

BENEFIT GUIDE 2026



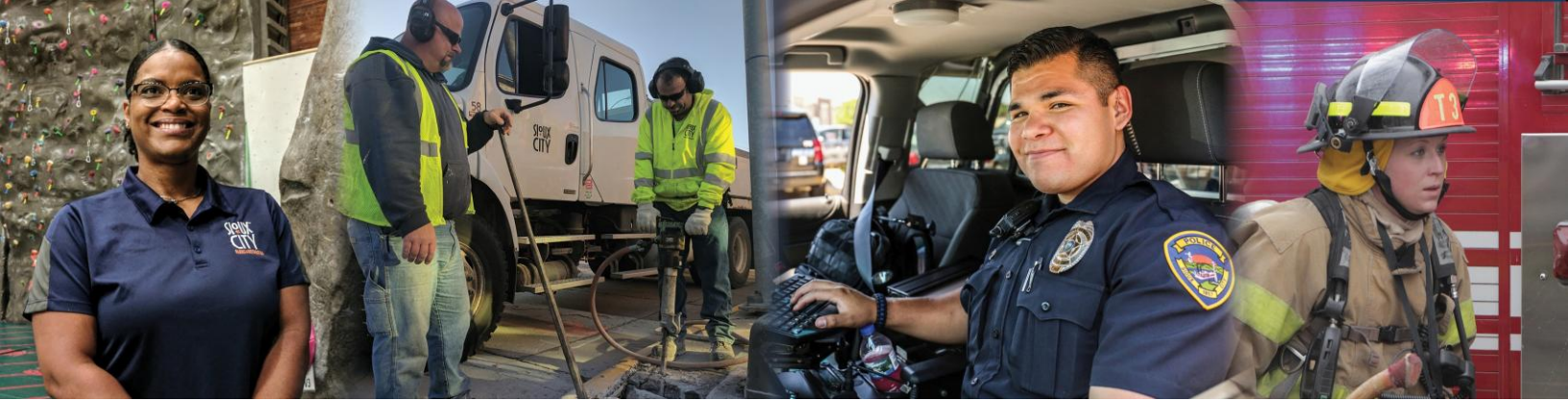
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EMPLOYEE BENEFITS

Welcome to the City of Sioux City!

In this guide you will find information about the benefits you're eligible for and how to elect them.

If you have any questions along the way, reach out—we're happy to help! You can call, email, or stop by Human Resources anytime.

Human Resources
 City Hall, 2nd Floor, Suite 204
 405 6th Street, Sioux City, IA 51101
 712-279-6200
HRInfo@sioux-city.org

Summary

The City of Sioux City is proud to offer a comprehensive benefit package to all active, eligible employees. This Benefit Guide briefly summarizes the benefits offered by the City. For more detailed information, the Summary Plan Descriptions and Certificates of Coverage for the referenced plans are found on the Sioux City Human Resources page under Benefits.

Enrollment Instructions

Employees log into Bentek to make all benefit elections. You will need your Employee ID to create your Bentek account.

Benefit elections you make when you are initially eligible will be in effect through the end of the plan year, December 31, 2026. Changes will only be allowed with a Qualified Life Event (see page 3).

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This document is an outline of the coverage based on information provided by the City of Sioux City. It does not include all the terms, coverage, exclusions, limitations and conditions of the actual contract language. Please read the policies and contracts themselves for those details. Policies and Summary Plan Descriptions are available online at <https://www.sioux-city.org/government/departments-g-p/human-resources/benefits/plan-documents-certificates-of-coverage>

The intent of this document is to provide you with general information regarding your benefits. It does not address specific issues, nor should it be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by appropriate legal representation.

WHO IS ELIGIBLE FOR BENEFITS?

Regular Full-time Employees
Regular Part-time Employees**

Regular Part-time Library Employees >20 hours

** Regular part-time employees not covered under the Library Bargained Contract or the Library Non-bargained Manual are eligible for Hospital Indemnity, Accident, Critical Illness, and ID Theft Protection only.

WHEN DO MY BENEFITS BEGIN?

Benefits begin based on your date of hire, or your date of transition from part-time to full-time. New hires hired between the 1st and the 15th are effective first of the following month. Those with a new hire date of the 16th through the end of the month are effective first of the next following month. Employees moving from part-time to full-time are effective first of the month following their date of change, regardless of the date.

<u>HIRE DATE</u>	<u>BENEFIT START</u>	<u>PT TO FT DATE</u>	<u>BENEFIT START</u>
January 15	February 1	January 15	February 1
January 16	March 1	January 16	February 1

WHO CAN I COVER ON THE PLANS?

Employees may cover eligible dependents on their benefits. Dependents become effective the same date as employees. Dependents added throughout the year with a Qualified Life Event become effective based on the event date under which they are added.

ELIGIBLE DEPENDENTS

- Your legal spouse
- Your children through the end of the month in which they turn 26 (including stepchildren and foster children) are eligible to be covered under the plans.

Employees must provide documentation to prove eligibility of dependents.

DOCUMENTATION REQUIRED

Spouse

- Government issued marriage certificate **and**
- Social security card

Child/Stepchild

- Government issued birth certificate, *or*
- Adoption paperwork, *or*
- Court orders **and**
- Social security card

QUALIFIED LIFE EVENTS (QLE)

When you make your benefit elections, they remain in effect for the plan year (January 1 – December 31) unless you have a Qualified Life Event (QLE). These events allow you to make changes consistent with the change being reported. (Adding a spouse when you get married, adding a new baby when they're born, etc.)

You are responsible for notifying Human Resources within the designated timeframe (normally 30 days) from the date of the event and documentation is required to support the change being requested. **Timely notification is imperative.** Please note, some changes may affect your coverage level and may impact your premium.

<u>QUALIFIED LIFE EVENT (QLE)</u>	<u>EFFECTIVE DATES FOR CHANGES</u>
<ul style="list-style-type: none"> • Marriage • Divorce • Birth • Death • Adoption • Placement for Adoption • Gaining New Coverage • Losing Other Coverage • Commencing a Long-term Military Leave • Returning from a Long-term Military Leave • Changing FT to PT or PT to FT 	<p>Date of Event</p> <ul style="list-style-type: none"> • Marriage • Birth • Death • Adoption/Placement for Adoption <p>First of the Month Following</p> <ul style="list-style-type: none"> • Divorce • Gaining New Coverage • Losing Other Coverage • Changing FT to PT or PT to FT

* If you are adding a new baby to your coverage, please **do not wait** until you receive the documentation to complete the QLE process. You may upload them when you receive them.

WHEN AND HOW DO I ENROLL IN BENEFITS?

Newly benefit eligible employees should enroll as soon as possible. Once you have your employee ID, log into Bentek and create your account.

Before you begin the Benefit Enrollment process, you may need documentation to complete the enrollment process. If you are covering any dependents or if you are waiving your coverage, please have the following available:

If you are covering a dependent -

- Dependents' social security numbers
- Dependents' date of birth
- Required documentation for all dependents (see **Required Documentation** on page 1)

If you are waiving coverage, ensure you have documentation showing you have other coverage – a Certificate of Creditable Coverage or a letter indicating your coverage and all covered under the plan. If you have Tricare coverage, you can get a Certificate of Creditable Coverage from your milConnect site. Upload this documentation during the Open Enrollment process.

