

City of Akron

Employee Benefits Guide

2021 BENEFITS

Visit the Employee Benefits Division Website!

www.mycityofakronbenefits.com

Visit this site to access additional materials, download forms, and learn more about your benefit options.



This is a summary of benefit information and does not guarantee benefits. It is not intended as a detailed overview of benefits. Some limitations and/or exclusions may apply.

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ELIGIBILITY

EFFECTIVE DATE

Benefits are effective the 1st day of the month following your date of hire.

ELIGIBLE EMPLOYEE

To be eligible for the City of Akron's Employee Benefits Program, you must be a permanent full-time active employee who has met the eligibility period requirements.

Employees must enroll within **31 days of the benefits effective date**. If you do not enroll within 31 days, you may not be eligible to enroll until the next Annual Open Enrollment.

ELIGIBLE DEPENDENTS

- Your Lawful Spouse.
- Your Child under age 26. A child is defined as natural child, stepchild, adopted child, or child for whom the employee has legal guardianship or legal custody.
- Your disabled child age 26 or older.
- Dependent children can be covered up to the age of 26 on the medical/rx, dental, vision, and optional child life benefits.

ENROLLING DEPENDENTS?

If you're enrolling dependents for the first time, remember to submit required documentation.

- Spouse: Marriage Certificate and one form of documentation establishing current marital status such as jointly filed tax return, joint mortgage/lease, joint bank account, etc.
 - Dependent Child Under 26: Birth certificate or adoption decree naming the employee or employee's lawful spouse as the parent OR copy of court order naming the employee as the child's legal guardian or custodian.
 - Disabled Dependent: Birth certificate or adoption decree naming the employee or employee's lawful spouse as the parent OR copy of court order naming the employee as the child's legal guardian or custodian and Disability Verification Form.
-

Qualifying Life Events

Benefit changes are generally limited to Open Enrollment. There are a few exceptions to this rule. Change in family status rules allow you to make some related benefit changes during the plan year due to a Qualifying Life Event, such as marriage, birth of a child, etc. Qualifying Life Events must be reported within 31 days of the event. Failure to report changes in a timely manner may result in a delay of coverage until the next Open Enrollment period.

Medical Plan



2021 PLAN COVERAGE

Medical Benefit Summary

Benefit Period January 1, 2021 through December 31, 2021

		In-Network	Out-of-Network
Deductible	Single	\$150	\$300
	Family	\$300	\$600
Coinsurance		20%/80%*	30%/70%*
Out-of-Pocket Maximum (includes deductible, medical copays, and rx copays)			
	Single	\$1,500	\$3,000
	Family	\$3,000	\$6,000
Office Visit	PCP	\$15	30%/70%*
	Specialist	\$40	30%/70%*
Office Visit – Preventive/Routine services ONLY		100%	30%/70%*
Emergency Room (waived if admitted)		\$125	\$125
Non-Emergency use of Emergency Room		\$200 copay, then 20%/80%*	\$200 copay, then 30%/70%*
Urgent Care		\$45	30%/70%*
Diagnostic Lab, X-Ray, and Medical Tests		20%/80%*	30%/70%*
Employee Premiums		Monthly	Weekly Per Pay
Single		\$60.00	\$15.00
Family		\$120.00	\$30.00

To find a Provider:
Go to medmutual.com

- ◆ Click on “Find a Doctor.”
- ◆ Choose a plan type: Group. Click Next
- ◆ Choose Provider Type: Medical
- ◆ Choose a Network: Click on SuperMed PPO and enter your location. Click Next.
- ◆ Search by name or by type of doctor or place.

*After Deductible

For the family deductible and coinsurance out-of-pocket maximum, one individual on the plan will never pay more than the Single Deductible/Out-of-Pocket maximum, and the whole Family combined will never pay more than the Family Deductible/Out-of-Pocket maximum. Out-of-Pocket maximum includes medical copays and Rx copays in addition to coinsurance and the deductible.

Office visit copayments are based on the type of provider that performs the office visit. PCP (Primary Care Physician) is a practitioner that specializes in general practice, family practice, internal medicine, obstetrics and gynecology (OB/GYN), psychiatry, psychology, and certain licensed counselors. Specialists are practitioners, other than a Primary Care Physician, who provide services within a designated specialty area of practice such as dermatologists, cardiologists, chiropractor, endocrinologist and podiatrists to name a few.

