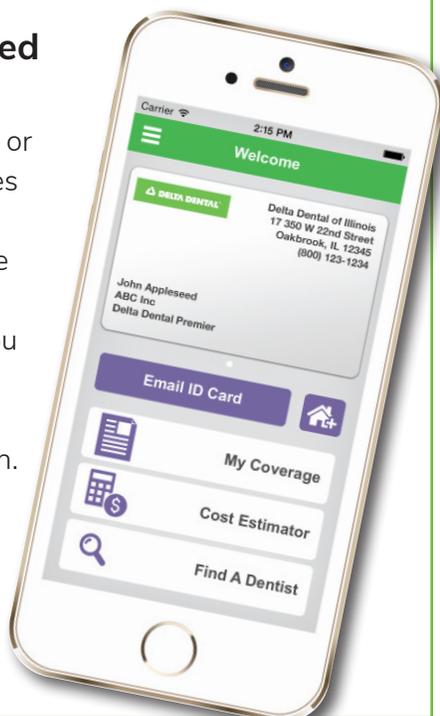


Delta Dental Mobile App

The Delta Dental Mobile App gives you access to dentist searches, claims and coverage information, ID cards and more!

Getting started is easy!

Visit either Apple or Google Play stores and search for Delta Dental. The link on the home screen will get you set up for secure viewing of your dental information.



Voluntary Vision Plans

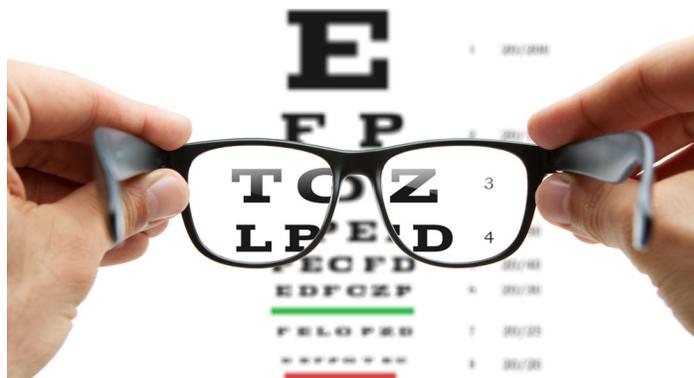
We are pleased to provide two comprehensive vision programs through EyeMed's **Select Network**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact EyeMed (contact info at back of this booklet). A brief description of benefits is provided here.



Vision Benefits Summary

In-Network ¹	EyeMed Base Plan	EyeMed Enhanced Plan
Copays		
Exams	\$5 Copay	\$5 Copay
Lens Coverage		
Single Vision Lenses	\$5 Copay	\$5 Copay
Lined Bifocal Lenses	\$5 Copay	\$5 Copay
Lined Trifocal Lenses	\$5 Copay	\$5 Copay
Frames	\$0 Copay, \$110 allowance then 20% off remaining balance	\$0 Copay, \$200 allowance then 20% off remaining balance
Contact Lenses		
Elective	\$0 Copay, \$110 allowance, then 15% off remaining balance	\$0 Copay, \$200 allowance then 15% off remaining balance
Disposable	\$0 Copay, \$110 allowance	\$0 Copay, \$200 allowance
Medically Necessary	Covered in full	Covered in full
Service Frequency		
Exam	12 Months	12 Months
Lenses	12 Months	12 Months
Frames	12 Months	12 Months
Payroll Deductions - 26 Pay Periods		
Employee	\$2.89	\$4.57
Employee + Spouse	\$5.45	\$8.61
Employee + Child(ren)	\$5.74	\$9.07
Family	\$8.40	\$13.27

1. For a complete listing of covered services, see the carrier's Certificate of Coverage and/or plan document. Please note the summary above is for In-Network benefits only.





Group Life & AD&D Benefits

BASIC TERM LIFE INSURANCE and ACCIDENTAL DEATH & DISMEMBERMENT

- ▶ \$25,000 – Bargaining Police, Fire and Corrections Employees
- ▶ \$20,000 – Non-bargaining Employees
- ▶ Coverage reduces by 50% @ age 70



- This year only, employee optional life insurance, through Prudential, is available on a Guarantee Issue basis (meaning no medical questions will be asked).
- Life insurance for dependents may not exceed 50% of the employee benefit.



Voluntary Supplemental Plans for 2021

Why should I consider Supplemental Plans?

These plans are designed to pay direct to you and help provide peace of mind during medical life events. There are many different supplemental plans available. LFUCG has three available categories of Supplemental benefits; “Life Insurance Plans”, “Medical Related Plans”, and “Disability Income Plans”.

Life Insurance Supplemental Plans

Some products offer Guaranteed Issue during your initial eligibility or open enrollment. Guaranteed Issue means coverage is available without the required medical questions and underwriting review. Some plans will have a 12/12 lookback period. Talk to your Star Robbins & Company Benefit Educators for more details.

