

City of Southaven

2017
Benefits Guide

Presented by:
Gerald Holland

www.Southaven.org





Southaven
Top of Mississippi



OPEN ENROLLMENT BROCHURE | 2017

Benefits for You and Your Family

The City of Southaven is pleased to announce your 2017 benefits program. The program is designed to provide you with benefit solutions that help you stay healthy, feel secure and help you maintain a work / life balance.

During open enrollment, you will have the opportunity to participate in a variety of insurance plans including:

- Medical
- Dental
- Vision
- Life Insurance, LTD
- FSA

The effective date of elected coverage is January 1, 2017. There are a few changes this year, so please review the benefits guide carefully.

Changing Coverage During the Year

You can change your coverage during the year only when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption or loss of coverage. You must notify your Human Resource Department of a qualified change within 30 days of the event, and the election must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Frequently Asked Questions

Q. May I change my benefit coverage at any time?

A. There are only two occasions when you may change (add or cancel) your benefits coverage:

- During open enrollment
- Within 30 days of a “qualifying event”

Q. What is a qualifying event?

A. A qualifying event is a change in a person’s life that created the need to add, cancel, increase or change coverage.

Examples of qualifying events may include:

- Marriage or divorce
- Birth or adoption
- Coverage loss of a spouse
- Loss of other coverage

Please feel free to check with Human Resources if you need clarification in determining if a situation can be classified as a qualifying event.

Q. Following a “qualifying event”, how much time do I have in order to submit a request to change coverage?

A. You must submit your request for change to Human Resources within 30 days of the qualifying event. Otherwise, you will have to wait until the next open enrollment period to change coverage.

Q. How long is my child eligible to stay on my insurance?

A. Your child may remain on your medical and dental insurance until he/she turns 26 years of age.

Medical Insurance

The City of Southaven group medical plans are offered through Cigna. This benefit is designed to protect you and your family against the financial consequences of an illness or accident. The increasing cost of accessing medical care is a valid concern for all employers and employees.

Cigna allows you to choose from a large list of participating providers for all of your health care needs. You may access a list of providers for covered services by visiting the Cigna website at www.myCigna.com.

Please note that 100% of your contributions to your health plan will be deducted from your paycheck on a pre-tax basis.

Medical Benefit Overview

Benefits	MED1	MED2	MED3
	Network / Non-Network	Network / Non-Network	Network / Non-Network
Deductible Individual	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Out-of-Pocket Individual	\$4,000 / No Limit	\$5,500 / No Limit	\$7,150 / No Limit
Family	\$8,000 / No Limit	\$11,000 / No Limit	\$14,300 / No Limit
Coinsurance	80% / 60%	80% / 60%	80% / 60%
Preventive Care (Including Primary & Specialty Physicians and Outpatient Lab, X-Ray or other preventive tests)	100% / 0%	100% / 0%	100% / 0%
Physician / Specialist	\$25 / \$40 copay	\$25 / \$40 copay	\$25 / \$40 copay
Lab, X-Ray & Major Diagnostics (Outpatient CT, PET, MRI, MRA & Nuclear Medicine – Outpatient)	80% / 60%	80% / 60%	80% / 60%
Urgent Care	\$40 copay	\$40 copay	\$40 copay
Emergency Room	Deductible + Co-Insurance	Deductible + Co-Insurance	Deductible + Co-Insurance
Hospital (Inpatient Stay)	80% / 60%	80% / 60%	80% / 60%

Copayments and Deductibles apply to out of pocket maximum

Prescription Drugs	MED1	MED2	MED3
Deductible	\$50	\$50	\$50
Network Pharmacy: Tier I	\$10	\$10	\$10
Network Pharmacy: Tier II	\$30	\$30	\$30
Network Pharmacy: Tier III	\$60	\$60	\$60
Network Pharmacy: Tier IV	\$100	\$100	\$100

Dental Insurance

The dental plan offered through Cigna offers participants two preventive maintenance cleanings per year. Further preventive services such as bi-annual exams, cleanings, sealants, and x-rays will be covered at 100% of total cost. With Cigna, you may choose any dentist to provide your oral care; however, if you choose a preferred provider, claims may be paid directly to your dentist. 100% of your contribution to your dental plan will be deducted from your paycheck.