Medical Plan

Programs and Resources

Disease Management Programs

If you live with a chronic condition, having a coach to offer guidance and empowerment can be very helpful. The Disease Management Program provides you with valuable information and a plan designed to meet your specific needs. This program is voluntary and available to all members covered on the medical plan.

The following conditions are eligible for the program:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease
- Diabetes
- Heart failure

Maternity Program

If a new baby is on the way, the Maternity Program can offer education and support. The program includes access to a specially trained maternity health coach who can provide valuable knowledge, advice and comfort during the pregnancy.

Information on these plans can be found at www.mycityofakronbenefits.com

Other Resources through Medical Mutual

Resources are available at My Health Plan on Medical Mutual's secure website for members. Once you receive your ID card, go to medmutual.com/member to create your account.

Resources available include, but are not limited to:

- Weight watchers reimbursement program
- QuitLine Program
- 24-Hour Nurse Line
- Fitness Discounts
- Other Discounts

Spousal Provision

If you cover a spouse on the medical benefit

If you enroll your lawful spouse on the Medical/Rx plan, you must complete a Spousal Provision Form.

Spouses of City of Akron employees who are eligible for health care coverage from their own employer must enroll in that coverage, or the employee may have to pay a \$150 monthly spousal surcharge to cover their spouse on the City of Akron plan as primary.

If a spouse enrolls on his/her employer's health plan, he/she may remain on the City of Akron plan as secondary and employee will not have to pay the \$150 monthly spousal surcharge.

Situations when the surcharge would apply:

- The employee does not return the Spousal Provision Form.
- Spouse is offered employer sponsored coverage that does not meet the waiver criteria and spouse does not elect that coverage and remains on the City of Akron plan as primary.

Situations when the surcharge would NOT apply:

- The spouse is retired, does not work, self-employed with no health care benefits, or works but is not offered or not eligible for benefits.
- The spouse has primary coverage at his/her place of employment and is enrolled in the City of Akron plan on a secondary coordination of benefit basis (Medical Only). The City does not pay secondary on prescriptions.
- A spouse whose employer charges monthly single contributions greater than or equal to \$150 can remain on the City's plan without the surcharge. If the employer offers multiple plans with lower contributions, then the \$150 spousal surcharge would apply regardless of plan selected.
- A spouse whose net single deductible is greater than or equal to \$1,000 can remain on the City's plan without surcharge. If the employer offers multiple plans with a net deductible lower than \$1,000, then the \$150 spousal surcharge would apply.

REQUIRED SPOUSAL FORMS

Employee must complete and return the Spousal Provision Form within 31 days of their benefit effective date. If the spouse is working, spouse must provide a completed and signed Spouse's Employer Certification of Coverage and, if applicable, must submit all plan designs (SBC's) and all employee contributions. See the Spousal Form for more details.

PALADINA HEALTH

PRIMARY CARE PROGRAM FOR CITY OF AKRON EMPLOYEES

Paladina Health is a voluntary Direct Primary Care program that is available as part of the medical benefit. Eligible employees and dependents must have primary medical coverage with the City of Akron to enroll. The program offers unlimited primary care services to you and your family, through Paladina Health providers, at little to no cost to you.




By using primary care as a “one-stop shop” for your health, Paladina Health providers can treat up to 90% of your health care needs in one place, including primary and preventive care, chronic conditions, urgent needs, and specialty referrals.


With Paladina Health you can:

- **Save money** - Most services are at little to no cost with no co-pays and no co-insurance.
- **Avoid expensive trips to Urgent Care** - Your provider is available via phone 24/7 for all urgent medical needs.
- **Save time** - Complete lab work and fill some prescriptions onsite and wait an average of less than 4 minutes for the start of your appointment.

How to Enroll: To take advantage of the **Paladina Health** program, you can enroll the following ways:

 Online: www.paladinahealth.com/enroll

 Phone: 866-808-6005 (Select option 3)

 Paper: Download a paper enrollment form on www.mycityofakronbenefits.com

Questions? Please email memberservices@paladinahealth.com or call 866-808-6005. Additional information is also available on the Paladina Health website at www.paladinahealth.com.