▶ Trustmark’s Universal Life Events with Long Term Care



With the Universal Life Events coverage, benefits can be paid as death benefits or living benefits, or a combination of both. This coverage is flexible to meet your needs and budget.

▶ ManhattanLife: Whole Life Coverage - Voluntary Whole Life Coverage

Why do I need Whole Life coverage?

Whole life coverage is a simple, voluntary policy you can get at a reasonable cost during your working years, when you and your family need it most. It’s also a benefit that can stay in place when it’s time for retirement. Features include: Level Premiums, Guaranteed renewable, Accumulated Cash Value, and Death Benefit and Cash Value are guaranteed. You can keep your plan and continue to pay premiums even if you change employers.



▶ Level Term Life Coverage: 10 Year or 20 Year



Why Do I need Term Life coverage?

Term Life gives you protection for a defined period of 10 or 20 years, and can supplement any other life plan you may have in place. You can keep your plan and continue to pay premiums even if you change employers. Coverage for your spouse and children is also available.



(Additional Voluntary Supplemental plans on next page)



Voluntary Supplemental Plans for 2021

Medical Related Supplemental Plans

Medical Related Supplemental Plans are designed to help cover out-of-pocket costs associated with medical care. These special policies provide needed financial support during unexpected life events which impact your ability to earn a paycheck. Supplemental benefits pay direct to you to help cover everyday expenses, such as mortgages, car payments, groceries, etc., so you can focus on getting well.

▶ Cancer Coverage



Cancer Coverage is perhaps the most popular of these medical related supplemental plans. The American Cancer Society reports “1 in every 3 women and 1 in every 2 men will have a cancer diagnosis.” LFUCG offers three levels of this important coverage.

▶ Accident Coverage



There are activities that you or your family do on a daily basis that may lead to an accident or injury. Injuries can happen while playing Sports, Traveling, and even at Work. Allstate's Group Accident plan pays benefits for expenses associated with an accident and can help protect hard-earned savings should an on or off the job accidental injury occur.

▶ Critical Illness Coverage



Group Voluntary Critical Illness pays a lump sum cash benefit of \$10,000 or \$20,000 to help you cover out-of-pocket expenses associated with a covered Critical Illness, such as heart attack or stroke. **For the 2021 Open Enrollment, Guarantee Issue is offered** (no medical questions) on the Critical Illness Policy.

▶ Group Indemnity Medical



Allstate's Group Indemnity Medical coverage helps pay out-of-pocket medical expenses associated with hospital confinements. It provides a cash benefit for initial and daily hospital confinement and daily intensive care confinement.

Disability Income Supplemental Plans

One of our most valuable assets is our ability to work and earn a paycheck. Disability income provides a paycheck to you in the event you are disabled and cannot work. There are two types of coverage available. These two options can work in harmony with each other to provide both short-term and long-term disability benefits.

▶ Short-Term Disability Income Protection



Short-Term Disability protects your paycheck if you cannot work due to off the job illness or injury. You will have the ability to select the amount of coverage that coordinates best with your current sick pay. These benefits start after a short elimination period and pay for the first few months of a disability based on your selected coverage.

See a Star Robbins representative to enroll in this benefit.

▶ Long-Term Disability Income Protection



Long-Term Disability protects your income when short-term coverage ends and covers you to Social Security Normal Retirement Age, should you remain disabled. Why do you need it? Ask yourself this: If you get sick or hurt, how would you manage life without a paycheck? How long could you go without a paycheck? Would you be able to pay your mortgage or rent? Could you afford the new expenses that come with disability?

What's Covered?

Up to 60% of your basic annual earnings to a maximum of \$5,000 per month.

NOTE: Guaranteed enrollment in the CIGNA LTD plan is only available as a new hire. Enrollment at any other time will require an Evidence of Insurability form and will be subject to approval by CIGNA Underwriting. Approval is not guaranteed outside of your initial eligibility.

If you want to apply for Long Term Disability during Open Enrollment, Evidence forms (available on the PeopleSoft portal) must be completed during open enrollment if you did not elect during your initial eligibility. Premiums will be taken from your paycheck effective in January. If your coverage is denied after payroll deductions begin, you will be refunded any premium deducted from your paycheck.



Voluntary Auto & Homeowners

The Lexington-Fayette Urban County Government employees qualify for auto and home discounts through Liberty Mutual's Group Savings Plus® program. What does this mean for you? It means a group discount of up to 10% off Liberty Mutual's already competitive auto and home insurance rates.



Contact: Joey Doom at **1-800-852-4419** or visit Liberty Mutual's website at libertymutual.com/gsplfucg for contact information.



Metro Employees Credit Union

Membership is available to employees of the LFUCG. To become a member of MECU simply stop by one of their offices, give them a call at **258-3990** or visit online at metroemployescu.org.

Metro Employees Credit Union is proud to offer its' members a variety of savings and loan products including the following:

- Share draft checking
- Borrowing opportunities
- Savings and investment opportunities
- Payroll deduction is available



YMCA



The YMCA has waived the joining fee and discounted the membership rates for LFUCG employees. Employee rates may vary by location and contract year. Check the benefits website or call your local YMCA for current rates that apply. Membership rates are subject to Kentucky sales tax.