Once you have the information you need, navigate to www.mybentek.com/cscbenefit and log in. (If you need more information on accessing Bentek, there is a “Quick Tips” information sheet on the City HR web page, under Benefits.) Select “Open Enrollment” and complete the enrollment process. Upload any required documentation to Bentek as soon as possible.

***** All benefit eligible employees must complete this process even if you are waiving coverage. *****

*Regular full-time employees choosing to waive medical coverage may be eligible to receive an opt out credit. Please see the **Coverage Information** located at the back of this booklet for more information. Employees covered under City insurance through another City employee will not be eligible for the opt out credit. **Any employee who requests to receive the opt out credit must provide a Certificate of Creditable Coverage showing what level of coverage they have, who carries the insurance, all covered dependents and the insurance company providing the coverage to receive the Opt Out Credit.***

HEALTH & WELFARE BENEFITS MEDICAL & PRESCRIPTION INFORMATION

Wellmark Blue Cross and Blue Shield

www.Wellmark.com

800-622-0005

The City offers a Preferred Provider Organization (PPO) plan with prescription coverage for Fire Bargained, Police Bargained, and Transit Bargained benefit eligible employees.

The plan uses the large Wellmark Blue Cross and Blue Shield network, including national “BlueCard” access. You also have coverage when traveling outside the United States. For questions about international coverage, call Wellmark at 800-810-BLUE (2583). Members may use out of network providers, but benefits will be subject to out of network provisions.

Wellmark offers a mobile app for both Android and iPhone. With the app, you can:

- View your ID card
- Check claims
- Find doctors and hospitals
- See how much you have paid toward your deductible and out-of-pocket maximum

Create your MyWellmark account at www.mywellmark.com and download the app to get started.



PREFERRED PROVIDER ORGANIZATION (PPO) PLAN

The PPO Plan utilizes copays and co-insurance for most medical services. Preventive care, as defined by the US Preventive Services Task Force (USPSTF), is generally covered at 100% with no cost to you, and office visits are generally covered with a \$25 copay*. Telemedicine visits are also available for a \$25 copay.

Other services - such as MRIs, CAT scans, surgeries, and hospital stays - are covered at 90% after you meet the deductible. Once you reach your out-of-pocket maximum, in-network services are covered at 100%.

For details on what is covered, please refer to the Summary Plan Description (SPD) A sample of what is covered is shown below.

Prescriptions under this plan do not count toward your deductible or out of pocket maximum.

Coverage Matrix		Single	2-Person	Family
In Network	Deductible	\$1,000	\$1,400	\$1,800
	Out of Pocket	\$1,600	\$2,400	\$3,200
Out of Network	Deductible	\$2,000	\$4,000	\$4,000
	Out of Pocket	\$4,000	\$8,000	\$8,000

- Some services offered in an office setting are billed by a 3rd party and may be subject to deductible and co-insurance.

MEDICAL PLAN A	IN-NETWORK	OUT-OF-NETWORK
Coinsurance	10%	30%
Primary Care, Specialist, Urgent Care, Mental Health/ Chemical Dependency Office Visit	\$25 copay	30% after deductible
Ambulance and Home Health Services	10% after deductible	30% after deductible
Wellness Care (annual exams, immunizations, well baby care and ser- vices defined under the USTFPS)	no cost to you	\$500 for employee/spouse and \$250 for children per calendar year for routine care. No cost to you for well-child care.
Emergency Room (Deductible waived if admitted)	\$100 copay, then 10% after deductible	\$100 copay, then 10% after deductible
Inpatient & Outpatient Services	10% after deductible	30% after deductible
Chiropractic Services (26 visits per calendar year)	\$25 copay	30% after deductible
Physical, Occupational and Speech Therapy Services	10% after deductible	30% after deductible
TMJ and Related Services	not covered	not covered
Skilled Nursing	10% after deductible	30% after deductible
Bereavement Counseling Services	\$25 copay	30% after deductible
Hospice Services	10% after deductible	30% after deductible
Preadmission Testing	no cost to you	

Please refer to the Summary Plan Description for full details of plan coverage.

PRESCRIPTION PLAN (PPO)	IN-NETWORK	OUT-OF-NETWORK
Retail - Generic/Formulary/Non-Formulary Drug (34-day supply)	\$5/\$25/\$35 copay	Not Covered
Mail Order - Generic/Formulary/Non-Formulary Drug (34-day supply)	\$10/\$50/\$70 copay	
Mail Order - Specialty Drug (34-day supply)	\$50 copay/\$100 copay	

DENTAL INFORMATION

Delta Dental

www.deltadentalia.com

800-544-0718

Good oral care contributes to overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with the City of Sioux City dental plan. The City offers two dental plans – Basic & Premium. Both plans provide coverage for preventive, basic and major services and, new this year, offer a carry over provision. The Premium plan has a higher annual maximum and covers orthodontia.

New this year, we are adding a carry over provision to our plan. If you do not use the full annual benefit allowed, you may carry that over and use it in the following year. (\$1,200 Basic/\$1,500 Premium) You may not carry over more than full annual amount in any given year.

Misplaced your dental card? Wondering how your claims are processing? Want to find an in-network provider? You can download the Delta Dental app or visit their website at www.deltadentalia.com. When searching for an in-network provider, select the Delta Dental Premier option.

DENTAL PLAN	PS Dental PPO	PS Dental Premier
Annual Deductible		
Individual	\$10	\$25
Family	\$20	\$50
Annual Benefit Amount	\$1,200	
Services		
Orthodontia Lifetime Maximum (covers 50% up to \$2,000; covers adult orthodontia)	N/A	
Diagnostic & Preventive Services (Check-ups & Teeth Cleaning) (Deductible does not apply)	100%	100%
~ Dental Cleaning	~ Sealant Applications	
~ Oral Evaluations	~ Space Maintainers	
~ Fluoride Applications	~ Periodontal Maintenance	
~ X-rays	~ Therapy	
Routine and Restorative Services (Cavity Repair & Tooth Extractions)	90%	80%
~ Emergency Treatment	~ Limited Occlusal	
~ General	~ Adjustments	
~ Anesthesia/Sedation	~ Routine Oral Surgery	
~ Restoration of Decayed or Fractured Teeth	~ Posterior Composites w/o Alternate Processing	
Root Canals (Endodontic Services)	80%	80%
~ Apicoectomy	~ Retrograde Fillings	
~ Direct Pulp Cap	~ Root Canal Therapy	
~ Pulpotomy		
Gum and Bone Disease (Periodontal Services)	80%	80%
~ Conservative Procedures (Non-surgical)	~ Complex Procedures (Surgical)	
High-Cost Restorations (Cast Restorations)	80%	80%
~ Crowns	~ Post & Cores	
~ Inlays	~ Recementing	
~ Onlays	~ Crowns/Inlays/Onlays	
Dentures and Bridges (Prosthetic Services)	50%	50%
~ Bridges	~ Recementing of Bridges	
~ Dentures	~ Implants	
~ Repairs & Adjustments		
Straighter Teeth (Orthodontics) (has separate deductible - \$25 Individual)	Yes	Yes
Carryover	Yes	Yes

VISION INFORMATION

VSP

www.vsp.com

800-877-7195

Regular eye exams not only help determine the need for corrective lenses, they also detect certain eye conditions and other medical conditions at their earliest stages. This early detection provides for the most effective treatment options.