Paladina Health Dedicated Locations:

Akron West Market Street 400 W Market St Akron, OH 44303 <i>[Adjacent to the I Promise School]</i>	Seven Hills Lombardo 5700 Lombardo Ctr Independence, OH 44131
Akron White Pond Drive 789 White Pond Dr Akron, OH 44320	Beachwood Science Park 25700 Science Park Drive, Suite 120 Beachwood, OH 44122
North Canton Lauby Road 5399 Lauby Rd, Suite 220 North Canton, OH 44720	Mentor Great Lakes Plaza 22801 St Clair Avenue Euclid, OH 44117
	Avon Sheffield 5445 Detroit Rd Sheffield Village, OH 44054

PRESCRIPTION

2021 PLAN COVERAGE



CVS Caremark Benefit Period January 1, 2021 through December 31, 2021

	Retail	Retail CVS Pharmacies Only	Mail Order
Day Supply	34 Days	90 Days	90 Days
Generic	\$10 copay	\$20 copay	\$20 copay
Preferred Brand	\$20 copay	\$40 copay	\$40 copay
Non-Preferred Brand	\$40 copay	\$80 copay	\$80 copay
Specialty Drugs	\$50 copay	n/a	n/a
Non-Preferred ED Drugs	\$50 copay	n/a	n/a
Prilosec OTC **	\$10 copay	n/a	n/a
Claritin OTC **	\$10 copay	n/a	n/a
Nexium	\$100 copay	\$200 copay	\$200 copay

**In order to be charged the \$10 copay for these medications, you must have your doctor write a prescription for the medication and present it to the pharmacy like any other prescription.

Advanced Control Formulary: The Formulary is the list of covered medications and how they are covered—Preferred Brand or Non-Preferred Brand.

Mandatory Maintenance Choice: All maintenance meds must be filled in 90-day supplies through CVS Mail Order or at a CVS Retail Pharmacy. It's easy to get enrolled in the CVS Mail Order prescription program. Employees can complete the Mail Order Form and submit it with a 90-day prescription from their physician. Mail order forms are available at www.mycityofakronbenefits.com or in the Employee Benefits Office.

Specialty Medications: Specialty medications will be supplied by CVS Specialty pharmacy. See the CVS Specialty document that is available at www.mycityofakronbenefits.com or in the Employee Benefits Office.

Quantity and Duration limitations: Some medications are only covered up to a certain limit. If your medication has a quantity limit, you, your doctor, or your pharmacist can call CVS Caremark at (888) 202-1654 to begin the review process.

DENTAL

2021 PLAN COVERAGE



Your dental coverage is through Guardian. Network dentists agree to accept Guardian's usual, customary & reasonable (UCR) amounts as payment in full for covered services. Non-network dentists will bill you for any difference in cost between the Guardian scheduled amount and the dentist's fee. This is called balance billing. Please utilize network dentists to receive the higher level of benefits and to avoid balance billing. Frequency limitations apply to certain services.

See below for information on how to locate a provider in the Guardian Network Go to www.mycityofakronbenefits.com for additional resources regarding your dental benefits.

Dental Benefit Summary		
Benefit Period January 1, 2021 through December 31, 2021		
	PPO	
Dental Benefit Provision	Network	Non-Network
Calendar Year Deductible (Single/Family)	NONE	
Class I – Preventive Oral Exams, Prophylaxis (dental cleaning), Bitewing X-rays, Full Mouth X-Rays, Sealants	100%	100% of UCR
Class II – Basic Fillings (one surface), General Anesthesia, Scaling & Root Planing (per quadrant), Simple Extractions	100%	100% of UCR
Class III – Major Dentures, Single Crowns, Implants	60%	60% of UCR
Class IV – Orthodontic Procedures	60%	60% of UCR
Orthodontic Lifetime Maximum	\$2,500	
Annual Yearly Maximum (Per Person)	\$1,500	

To find a Network Provider:
Go to www.guardiananytime.com

- ◆ Click on Find a Provider
- ◆ Plan Type is PPO
- ◆ Enter your zip code, click on the green search button

VISION



2021 PLAN COVERAGE

Your vision provider is Medical Mutual (MMO). The vision plan provides for an annual exam and materials such as lenses and frames up to the specified allowances listed below. You may receive services at any provider for vision services. Certain frequency limits may apply to the services listed below.