High Dental Plan Overview - DENHI

Plan Features	In-Network Provider	Out of Network Provider
Calendar year deductible	Individual: \$25 Family: \$75	Individual: \$50 Family: \$150
Annual Maximum (excludes Orthodontia)	\$1,000	\$1,000
Preventive Services	100%, no deductible	100%, no deductible of maximum allowed fee
Basic Services	80% after deductible	80% after deductible of maximum allowed fee
Major Services	50 % after deductible	50% after deductible
Orthodontia	Child Orthodontia- Covers children through age 18. Plan pays 50% (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

*Non-participating dentists can bill you for charges above the amount covered by your Cigna Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network Dentist.

Low Dental Plan Overview - DENLO

Plan Features	In-Network Provider	Out of Network Provider
Calendar year deductible	Individual: \$50 Family: \$150	No Benefits
Annual Maximum (excludes Orthodontia)	\$1,000	No Benefits
Preventive Services	100%, no deductible	No Benefits
Basic Services	50% after deductible	No Benefits
Major Services	No Benefits	No Benefits
Orthodontia	No Benefits	No Benefits

Vision Insurance - VIS

The City of Southaven offers voluntary vision insurance through Cigna. A comprehensive package of vision benefits designed to promote good eye health includes annual routine eye exams paid at 100% after \$10 copay. Please review the chart below. Your contribution to your vision plan will be deducted from your paycheck on a pre-tax basis.

Vision Benefits Overview

PLAN FEATURES	PARTICIPATING PROVIDER BENEFITS	NON-PARTICIPATING PROVIDER BENEFITS
Exam (1 Every Plan Year)	\$10 Copay, then 100%	Up to \$45 allowance *
Lenses (1 Every Plan Year) Single Bifocal Trifocal	\$25 Copay, then 100%	Up to \$40 allowance * Up to \$65 allowance * Up to \$75 allowance *
Frames (1 Every 24 Months)	\$130 allowance, then 20% off any remaining balances	Up to \$45 allowance *
Contact Lenses Elective (Professional Fees & Materials) Medically Necessary	Up to \$110 allowance 100% *	Up to \$105 allowance Up to \$210 allowance *

* Less any applicable copay

Flexible Spending Account (FSA) Benefits

The Health Care Flexible Spending Account (HCFSA) is an IRS- approved, tax-exempt account that saves you valuable tax dollars on eligible medical, dental, vision, prescription and prescribed over-the-counter expenses. When you join, you choose to contribute a set amount to your HCFSA through payroll deduction on a pre-tax basis. This means it is an amount deducted from your gross pay before federal income, Social Security, and Medicare taxes are calculated.

This account can benefit almost all eligible employees, their spouses, children and dependents. You never have to pay taxes on the money you receive from your HCFSA account for qualified expenses. It will be a permanent tax savings, which helps your health care dollars, go further. Insurance premiums are NOT reimbursable through the HCFSA.

Employer Paid Life and AD&D Insurance

The City of Southaven provides Employer-Paid life and AD&D insurance through Cigna at no cost to employee. **\$100,000 Benefit for Police Officers, Firemen & EMT employees and \$25,000 for all other employees.** Imputed Income provisions may apply. Please see <https://www.irs.gov/government-entities/federal-state-local-governments/group-term-life-insurance> for more information.

Employee Paid Long Term Disability Insurance (LTD)

The City of Southaven provides the option of Voluntary Long Term Disability insurance through Cigna. Long term disability insurance offers income replacement in the event of an extended disability for an accident or illness. Please use your 2017 Cigna Benefits Guide to determine the cost for you.