Want to know who the in-network providers are? Wondering how much benefit you will receive for your service? Navigate to www.vsp.com to register. You can also download the VSP app giving you 24/7/365 access to important information. When searching for a provider, navigate to www.vsp.com, enter in your zip code, select All Premier Edge locations and click "Search".

VISION PLAN	IN-NETWORK	OUT-OF-NETWORK
SERVICES	(Member Benefits)	(Reimbursement)
Eye Exam	Covered in full after \$10 copay	Up to \$45
Frame Allowance	\$50 wholesale allowance (up to \$150 retail value)	Up to \$70
Standard Spectacle Lenses		
Single Vision Lenses	\$0 copay; covered in full	Up to \$30
Lined Bifocal Lenses	\$0 copay; covered in full	Up to \$50
Lined Trifocal Lenses	\$0 copay; covered in full	Up to \$65
Progressive Lenses	\$0 copay; covered in full	Up to \$50
Lenticular Lenses	\$0 copay; covered in full	Up to \$100
Contact Lenses Fitting & Evaluation	Covered in full after \$60 copay	
Elective Lenses	\$150	Up to \$105
Medically Necessary Lenses	Covered in full after eyewear copay	Up to \$210
FREQUENCY		
Eye Exam	Once every 12 months	Once every 12 months
Lenses OR Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

FLEXIBLE SPENDING ACCOUNT (FSA) INFORMATION

IBC

www.ibcins.biz

712-277-2424

A Flexible Spending Account (FSA) helps you stretch your paycheck further. You can set aside money from each pay period before taxes are taken out and use it—tax-free—for qualified healthcare or dependent daycare expenses. That means you don't pay federal income or Social Security taxes on your FSA contributions, leaving you with more take-home pay.

Both **Healthcare FSAs** and **Dependent Care FSAs** are available to help cover eligible expenses. You can even shop for approved healthcare items through the FSA Store link on the IBC website (note: some items may require proof of medical necessity).

To learn more or access your account, visit <https://ibcmember.lh1ondemand.com/Login.aspx>.

ACCOUNT LIMITS

Healthcare Flexible Spending Account – \$3,400

Dependent Care Flexible Spending Account - \$7,500

EMPLOYEE, SPOUSE & CHILD LIFE/AD&D INSURANCE

Madison National

Life insurance and Accidental Death & Dismemberment (AD&D) insurance provide financial security for the people who depend on you. Eligible employees receive a Basic Life and AD&D benefit provided by the City at no cost. You are also able to elect additional Supplemental Life and AD&D coverage* to increase the amount of your protection. In the event of your death or qualified accident, you or your beneficiaries may receive a lump sum payout.

The amount of basic life insurance you receive is outlined in your contract or employment manual or detailed at the back of this document. **You will be required to complete Evidence of Insurability (EOI) if you...*

*... do not purchase employee supplemental life, spouse life, and/or child life at your initial eligibility,
... request to move up more than 1 step in coverage during Open Enrollment,
... are exceeding the Guarantee Issue, or if you
... have a denied or incomplete response to your previously submitted Evidence of Insurability,*

The amount requested that requires EOI will not be implemented until approved by the carrier. All life insurance provided through the City is Term Life coverage.

PLAN COMPONENTS

Basic Employee Life Insurance

\$25,000 – Fire Bargained, Police Bargained, Transit Bargained

Employee Supplemental Life Insurance

Increments of \$10,000 up to \$300,000* (\$200,000 guarantee issue)

**Amounts elected in excess of the Guarantee Issue require Evidence of Insurability (approval from the insurance company)*

Spouse Life Insurance

Increments of \$5,000 up to \$150,000 is available. \$50,000 Guarantee Issue but spouse life may not exceed 50% of the total approved employee supplemental life insurance.

Child Life Insurance

Available in flat amounts of \$5,000, \$10,000 or \$15,000. Children from birth to 6 months have a reduced benefit amount (\$500, \$1,000 and \$1,500 respectively.) The cost for Child Life covers all eligible children in the household for the one rate.

LONG TERM DISABILITY

Madison National

The City of Sioux City provides regular full-time employees* with long-term disability insurance at no cost to the employee. Coverage begins on the first day of the month following six (6) months of regular full-time employment. The LTD benefit is 66 2/3% up to the maximum monthly benefit stated in the Certificate of Coverage.

**Police and Fire are not eligible to receive Long Term Disability as they are covered under Iowa Code Chapter 411.*

VOLUNTARY SUPPLEMENTAL BENEFITS

ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY

Voya

<https://presents.voya.com/EBRC/CityofSiouxCity>

855-638-3931

The City of Sioux City is happy to partner with Voya to provide additional financial security in times of illness and/or injury. We offer Accident, Critical Illness, and Hospital Indemnity coverage that will pay you when you experience any of the covered occurrences. Please see the information on the HR Benefits website for details. Information specific to the Sioux City plans can be found at <https://presents.voya.com/EBRC/CityofSiouxCity>.

IDENTITY THEFT PROTECTION

Aura

www.aura.com

833-552-2123

In these times of increased cyber threats, the City of Sioux City is proud to offer Identity Theft Protection. This protection allows you to monitor your credit report regularly as well as receive Dark Web monitoring. Concerns with your children's online presence? This coverage also offers cyber-bullying and social media reputation monitoring. In the event you become the victim of identity theft, this coverage provides financial assistance to cover the costs of attorneys, investigators and other legal defense needs. Employees can select between Basic and Premium coverage for employee only or family. Both Basic and Premier plans cover credit monitoring, credit scores, and a multitude of other items. Premier also covers Credit & Debit card monitoring, Student Loan activity and a more comprehensive credit score and report option. Please visit <https://www.sioux-city.org/government/departments-g-p/human-resources/benefits> and scroll down to the Voluntary Benefits section to see more details.

WHAT ARE MY RETIREMENT SAVINGS OPTIONS?

The City of Sioux City offers a deferred compensation plan (457) and we, as a public employer, participate in the State pension plans (MFPRSI for public safety employees and IPERS for non-public safety employees.) Deferred compensation is a retirement income that is available for the duration of the funds. Pension compensation is a benefit available for life. The combination of these two plans help our employees fund their retirement years.

PENSION PLANS - MFPRSI/ IPERS

State of Iowa

All employees of the City of Sioux City participate in a Pension Plan. Public safety employees (Police and Fire) participate in Municipal Fire & Police Retirement System of Iowa (MFPRSI) and non-public safety employees participate in Iowa Public Employees' Retirement System (IPERS). The employer and employee contribution amounts are established by the Pension Plans and published on their respective websites, www.mfprsi.org and www.ipers.org.