Vision Plan	
Benefit Period January 1, 2021 through December 31, 2021.	
Examinations (one per Benefit Period)	\$50 Allowance
Lenses (per pair, one pair per Benefit Period)	
Single Vision	\$40 Allowance
Bifocal	\$60 Allowance
Trifocal	\$76 Allowance
Lenticular	\$92 Allowance
Contact Lenses	
After cataract surgery	\$116 Allowance
For visual acuity not correctable to 20/70 in the better eye by use of conventional lenses	\$116 Allowance
Other contacts	\$60 Allowance
Frames (per frame, one frame per every Two Benefit Periods)	\$60 Allowance

Vision Benefit Limitations:

No benefit will be made for expenses incurred for:

- Medical or surgical treatment of the eye.
- Lenses which are not medically necessary and are not prescribed by an Optometrist or Ophthalmologist, or frames for such lenses.
- Sunglasses, whether or not prescribed.
- Replacement of lenses unless an examination shows that, using the existing prescription, a visual defect equal to at least one-half of one diopter in strength exists or a change of at least 10% in axis for astigmatism is required.
- Care not listed in the schedule.
- Tinted lenses prescribed by the examiner when over Rose Tints No. 1 or No. 2.
- Charges for the excess cost of lenses over 65 millimeters in diameter.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) are benefit programs that allow you to use your pre-tax dollars to pay for eligible healthcare and dependent care expenses.

TASC (FlexSystem) is the benefit administrator.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

A Health Care FSA is a pre-tax benefit account used to pay for eligible out-of-pocket healthcare expenses.

- Eligible contributions will be deducted from your paycheck on a pre-tax basis and placed into a separate account.
- Eligible expenses include copayments, deductibles, dental, and vision expenses not covered by existing insurance.
- You elect the amount you would like in your FSA when you enroll for your benefits. The annual elected amount is then available to you and can be accessed using a debit card that will be provided to you by TASC.

**2021 MAXIMUM
HEALTH CARE FSA
CONTRIBUTION**

\$2,750

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

A Dependent Care FSA is a pre-tax benefit account used to pay for eligible dependent care services so you (or your spouse) can work, look for work or attend school full time.

- Eligible contributions will be deducted from your paycheck on a pre-tax basis and placed into a separate account.
- Eligible expenses include preschool, summer day camp, before or after school programs, and child or adult care.
- You elect the amount you would like in your Dependent FSA when you enroll for your benefits.
- With each paycheck, money will be deposited into your Dependent Care FSA account. Dependent Care FSAs are not preloaded like a Health FSA. The amount available is what has been deducted from your paycheck and what has been accrued at the time of

**2021 MAXIMUM
DEPENDENT CARE FSA
CONTRIBUTION**

\$5,000

Rules you need to know



Expenses: MUST be incurred between your Benefit Effective Date and December 31, 2021, plus the grace period.

Grace Period: If you have funds left over as of December 31, 2021, you will have up through March 15, 2022 to incur additional expenses.

Reimbursements: All expenses must be submitted to TASC for reimbursement no later than March 31, 2022.

USE IT OR LOSE IT: Plan very carefully! If you do not incur the anticipated expenses, your contributions are forfeited at the end of the year.

Can I Change my Elections?: Unless you experience a Qualifying Life Event, you cannot change your elections mid-year.

LIFE INSURANCE

2021 PLAN COVERAGE

Basic Life Insurance

The City of Akron provides all permanent full-time active employees with \$50,000 of Basic Life & up to \$50,000 of Accidental Death and Dismemberment (AD&D) at no cost to you!

Optional Life Insurance

In addition to the Basic Life and AD&D, employees may elect Optional Life Insurance.

Optional Employee Life Insurance may be elected in \$10,000 increments up to 5 times your basic annual earnings (rounded to the next higher \$10,000) not to exceed \$500,000.

Optional Life Insurance coverage is available for spouse and dependent children as long as the employee elects Optional Life Insurance.

⇒Optional Spouse Life Insurance: available in \$5,000 increments, amount cannot exceed 50% of the employee elected amount.

⇒Optional Child Life Insurance: available in choice of \$5,000 or \$10,000, dependent coverage includes unmarried children from live birth through age 25, insurance rates cover ALL of your dependent children for one price (you do not multiply the rate by the number of children). Amount cannot exceed 50% of the employee elected amount.

As a new hire, employees and their dependents may apply for Optional Life amounts, up to the Non-Medical Maximums listed below, without providing Evidence of Insurability.

Non-Medical Maximum:

Employee:	\$250,000
Spouse:	\$ 25,000
Child:	\$ 10,000

Evidence of Insurability will be required for any elected Optional Life amount that exceeds the Non-Medical Maximums listed above. If you waive Optional Life Insurance as a new hire, you will be subject to Evidence of Insurability provisions if you apply at a later date. You may also be denied coverage if you apply at a later date.