MD Live

The City of Southaven provides Telemedicine to their employees. Whether you are at home, in the office, traveling or you simply want the most convenient way to see a doctor, MDLIVE is easy to use and available on your schedule anytime, anywhere. Their service is secure, confidential and compliant with all medical privacy regulations. You can visit www.MDLIVEforCigna.com. You can also call the number below to get started and make your appointment today. Doctor and pediatrician consults have \$25 Copay.

Important Telephone Numbers and Websites

Benefit	Contact	Phone Number	Website
Medical Insurance	Cigna	1-800-244-6224	www.myCigna.com
Dental Insurance	Cigna	1-800-244-6224	www.myCigna.com
Vision Insurance	Cigna	1-800-244-6224	www.myCigna.com
Life Insurance	Cigna	1-800-362-4462	www.cigna.com
MD Live	MD Live	1-888-726-3171	www.MDLIVEforCigna.com
FSA	Corporate Planning Network	1-800-737-0125	www.cpnflex.com
Holland Insurance	Bruce Robinson	662-895-5528	www.hollandinsuranceinc.com

About This Guide

This guide describes the benefit plans available to you as an employee of The City of Southaven. The details of these plans are contained in the official Plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan documents, the formal wording in the Plan documents will govern.

Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of The City of Southaven.

TRANSITION OF CARE

CONTINUITY OF CARE

See how they work

What is Transition of Care?

With Transition of Care, you may be able to continue to receive services for specified medical and behavioral conditions with health care professionals who are not in the Cigna network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your Cigna medical plan. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

With Continuity of Care, you may be able to receive services at in-network coverage levels for specified medical and behavioral conditions when your health care professional leaves the Cigna network. There must be solid clinical reasons preventing immediate transfer of care to another health care professional. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care professional's termination date. This is the date that he or she is leaving the Cigna network.

How they both work

- › You must already be under treatment for the condition identified on the Transition of Care/Continuity of Care request form.
- › If the request is approved for medical or behavioral conditions:
 - You will receive the in-network level of coverage for treatment of the specific condition by the health care professional for a defined period of time, as determined by Cigna.
 - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by Cigna, you must follow your plan's out-of-network provisions. This includes any precertification requirements.
 - Transition of Care/Continuity of Care applies only to the treatment of the medical or behavioral condition specified and the health care professional identified on the request form. (All other conditions must be cared for by an in-network health care professional for you to receive in-network coverage.)
- › The availability of Transition of Care/Continuity of Care:
 - Does not guarantee that a treatment is medically necessary.
 - Does not constitute precertification of medical services to be provided.
- › Depending on the actual request, a medical necessity determination and formal precertification may still be required for a service to be covered.

Cigna Transition of Care/Continuity of Care request form



See instructions for completing this form on the reverse side.

New Cigna enrollee (Transition of Care applicant)

Existing Cigna customer whose health care professional terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in Cigna Plan (mm/dd/yyyy)	
Employee Name		Employee Social Security # or Alternate ID	Work Phone
Home Address Street		City State	ZIP
Patient's Name		Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)
		Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self	

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____ (mm/dd/yyyy) Yes No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes. Yes No
3. Is the patient currently receiving treatment for an acute condition or trauma? Yes No
4. Is the patient scheduled for surgery or hospitalization after your effective date with Cigna? Yes No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? Yes No
6. Is the patient receiving treatment as a result of a recent major surgery? Yes No
7. Is the patient receiving dialysis treatment? Yes No
8. Is the patient a candidate for organ transplant? Yes No
9. Is the patient receiving mental health/substance abuse treatment? Yes No
10. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.

11. Please complete the health care professional information request below.

Group Practice Name		
Health Care Professional Name		Health Care Professional Phone #
Health Care Professional Specialty		
Health Care Professional Address		
Hospital Where Health Care Professional Practices		Hospital Phone #
Hospital Address		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

12. Is this patient expected to be in the hospital when coverage with Cigna begins or during the next 90 days? Yes No
13. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate Transition of Care/Continuity of Care form.