DEFERRED COMPENSATION

Mission Square & Nationwide

The City of Sioux City allows regular full-time and regular part-time employees to participate in the City of Sioux City Deferred Compensation Plan (457). This account is a way to set aside money, pre-tax or post-tax, for retirement and participants are 100% vested on day one. City match amount is specific to your bargaining contract/employment manual.

The City of Sioux City utilizes MissionSquare as our deferred compensation provider**.

Website: www.icmarc.org

Contact: Michael McIntosh
202-264-0904

mmcintosh@missionsq.org

(preferred method of contact)

Nationwide (Fire Only)

Contact: Bryan Jimmerson
712-297-4511

JIMMEB1@nationwide.com

** Those covered under the Fire Supervisory Manual may choose between Nationwide and MissionSquare.

CITY OF SIOUX CITY WELLNESS PROGRAM

Well365

The City of Sioux City offers a Wellness Program to promote and improve employee health and wellbeing by participating in a variety of activities and utilizing tools and resources via the Wellness Portal. Employees who participate in these activities earn points. Employees who meet the points requirements for both measurement periods may qualify for a Wellness Incentive each fiscal year.

Measurement Periods

1st Period: July 1st - December 31st

2nd Period: January 1st – June 30th

Points

500

500

Incentives are awarded after the completion of the fiscal year, and employees must meet the points required for both measurement periods. *Employees must work the entire fiscal year (July 1 – June 30) to qualify for the incentives.*

Navigate to the Wellness Portal to log your activities. There are a variety of activities from which you can choose, and you are encouraged to browse through the site to see all it has to offer.

Additionally, the City has a Wellness Committee that meets regularly to plan and promote healthy events and activities. For suggestions or questions, on the Wellness Program or the Wellness Committee, please contact Human Resources at 712-279-6200 or email them at HRInfo@sioux-city.org.

INCENTIVES OFFERED

Wellness Incentive

The Wellness Incentive is \$550.00 paid out in August.





EMPLOYEE ASSISTANCE PLAN (EAP)

Avera Mckenna

Everyone faces challenges throughout life. The Employee Assistance Program (EAP) is designed and offered to help you and your family address those challenges through a variety of resources. Avera Employee Assistance Plan may be able to help you with concerns such as:

- Coping with stress and anxiety
- Managing anger and conflict
- Work-related problems
- Coping with change
- Balancing work and home life
- Dealing with grief and loss
- Parenting outcomes
- Alcohol and/or drug problems
- Relationship problems
- Dealing with depression
- Financial problems
- Legal problems

The Employee Assistance Program...

...serves as an immediate resource. The EAP is accessible 24/7 by calling 800-527-9394 or 605-322-4069

...serves as a confidential service. Your call and the assistance you are provided is not shared with anyone. The only exceptions to confidentiality (by law) relate to situations involving risk of suicide, homicide or child abuse

EAP services are provided free to you and dependent family members as an employer-sponsored benefit.

Avera staff is available 24/7/365 – just call 800-527-9394 or visit their website at Avera.org/EAP
All regular full-time and regular part-time employees may access this benefit

WHO DO I CONTACT WITH QUESTIONS?

HUMAN RESOURCES

City of Sioux City HR
 Phone: 712-279-6200

MEDICAL & PRESCRIPTION

Administrator: Wellmark BC/BS
 Phone: 800-622-0005
 Website: www.mywellmark.com
 Group #: XA023
 App: Wellmark

DENTAL

Administrator: Delta Dental
 Phone: 800-544-0718
 Website: www.deltadentalia.com
 Group #: 1-40833-1
 App: Delta Dental Mobile App

SUPPLEMENTAL MEDICAL

Administrator: Voya
 Phone: 877-236-7564
 Website: www.presents.voya.com/EBRC/CityofSiouxCity
 Group #: 717347
 Plans: Critical Illness, Hospital Indemnity, Accident

VISION

Administrator: VSP
 Phone: 800-544-0718
 Website: www.vsp.com
 Group #: 1-40833-1
 App: VSP Vision Care On the Go

FSA & HSA

Administrator: IBC
 Phone: 712-277-2424
 Website: www.ibcins.biz
 App: Innovative Benefit Consultants



IDENTITY THEFT PROTECTION

Administrator: Aura
 Phone: 888-443-7748

DEFERRED COMP

Administrator: MissionSquare
 Contact: Michael McIntosh
 Phone: 202-264-0904
 Email: mmcintosh@missionsq.org

DEFERRED COMPEN (FIRE ONLY)

Administrator: Nationwide
 Contact: Bryan Jimmerson
 Phone: 712-297-4511
 Email: JIMMEB1@nationwide.com

IPERS

Website: www.ipers.org
 Phone: 800-622-3849

MFPRSI

Website: www.mfprsi.org
 Phone: 888-254-9200

BENEFITS AT A GLANCE & COVERAGE DETAILS

Benefit Eligible Employees	Fire Bargained	Police Bargained	Transit	* Transit (>25 hrs) *
Medical/Rx	√	√	√	√
Dental	√	√	√	√
Vision	√	√	√	√
Flex (Healthcare & Dependent Care)	√	√	√	-
Life Insurance	√	√	√	√
Opt Out Credit	√	√	√	-
Supplemental Medical	√	√	√	√
ID Theft Protection	√	√	√	√
IPERS/MFPRSI (Pension)	√	√	√	√
Deferred Compensation (457)	√	√	√	√
Deferred Comp Match	√	√	√	-
Retirement Severance Pay	√	√	√*	-
Reduction in Force Pay	-	-	-	-
Wellness Incentive	√	√	√	-
HRA (*PHEP)	√*	√	-	-

Medical/Rx: All regular full-time employees and regular part-time employees covered under the Transit contract, are eligible to participate in the City of Sioux City Health Plan. Part-time Transit employees must qualify each year during their designated lookback period to participate in the Health Insurance Plan.

Dental: All regular full-time employees and regular part-time employees covered under the Transit contract, are eligible to participate in the City of Sioux City Dental Plan. Part-time Transit employees must qualify each year during their designated lookback period to participate in the Dental Insurance Plan.

Vision: All regular full-time employees and regular part-time employees covered under the Transit Bargained contract, are eligible to participate in the City of Sioux City Vision Plan. Part-time Transit employees must qualify each year during their designated lookback period to participate in the Vision Insurance Plan.

The Vision plan is a fully insured plan, and the City abides by the rules and regulations associated with the insurance policy.

Flexible Spending Accounts: All regular full-time employees are eligible to participate in the City of Sioux City Flexible Spending Plan.

The City offers Healthcare Flexible Spending and Dependent Care Flexible Spending. Account maximums shown each annual open enrollment and are generally in alignment with IRS maximums.

Life Insurance & Accidental Death & Dismemberment (AD/D): All regular full-time employees and regular part-time employees covered under the Transit contract are eligible for Life Insurance and AD/D. The Life and AD/D coverage amounts are the same. All City life insurance is Term Life.