Contact the YMCA directly to set up your membership. How do you join? Stop by one of the YMCA locations and tour the YMCA facility. **YOU WILL NEED TO BRING YOUR LFUCG ID OR A PAYCHECK STUB FOR EMPLOYMENT VERIFICATION.**

Beaumont Centre Family YMCA
3250 Beaumont Centre Circle
Lexington, KY 40513
859-219-9622

High Street YMCA
239 E. High Street
Lexington, KY 40507
859-254-9622

North Lexington Family YMCA
381 W. Loudon Ave.
Lexington, KY 40508
859-258-9622

Whitaker Family YMCA
2681 Old Rosebud Rd.
Lexington, KY 40509
859-543-9622

LFUCG employees and part-time employees who are eligible to receive benefits may participate.



Retirement Planning

ICMA-RC DEFERRED COMPENSATION: 26 pay period calculation

Contact: Call Customer Service at:

- **1-800-669-7400**
- **1-866-339-8796**
- fax **202-682-6439**



Forms are also available on-line at lexingtonky.gov/benefits

- 457 deferred compensation plan Enrollment form required only if you are opening a NEW ACCOUNT
- Traditional / IRA Roth option available but must meet criteria for opening the account (after-tax deduction)
- Minimum contribution of \$15.00 per paycheck

Plan Features:

1. Loans and hardship withdrawals are available
2. Offers advice services to help manage your deferred compensation account
3. One on One Appointments are available

KY DEFERRED COMP: 26 pay period calculation



Contact: Call Customer Service at **1-800-542-2667** or **859-229-9974**; fax **502-573-4494**; or visit Kentucky Deferred Comp's website at www.kentuckyplans.com for contact information.

Forms are also available on-line at lexingtonky.gov/benefits

- **A form is REQUIRED** for all changes to your account as well as opening a NEW ACCOUNT - they request that you mail it to them at the address on the form, or fax it to them at the number above.
- A 401(k) Plan and 457(b) accounts - Minimum contribution of \$14 per paycheck.
- Traditional / Roth IRA available if in 401 or 457 through LFUCG (after-tax deduction).

Contact Information At-A-Glance

LFUCG Benefits Team

LFUCG	Benefits questions / Qualifying Events	Alana Morton	Phone: 859-258-3056 email: amorton@lexingtonky.gov
LFUCG	Benefits questions / Qualifying Events	Amanda Sweeney	Phone: 859-425-2125 email: asweeney@lexingtonky.gov
LFUCG	FMLA	Janet Davis	Phone: 859-258-3036 email: jdavis@lexingtonky.gov
LFUCG	Occ. Med. Scheduler	Crystal Brown	Phone: 859-425-2123 email: cbrown2@lexingtonky.gov
LFUCG	Manager	Kashene Wayne	Phone: 859-258-3066 email: kwayne@lexingtonky.gov
	Medical Benefits		Customer Service: 1-844-812-9209 www.anthem.com
	Pharmacy Benefits		IngenioRx Member Services / Home Delivery Customer Service: 1-833-288-4294 www.anthem.com
	Dental Benefits		Customer Service: 1-800-955-2030 www.deltadentalky.com
	Voluntary Vision Benefits		Customer Service: 1-866-299-1358 www.eyemedvisioncare.com
	Health Savings Account / HSA Help Center		Customer Service: 1-866-346-5800 www.myhealthequity.com www.healthequity.com/LFUCG
	Flexible Spending Account		Customer Service: 1-800-982-7715 www.chard-snyder.com
	Group Life and AD&D Benefits		Customer Service: 859-685-6588 email: deron.smith@assuredptrnl.com
	Voluntary Short-Term Disability Benefits		Star Robbins & Co. Claims Support: 1-800-486-7721 www.starrobbins.com
	Voluntary Long-Term Disability Benefits		To report a claim: 1-800-362-4462 Star Robbins & Co. Plan Information: 1-800-486-7721 www.starrobbins.com
	Voluntary Cancer, Critical Illness, Accident Assistance & Hospital Indemnity Info.		Star Robbins & Co. Claims Support: 1-800-486-7721 www.starrobbins.com
	Voluntary Individual Term Life		Star Robbins & Co. Claims Support: 1-800-486-7721 www.starrobbins.com
	Voluntary Whole Life		Star Robbins & Co. Claims Support: 1-800-486-7721 www.starrobbins.com
	Voluntary Universal Life		Star Robbins & Co. Claims Support: 1-800-486-7721 www.starrobbins.com
	ICMA-RC Deferred Compensation		Customer Service: 1-800-669-7400 or 1-866-339-8796 Fax: 202-682-6439 www.icmarc.org
	KY Deferred Comp - 457/401(k)		Call: 1-800-542-2667 or 859-229-9974 Fax: 502-573-4494 www.kentuckyplans.com

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.