I hereby authorize the above health care professional to give Cigna or any affiliated Cigna company any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care under Cigna. I understand I am entitled to a copy of this authorization form.

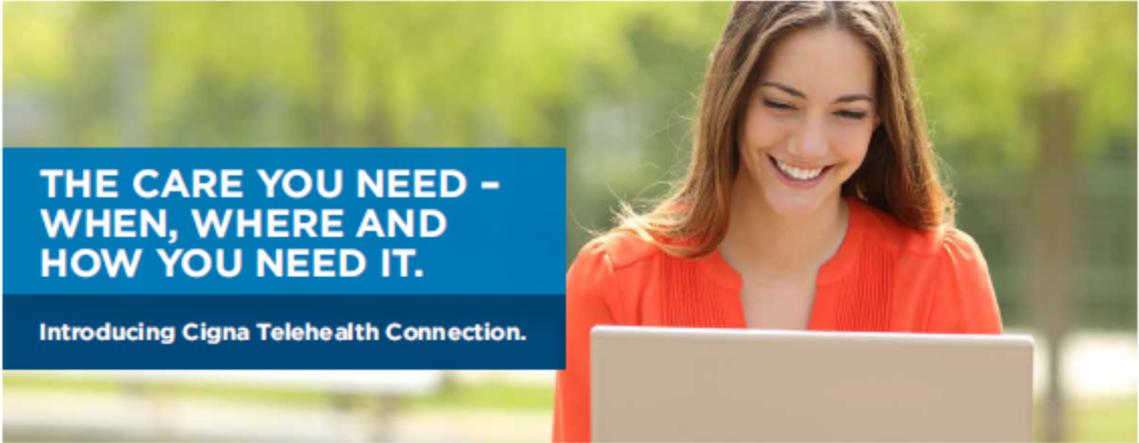
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)
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For medically related services, submit this request form to:

Cigna Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive, Pittsburgh, PA 15275
Fax 412.747.7087

For behavioral health related services please contact Cigna Behavioral Health by calling the customer service phone number on the back of your ID card.

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of participant's effective date. Review for Organ Transplant requests may take longer than 10 days.



THE CARE YOU NEED - WHEN, WHERE AND HOW YOU NEED IT.

Introducing Cigna Telehealth Connection.

Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan - **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- › sore throat
- › fever
- › rash
- › headache
- › cold and flu
- › acne
- › stomachache
- › allergies
- › UTIs and more

The cost savings are clear.

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.



AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- › Go to **Cignabehavioral.com** to search for a video telehealth specialist
- › Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Together, all the way.®



YOUR HEALTH HAS MET ITS APP®

Get the myCigna Mobile App and access your health plan anytime and anywhere you go.

Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The myCigna Mobile App helps you personalize, organize and access your important plan information on your phone or tablet. The app has a new look and feel and it's available in Spanish too! Use the myCigna Mobile App, to log in anytime, anywhere to:

- › **Manage** and track claims
- › **View**, fax or email ID card information
- › **Find** doctors and compare cost and quality ratings
- › **Review** your coverage
- › **Track** your account balances and deductibles
- › **Submit** receipts for reimbursement from your Cigna HRA and/or FSA*
- › **Refill** your Cigna Home Delivery PharmacySM prescriptions online and view order history
- › **Compare** prescription drug prices at thousands of pharmacies in our network

The myCigna Mobile App is all about helping you stay organized and in control of your health - anytime, anywhere - so you can get more out of life.

Download the myCigna Mobile App for your mobile device.**



Disponible en Español.

Together, all the way.™





A PHARMACY AT YOUR FINGERTIPS

Cigna Home Delivery Pharmacy

As a Cigna customer, you'll have access to Cigna Home Delivery PharmacySM, designed especially for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and more.