The City offers Basic Life Insurance of \$25,000 is offered at no cost to the employee for all eligible employees.

Employees are allowed to elect supplemental life insurance for themselves, their legal spouse and their legal dependents under the age of twenty-six (26). Some circumstances may require completion of Evidence of Insurability before the elected coverage is in force.

COVERAGE DETAILS (CONTINUED)

Life Insurance & Accidental Death & Dismemberment (AD/D) (continued):

If you and your spouse and/or children are also benefit eligible City employees, you **may not** cover them under Spouse or Child life insurance. They must carry their own coverage.

Guarantee Issue Amounts

Employee	Spouse
Age <70 - \$200,000 (at initial eligibility)	Age <70 - \$50,000 at initial eligibility
Age 70 to 74 - \$10,000	Age 70 to 74 - \$10,000
Age 75 or greater - \$0.00	Age 75 or greater - \$0.00

Reduction in coverage will be as follows:

Age 70 – coverage amount reduces to 65% of covered amount
Age 75 – coverage amount reduces to 50% of covered amount

Opt Out Credits: All regular full-time employees eligible for health insurance, but who elect to not be covered under City insurance may receive an Opt Out Credit; please refer to your contract for specific information. ***Employees who are covered under the City plan as a dependent will not be eligible for the Opt Out Credit.***

Employees requesting the Opt Out Credit **must provide** a Certificate of Creditable Coverage or other valid documentation showing who all is covered under the alternate insurance, who is the primary policy holder and what insurance company is providing the coverage. This proof of alternate coverage is required annually at Open Enrollment.

Monthly Opt Out Credit amounts are \$200 (Single), \$500 (Employee + 1), \$700 (Employee + 2 or more.)

Supplemental Medical Insurance: All regular full-time and all regular part-time employees are eligible to participate in the Supplemental Medical Insurance offered through Voya. These are fully insured plans and include Accident, Hospital Indemnity and Critical Illness.

Accident and Hospital Indemnity offer a four (4) tier coverage – Employee, Employee + Spouse, Employee + Child/ren, and Family. Critical Illness is an age-banded product and is offered for employees, their legal spouse and their legal dependents. A spouse may not elect Critical Illness unless the employee elects Critical Illness.

Identity Theft Protection: All regular full-time and all regular part-time employees are eligible to participate in the Identity Theft Protection coverage offered through ID Guard (Aura). This is a fully insured plan and there are two (2) options with two (2) levels – Basic Single or Family and Premier Single or Family.

Pension (IPERS/MFPRSI): All City employees participate in the state Pension plans. Public safety employees (Police and Fire) participate in the Municipal Fire and Police Retirement System of Iowa (MFPRSI) and all other employees participate in Iowa Public Employees Retirement System (IPERS).

Deferred Compensation (457): All regular full-time and regular part-time employees are eligible to participate in the City of Sioux City Deferred Compensation Plan. The Plan is administered by Mission Square for all employees except those employees covered under the Fire Bargained contract. The employees covered under the Fire Bargained contract may choose to have their deferred compensation plan through Nationwide or Mission Square.

Deferred Compensation (457) Match: All regular full-time employees may receive a City match to their deferred compensation. Match amounts are shown on each Salary Schedule.

Retirement Severance Pay: All regular full-time employees, except those covered under the Transit Bargained contract, who retire and meet the eligibility defined below, shall receive payment as described.

Fire Bargained – Please refer to The Sioux City Professional Fire Fighter’s Association Contract, Local 7, Article 4.09.

Police Bargained – Please refer to The Sioux City Police Officer’s Association Contract, Article 7.11.

Transit Bargained – Please refer to the contract for The Amalgamated Transit Union under Retirement Allowance, Article 39, Section 4.

Wellness Incentive: All regular full-time employees may be eligible to receive a Wellness Incentive. To earn the incentive, employees must successfully complete all the requirements of the Wellness Program and be an employee for the full fiscal year, July 1 – June 30.

Health Reimbursement Account (HRA): All regular full-time employees who meet the requirements of a bona fide retirement will receive 20% of their remaining sick balance, paid out at the rate of pay on the date of separation and these funds will be deposited into a Health Reimbursement Account. Employees covered under the Fire Bargained contract will receive this pay deposited into their PEHP. Employees covered under the Fire Supervisory Manual have the option to receive this payout in their PEHP or in the HRA.

Fire Bargained Rate Sheet

JANUARY 1, 2026 THROUGH DECEMBER 31, 2026 PREMIUM INFORMATION

JANUARY 1 – JUNE 30, 2026

MEDICAL	SINGLE	2-PERSON	3 OR MORE
Pay Period	\$23.85	\$47.65	\$67.15
Month	\$47.70	\$95.30	\$134.30

JULY 1 – DECEMBER 31, 2026

MEDICAL	SINGLE	2-PERSON	3 OR MORE
Pay Period	\$24.00	\$48.60	\$68.45
Month	\$48.00	\$97.20	\$136.90

DENTAL	PAY	
	PERIOD	MONTH
Employee	\$0.00	\$0.00
+Spouse	\$0.00	\$0.00
+Child(ren)	\$0.00	\$0.00
+Family	\$0.00	\$0.00

VISION	PAY	
	PERIOD	MONTH
Employee	\$3.35	\$6.70
+Spouse	\$6.70	\$13.40
+Child(ren)	\$7.17	\$14.34
+Family	\$9.97	\$19.94

FLEX SPENDING ACCOUNTS (FSA)	
Healthcare FSA Max	\$3,400
Dependent Care FSA Max	\$7,500

BASIC LIFE INSURANCE AND AD/D: \$25,000

SUPPLEMENTAL EMPLOYEE & SPOUSE LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental life insurance in increments of \$10,000 up to *\$300,000 for themselves and increments of \$5,000 up to *\$150,000 for their spouse.

Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000
0-24	\$0.09	35-39	\$0.13	50-54	\$0.34	65-69	\$1.31
25-29	\$0.10	40-44	\$0.16	55-59	\$0.55	70-74	\$2.10
30-34	\$0.12	45-49	\$0.24	60-64	\$0.72	75-79	\$3.60
						80 & up	\$5.41

*Please refer to the Benefit Guide for more information regarding Annual Open Enrollment elections, Guarantee Issue amounts, age reductions and requirements for Evidence of Insurability.

SUPPLEMENTAL CHILD LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental child life insurance in flat amounts of \$5,000, \$10,000 or \$15,000.