For Optional Life rate sheets, Evidence of Insurability Forms, and other information please visit: www.mycityofakronbenefits.com

Voluntary Benefits



Aflac 2021 BENEFITS

Aflac Voluntary Benefits are available through payroll deduction.

Highlights of the plans available to you as a new hire:

- *Guaranteed-Issue* – employees cannot be declined coverage
- *Affordable*
- *Portable* – take coverage with you when you leave employment
- *Benefits paid directly to you as the policyholder*

Benefits Available

Short-Term Disability

- Paycheck insurance - pays you for lost income while unable to work for up to 6 months
- Benefits begin after you've been unable to work at least 14 days
- Covers illness, pregnancy, routine surgeries, off-the-job accidents

Accident

- Covers treatment for injuries on & off the job
- Dependent coverage also available
- \$50 claim check for routine annual exams for each person covered

Critical Illness

- Covers Catastrophic Illnesses: Cancer, Heart Attack, Stroke, Organ Failure & many more
- Choose \$5,000 - \$30,000 in Coverage for employees – no medical questions asked!
- Spouses are eligible for a benefit that is 50% of the employee amount
- Children are covered on this plan at no additional cost!

Whole Life Insurance

- Guaranteed-Issue (no medical questions) up to \$150,000 for employees
- Builds cash value and pays a benefit to your beneficiary at time of death

***To get enrolled, schedule a meeting or if you have questions call:
The Worksite Group at 614-987-0193***

Employee Assistance Program

EAP

An Employee Assistance Program (EAP) is provided through ease@work and is a free service available to all permanent full-time employees and their eligible dependents. Ease@work is free, confidential and a voluntary program that provides up to 6 (six) face to face sessions that provide short-term counseling and coaching for a wide variety of work/life issues.

The following are services available through ease@work:

- Counseling for many issues including but not limited to:
 - o Domestic issues including family relationship issues, marital, etc...
 - o Mental health issues including depression, grief, anxiety
 - o Other issues like substance abuse, anger management
- Financial Consultations and resources
- Wellness Coaching for:
 - o Nutrition
 - o Fitness
 - o Tobacco Cessation
 - o Stress Reduction
- Child care consultations
- Elder care consultations
- Legal Consultations and resources

ease@work brochures available in your new hire packet.

Call Today: 800-521-3273

www.ease@work.com

Deferred Compensation

Deferred Compensation refers to a tax-deferred supplemental retirement strategy an employee pays into while working and collects after retirement. For employees who are members of a pension plan, deferred compensation offers retirement savings to supplement their pension.

The City of Akron offers four (4) providers to choose from:

- Equitable
- Ohio Deferred Compensation
- Mass Mutual
- OAPFF Deferred Compensation

Additional information is available at www.mycityofakronbenefits.com and click on the Deferred Compensation tab.

How to Enroll

Forms Due:

- Employee Benefits Enrollment/Change Form
- Spousal Form (if you cover a spouse on the medical)
- Life Insurance Beneficiary Designation Form
- Optional Life Insurance Election Form (if enrolling)
- Aflac Enrollment Form (if enrolling)

Return forms and documents as soon as possible.

If you do not return the required forms and documents within 31 days of your benefit effective date, you will not be eligible to enroll until the next annual open enrollment period or unless you experience a Qualifying Life Event.

IMPORTANT CONTACT INFORMATION

Program	Provider	Group Number	Website	Phone
Medical	Medical Mutual	500878	medmutual.com	877-328-6664
Prescription	CVS Caremark	RX1896 (Group #) 004336 (RxBin)	caremark.com	888-202-1654
Dental	Guardian	434378	guardiananytime.com	800-541-7846
Vision	Medical Mutual	500878	medmutual.com	800-362-5729
Life	MedMutual Life	500878	medmutuallife.com	866-925-2542
Direct Primary Care	Paladina Health	N/A	paladinahealth.com	866-808-6005
Flexible Spending Account	TASC	N/A	tasconline.com	800-422-4661
Voluntary Benefits	AFLAC	25873	aflacgroupinsurance.com	800-433-3036
Employee Assistance Program	Ease@Work	N/A	easeatwork.com My Life Expert Log-in Company Code: akron	800-521-3273
Employee Benefits Office	166 S. High St Room 703 Akron, OH 44308	N/A	mycityofakronbenefits.com	330-375-2700 Fax: 330-375-2239 benefits@akronohio.gov