*Children to age 26 are eligible for coverage. Premium covers all eligible dependent

Coverage	Monthly Rates	
\$5,000	\$0.95/month	*** Coverage Limitation Birth to 6 Months: \$500; \$1,000, \$1,500 respectively. Once a newborn reaches 6 months, full coverage amounts go into effect.
\$10,000	\$1.90/month	
\$15,000	\$2.85/month	

ACCIDENT INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Employee Only:	\$4.93/month
+Spouse:	\$9.78/month
+Child(ren):	\$10.02/month
+Family:	\$14.87/month

HOSPITAL INDEMNITY INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Only:	\$5.37/month
+Spouse:	\$12.53/month
+Child(ren):	\$9.49/month
+Family:	\$16.65/month

Fire Bargained Rate Sheet

CRITICAL ILLNESS INSURANCE (ALL RATES SHOWN ARE MONTHLY)

Employee					Spouse				
Age	Rate per \$10k	\$10k	\$20k	\$30k	Age	Rate per \$10k	\$5k	\$10k	\$15k
<24	\$2.00	\$2.00	\$4.00	\$6.00	<24	\$2.00	\$1.00	\$2.00	\$3.00
25-29	\$2.70	\$2.70	\$5.40	\$8.10	25-29	\$2.70	\$1.35	\$2.70	\$4.05
30-34	\$3.30	\$3.30	\$6.60	\$9.90	30-34	\$3.30	\$1.65	\$3.30	\$4.95
35-39	\$4.00	\$4.00	\$8.00	\$12.00	35-39	\$4.00	\$2.00	\$4.00	\$6.00
40-44	\$7.40	\$7.40	\$14.80	\$22.20	40-44	\$7.40	\$3.70	\$7.40	\$11.10
45-49	\$11.10	\$11.10	\$22.20	\$33.30	45-49	\$11.10	\$5.55	\$11.10	\$16.65
50-54	\$13.50	\$13.50	\$27.00	\$40.50	50-54	\$13.50	\$6.75	\$13.50	\$20.25
55-59	\$17.20	\$17.20	\$34.40	\$51.60	55-59	\$17.20	\$8.60	\$17.20	\$25.80
60-64	\$20.40	\$20.40	\$40.80	\$61.20	60-64	\$20.40	\$10.20	\$20.40	\$30.60
65-69	\$21.10	\$21.10	\$42.20	\$63.30	65-69	\$21.10	\$10.55	\$21.10	\$31.65
70-74	\$27.30	\$27.30	\$54.60	\$81.90	70-74	\$27.30	\$13.65	\$27.30	\$40.95
75-79	\$27.30	\$27.30	\$54.60	\$81.90	75-79	\$27.30	\$13.65	\$27.30	\$40.95
80-84	\$27.30	\$27.30	\$54.60	\$81.90	80-84	\$27.30	\$13.65	\$27.30	\$40.95
85+	\$27.30	\$27.30	\$54.60	\$81.90	85+	\$27.30	\$13.65	\$27.30	\$40.95

Child				
Age	Rate per \$10k	\$5,000.00	\$10,000.00	\$15,000.00
<26	\$2.50	\$1.25	\$2.50	\$3.75

IDENTITY THEFT PROTECTION

Coverage available for single or family and choose from two tiers of coverage

	Total	Ultimate
Employee Only	\$5.55/month	\$6.90/month
Family	\$9.75/month	\$12.50/month

Police Bargained Rate Sheet

JANUARY 1, 2026 THROUGH DECEMBER 31, 2026 PREMIUM INFORMATION

JANUARY 1 – JUNE 30, 2026

MEDICAL	SINGLE	2-PERSON	3 OR MORE
Pay Period	\$47.75	\$95.30	\$134.30
Month	\$95.50	\$190.60	\$268.60

JULY 1 – DECEMBER 31, 2026

MEDICAL	SINGLE	2-PERSON	3 OR MORE
Pay Period	\$48.05	\$97.25	\$136.95
Month	\$96.10	\$194.50	\$273.90

DENTAL	PAY	
	PERIOD	MONTH
Employee	\$0.00	\$0.00
+Spouse	\$0.00	\$0.00
+Child(ren)	\$0.00	\$0.00
+Family	\$0.00	\$0.00

VISION	PAY	
	PERIOD	MONTH
Employee	\$3.35	\$6.70
+Spouse	\$6.70	\$13.40
+Child(ren)	\$7.17	\$14.34
+Family	\$9.97	\$19.94

FLEX SPENDING ACCOUNTS (FSA)	
Healthcare FSA Max	\$3,400
Dependent Care FSA Max	\$7,500

BASIC LIFE INSURANCE AND AD/D: \$25,000

SUPPLEMENTAL EMPLOYEE & SPOUSE LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental life insurance in increments of \$10,000 up to *\$300,000 for themselves and increments of \$5,000 up to *\$150,000 for their spouse.

Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000
0-24	\$0.09	35-39	\$0.13	50-54	\$0.34	65-69	\$1.31
25-29	\$0.10	40-44	\$0.16	55-59	\$0.55	70-74	\$2.10
30-34	\$0.12	45-49	\$0.24	60-64	\$0.72	75-79	\$3.60
						80 & up	\$5.41

*Please refer to the Benefit Guide for more information regarding Annual Open Enrollment elections, Guarantee Issue amounts, age reductions and requirements for Evidence of Insurability.

SUPPLEMENTAL CHILD LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental child life insurance in flat amounts of \$5,000, \$10,000 or \$15,000.

*Children to age 26 are eligible for coverage. Premium covers all eligible dependent

Coverage	Monthly Rates	
\$5,000	\$0.95/month	*** Coverage Limitation Birth to 6 Months: \$500; \$1,000, \$1,500 respectively. Once a newborn reaches 6 months, full coverage amounts go into effect.
\$10,000	\$1.90/month	
\$15,000	\$2.85/month	

ACCIDENT INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Employee Only:	\$4.93/month
+Spouse:	\$9.78/month
+Child(ren):	\$10.02/month
+Family:	\$14.87/month

HOSPITAL INDEMNITY INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Only:	\$5.37/month
+Spouse:	\$12.53/month
+Child(ren):	\$9.49/month
+Family:	\$16.65/month

Police Bargained Rate Sheet

CRITICAL ILLNESS INSURANCE (ALL RATES SHOWN ARE MONTHLY)

Employee					Spouse				
Age	Rate per \$10k	\$10k	\$20k	\$30k	Age	Rate per \$10k	\$5k	\$10k	\$15k
<24	\$2.00	\$2.00	\$4.00	\$6.00	<24	\$2.00	\$1.00	\$2.00	\$3.00
25-29	\$2.70	\$2.70	\$5.40	\$8.10	25-29	\$2.70	\$1.35	\$2.70	\$4.05
30-34	\$3.30	\$3.30	\$6.60	\$9.90	30-34	\$3.30	\$1.65	\$3.30	\$4.95
35-39	\$4.00	\$4.00	\$8.00	\$12.00	35-39	\$4.00	\$2.00	\$4.00	\$6.00
40-44	\$7.40	\$7.40	\$14.80	\$22.20	40-44	\$7.40	\$3.70	\$7.40	\$11.10
45-49	\$11.10	\$11.10	\$22.20	\$33.30	45-49	\$11.10	\$5.55	\$11.10	\$16.65
50-54	\$13.50	\$13.50	\$27.00	\$40.50	50-54	\$13.50	\$6.75	\$13.50	\$20.25
55-59	\$17.20	\$17.20	\$34.40	\$51.60	55-59	\$17.20	\$8.60	\$17.20	\$25.80
60-64	\$20.40	\$20.40	\$40.80	\$61.20	60-64	\$20.40	\$10.20	\$20.40	\$30.60
65-69	\$21.10	\$21.10	\$42.20	\$63.30	65-69	\$21.10	\$10.55	\$21.10	\$31.65
70-74	\$27.30	\$27.30	\$54.60	\$81.90	70-74	\$27.30	\$13.65	\$27.30	\$40.95
75-79	\$27.30	\$27.30	\$54.60	\$81.90	75-79	\$27.30	\$13.65	\$27.30	\$40.95
80-84	\$27.30	\$27.30	\$54.60	\$81.90	80-84	\$27.30	\$13.65	\$27.30	\$40.95
85+	\$27.30	\$27.30	\$54.60	\$81.90	85+	\$27.30	\$13.65	\$27.30	\$40.95

Child				
Age	Rate per \$10k	\$5,000.00	\$10,000.00	\$15,000.00
<26	\$2.50	\$1.25	\$2.50	\$3.75

IDENTITY THEFT PROTECTION

Coverage available for single or family and choose from two tiers of coverage

	Total	Ultimate
Employee Only	\$5.55/month	\$6.90/month
Family	\$9.75/month	\$12.50/month

Transit Bargained – Full Time Rate Sheet

JANUARY 1, 2026 THROUGH DECEMBER 31, 2026 PREMIUM INFORMATION

JANUARY 1 – JUNE 30, 2026

MEDICAL	SINGLE	2-PERSON	3 OR MORE
Pay Period	\$35.80	\$71.50	\$100.70
Month	\$71.60	\$143.00	\$201.40

JULY 1 – DECEMBER 31, 2026

MEDICAL	SINGLE	2-PERSON	3 OR MORE
Pay Period	\$36.00	\$72.90	\$102.70
Month	\$72.00	\$145.80	\$205.40

DENTAL	PAY	
	PERIOD	MONTH
Employee	\$0.00	\$0.00
+Spouse	\$0.00	\$0.00
+Child(ren)	\$0.00	\$0.00
+Family	\$0.00	\$0.00

VISION	PAY	
	PERIOD	MONTH
Employee	\$3.35	\$6.70
+Spouse	\$6.70	\$13.40
+Child(ren)	\$7.17	\$14.34
+Family	\$9.97	\$19.94

FLEX SPENDING ACCOUNTS (FSA)	
Healthcare FSA Max	\$3,400
Dependent Care FSA Max	\$7,500

BASIC LIFE INSURANCE AND AD/D: \$25,000

SUPPLEMENTAL EMPLOYEE & SPOUSE LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental life insurance in increments of \$10,000 up to *\$300,000 for themselves and increments of \$5,000 up to *\$150,000 for their spouse.

Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000	Age	Rate per \$1,000
0-24	\$0.09	35-39	\$0.13	50-54	\$0.34	65-69	\$1.31
25-29	\$0.10	40-44	\$0.16	55-59	\$0.55	70-74	\$2.10
30-34	\$0.12	45-49	\$0.24	60-64	\$0.72	75-79	\$3.60
						80 & up	\$5.41

*Please refer to the Benefit Guide for more information regarding Annual Open Enrollment elections, Guarantee Issue amounts, age reductions and requirements for Evidence of Insurability.

SUPPLEMENTAL CHILD LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental child life insurance in flat amounts of \$5,000, \$10,000 or \$15,000.

*Children to age 26 are eligible for coverage. Premium covers all eligible dependent

Coverage	Monthly Rates	
\$5,000	\$0.95/month	*** Coverage Limitation Birth to 6 Months: \$500; \$1,000, \$1,500 respectively. Once a newborn reaches 6 months, full coverage amounts go into effect.
\$10,000	\$1.90/month	
\$15,000	\$2.85/month	

ACCIDENT INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Employee Only:	\$4.93/month
+Spouse:	\$9.78/month
+Child(ren):	\$10.02/month
+Family:	\$14.87/month

HOSPITAL INDEMNITY INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Only:	\$5.37/month
+Spouse:	\$12.53/month
+Child(ren):	\$9.49/month
+Family:	\$16.65/month

Transit Bargained – Full Time Rate Sheet

CRITICAL ILLNESS INSURANCE (ALL RATES SHOWN ARE MONTHLY)

Employee					Spouse				
Age	Rate per \$10k	\$10k	\$20k	\$30k	Age	Rate per \$10k	\$5k	\$10k	\$15k
<24	\$2.00	\$2.00	\$4.00	\$6.00	<24	\$2.00	\$1.00	\$2.00	\$3.00
25-29	\$2.70	\$2.70	\$5.40	\$8.10	25-29	\$2.70	\$1.35	\$2.70	\$4.05
30-34	\$3.30	\$3.30	\$6.60	\$9.90	30-34	\$3.30	\$1.65	\$3.30	\$4.95
35-39	\$4.00	\$4.00	\$8.00	\$12.00	35-39	\$4.00	\$2.00	\$4.00	\$6.00
40-44	\$7.40	\$7.40	\$14.80	\$22.20	40-44	\$7.40	\$3.70	\$7.40	\$11.10
45-49	\$11.10	\$11.10	\$22.20	\$33.30	45-49	\$11.10	\$5.55	\$11.10	\$16.65
50-54	\$13.50	\$13.50	\$27.00	\$40.50	50-54	\$13.50	\$6.75	\$13.50	\$20.25
55-59	\$17.20	\$17.20	\$34.40	\$51.60	55-59	\$17.20	\$8.60	\$17.20	\$25.80
60-64	\$20.40	\$20.40	\$40.80	\$61.20	60-64	\$20.40	\$10.20	\$20.40	\$30.60
65-69	\$21.10	\$21.10	\$42.20	\$63.30	65-69	\$21.10	\$10.55	\$21.10	\$31.65
70-74	\$27.30	\$27.30	\$54.60	\$81.90	70-74	\$27.30	\$13.65	\$27.30	\$40.95
75-79	\$27.30	\$27.30	\$54.60	\$81.90	75-79	\$27.30	\$13.65	\$27.30	\$40.95
80-84	\$27.30	\$27.30	\$54.60	\$81.90	80-84	\$27.30	\$13.65	\$27.30	\$40.95
85+	\$27.30	\$27.30	\$54.60	\$81.90	85+	\$27.30	\$13.65	\$27.30	\$40.95

Child				
Age	Rate per \$10k	\$5,000.00	\$10,000.00	\$15,000.00
<26	\$2.50	\$1.25	\$2.50	\$3.75

IDENTITY THEFT PROTECTION

Coverage available for single or family and choose from two tiers of coverage

	Total	Ultimate
Employee Only	\$5.55/month	\$6.90/month
Family	\$9.75/month	\$12.50/month

Transit Bargained – Part Time Rate Sheet

JANUARY 1, 2026 THROUGH DECEMBER 31, 2026 PREMIUM INFORMATION

JANUARY 1 – JUNE 30, 2026

<u>MEDICAL</u>	<u>SINGLE</u>	<u>2-PERSON</u>	<u>3 OR MORE</u>
Pay Period	\$119.35	\$238.35	\$335.75
Month	\$238.70	\$476.70	\$671.50

JULY 1 – DECEMBER 31, 2026

<u>SINGLE</u>	<u>2-PERSON</u>	<u>3 OR MORE</u>
\$120.10	\$243.10	\$342.45
\$240.20	\$486.20	\$684.90

<u>2026</u>	<u>PAY</u>	
<u>DENTAL</u>	<u>PERIOD</u>	<u>MONTH</u>
Employee	\$4.60	\$9.20
+Spouse	\$8.80	\$17.60
+Child(ren)	\$10.75	\$21.50
+Family	\$17.30	\$34.60

<u>2026</u>	<u>PAY</u>	
<u>VISION</u>	<u>PERIOD</u>	<u>MONTH</u>
Employee	\$3.35	\$6.70
+Spouse	\$6.70	\$13.40
+Child(ren)	\$7.17	\$14.34
+Family	\$9.97	\$19.94

BASIC LIFE INSURANCE AND AD/D: \$25,000

SUPPLEMENTAL EMPLOYEE & SPOUSE LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental life insurance in increments of \$10,000 up to *\$300,000 for themselves and increments of \$5,000 up to *\$150,000 for their spouse.

<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>	<u>Age</u>	<u>Rate per \$1,000</u>
0-24	\$0.09	35-39	\$0.13	50-54	\$0.34	65-69	\$1.31
25-29	\$0.10	40-44	\$0.16	55-59	\$0.55	70-74	\$2.10
30-34	\$0.12	45-49	\$0.24	60-64	\$0.72	75-79	\$3.60
						80 & up	\$5.41

*Please refer to the Benefit Guide for more information regarding Annual Open Enrollment elections, Guarantee Issue amounts, age reductions and requirements for Evidence of Insurability.

SUPPLEMENTAL CHILD LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees may elect supplemental child life insurance in flat amounts of \$5,000, \$10,000 or \$15,000.

*Children to age 26 are eligible for coverage. Premium covers all eligible dependent

<u>Coverage</u>	<u>Monthly Rates</u>	
\$5,000	\$0.95/month	*** Coverage Limitation Birth to 6 Months: \$500; \$1,000, \$1,500 respectively. Once a newborn reaches 6 months, full coverage amounts go into effect.
\$10,000	\$1.90/month	
\$15,000	\$2.85/month	

ACCIDENT INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Employee Only:	\$4.93/month
+Spouse:	\$9.78/month
+Child(ren):	\$10.02/month
+Family:	\$14.87/month

HOSPITAL INDEMNITY INSURANCE

Four tier plan and dependents to age 26 are eligible for coverage

Only:	\$5.37/month
+Spouse:	\$12.53/month
+Child(ren):	\$9.49/month
+Family:	\$16.65/month

Transit Bargained – Part Time Rate Sheet

CRITICAL ILLNESS INSURANCE (ALL RATES SHOWN ARE MONTHLY)

Employee					Spouse				
Age	Rate per \$10k	\$10k	\$20k	\$30k	Age	Rate per \$10k	\$5k	\$10k	\$15k
<24	\$2.00	\$2.00	\$4.00	\$6.00	<24	\$2.00	\$1.00	\$2.00	\$3.00
25-29	\$2.70	\$2.70	\$5.40	\$8.10	25-29	\$2.70	\$1.35	\$2.70	\$4.05
30-34	\$3.30	\$3.30	\$6.60	\$9.90	30-34	\$3.30	\$1.65	\$3.30	\$4.95
35-39	\$4.00	\$4.00	\$8.00	\$12.00	35-39	\$4.00	\$2.00	\$4.00	\$6.00
40-44	\$7.40	\$7.40	\$14.80	\$22.20	40-44	\$7.40	\$3.70	\$7.40	\$11.10
45-49	\$11.10	\$11.10	\$22.20	\$33.30	45-49	\$11.10	\$5.55	\$11.10	\$16.65
50-54	\$13.50	\$13.50	\$27.00	\$40.50	50-54	\$13.50	\$6.75	\$13.50	\$20.25
55-59	\$17.20	\$17.20	\$34.40	\$51.60	55-59	\$17.20	\$8.60	\$17.20	\$25.80
60-64	\$20.40	\$20.40	\$40.80	\$61.20	60-64	\$20.40	\$10.20	\$20.40	\$30.60
65-69	\$21.10	\$21.10	\$42.20	\$63.30	65-69	\$21.10	\$10.55	\$21.10	\$31.65
70-74	\$27.30	\$27.30	\$54.60	\$81.90	70-74	\$27.30	\$13.65	\$27.30	\$40.95
75-79	\$27.30	\$27.30	\$54.60	\$81.90	75-79	\$27.30	\$13.65	\$27.30	\$40.95
80-84	\$27.30	\$27.30	\$54.60	\$81.90	80-84	\$27.30	\$13.65	\$27.30	\$40.95
85+	\$27.30	\$27.30	\$54.60	\$81.90	85+	\$27.30	\$13.65	\$27.30	\$40.95

Child				
Age	Rate per \$10k	\$5,000.00	\$10,000.00	\$15,000.00
<26	\$2.50	\$1.25	\$2.50	\$3.75

IDENTITY THEFT PROTECTION

Coverage available for single or family and choose from two tiers of coverage

	Total	Ultimate
Employee Only	\$5.55/month	\$6.90/month
Family	\$9.75/month	\$12.50/month



NOTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR RIGHTS

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records.

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share.

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information.

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

NOTICES (CONTINUED)

File a complaint if you feel your rights are violated.

You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

We will not retaliate against you for filing a complaint.

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

Share information with your family, close friends, or others involved in payment for your care

Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

Marketing purposes

Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive.

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization.

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services.

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

NOTICES (CONTINUED)

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

We can share health information about you for certain situations such as:

Preventing disease

Helping with product recalls

Reporting adverse reactions to medications

Reporting suspected abuse, neglect, or domestic violence

Preventing or reducing a serious threat to anyone's health or safety

Do research.

We can use or share your information for health research.

Comply with the law.

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director.

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests.

We can use or share health information about you:

For workers' compensation claims

For law enforcement purposes or with a law enforcement official

With health oversight agencies for activities authorized by law

For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

OTHER INSTRUCTIONS FOR NOTICE

Effective Date: 07/01/2023

Privacy Officer: Janelle Bertrand, HR Director • 405 6th Street • Sioux City, IA 51101 • PH: 712-279-6200

• Email: jabertrand@sioux-city.org • This Notice of Privacy Practices applies to: City of Sioux City, IA

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However,, you must request enrollment within the designated time for the qualifying event (30 days for marriage, 60 days for birth, adoption or placement for adoption).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact Human Resources at 712-279-6200 or email Hrinfo@Sioux-city.org. You may also come to the HR office at 405 6th Street, Suite 204, Sioux City, IA 51101.



NOTES