You'll enjoy:

- › Easy refills – up to a 90-day supply means fewer refills
- › Reminder service to refill or take your medication available at Cigna.com/CoachRx
- › Our free QuickFill service will call or email you when it's time to refill your prescriptions
- › Fast answers from Cigna pharmacists 24/7

800.285.4812

Manage your medication

Log in to myCigna.com where you can obtain the following important information about your prescription medications:

- › Compare medication prices
- › Check order status
- › Review number of refills remaining
- › Order refills and more

QuickSwitch[®] – we make filling a prescription simple

Have the following information handy when you call. We'll do the rest!

1. Name and Cigna ID number
2. Prescription medication names and dosage (for you or a covered family member)
3. Doctor information (name, phone number)
4. Payment information (American Express, Discover, MasterCard or VISA)

With this information, we will request a prescription from your doctor. Once we receive it, we will fill your medication and mail it to your home or other location of your choice.

Together, all the way.SM



WELCOME TO

**CIGNA HOME
DELIVERY
PHARMACY**



Every member will receive a medical id card with their name on it. The dental and vision are subscriber based—only the employee name will appear on those.

myCigna.com

1 Select
2 Preferred Hospital

3 Cigna Health Care of XXXXX, Inc.
4 Coverage effective date: MM/DD/CCYY
5 Group: 1234567
6 Issuer (80840)
7 ID: U23456789 01
8 Name: **John Public**
9 PCP: **John Smith**
10 PCP phone: XXX-XXX-XXXX
11 ID card acct name
12 RxBIN Rx Bin RxPCN Rx Contr
13 DOI

14 HMO
15 No referred required
PCP visit \$15
Specialist \$15
Hospital ER \$50
Urgent care \$25
Vision Yes
Rx 41/\$20/\$40
Rx Indiv deduct \$50
Coinsurance applies

16 Client logo

17 NSP logo
Network Savings Program

18 Cat#

1 CLIENT NAME
2 Dental DPPO-Network Name
3 Cigna

4 Connection
5 Customer ID
T93 1D1 278
T93 1D1 278
T93 1D1 278

6 Legal Entity Name
SAMPLE, JOHN
SAMPLE, ISAAH
SAMPLE, ZION

7 Insured
Account No
9999999

8 Effective Date
MM/DD/CCYY

9 Diagnostic & Preventive Care	In-Network	Out-of-Network
Basic Restorative	100% no ded	100% no ded
Major Restorative	80% after ded	80% after ded
Orthodontist	50% after ded	50% after ded

10 Annual Ded S \$50/F \$150	Annual Max \$1500	Ortho Ded S \$50/F \$150	Ortho Lifetime Max \$2000
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Actual size of ID card

Sample Vision ID Card

Cigna Vision

CIGNA Health and Life Insurance Company

Customer ID
T93070614 WALKEN, JONATHAN

Effective Date
01-01-2004

Account No: 1234567

Customer Service Toll-Free: 1.877.478.7557

Find a Doctor: Visit myCigna.com, click the link on your Vision Coverage page or cigna.com, Provider Directory, click on Vision.



Southaven
Top of Mississippi



City of Southaven

2017 Benefits Guide for Cigna Coverages

Presented by
Gerald Holland Jr. of
Holland Insurance



HOLLAND
INSURANCE, INC.





Basic Life and AD&D Insurance
Benefits Summary for

City of Southaven: ALL ACTIVE FULL-TIME EMPLOYEES OF THE EMPLOYER	
Minimum Work Hours Required	30 hours per week
Coverage Payment	Coverage is paid for by the City of Southaven
BENEFITS	
Employee Benefit Amount (Life and AD&D)	Flat \$25,000
Benefit Reduction Schedule (Life and AD&D)	Benefits will reduce when the employee reaches the following ages: At age 65 – benefit reduces to 65% At age 70 – benefit reduces to 50%
FEATURES	
Waiver of Premium (Life Insurance only)	Coverage may continue if the individual becomes disabled if the following occurs: - Must be totally disabled before age 60 and meet the definition of disability. - 9 month waiting period must be met. - Benefit provided to age 65.
Terminal Illness (Life Insurance only)	If employee has a Life expectancy of 12 months or less, they may request up to 50% of their coverage.
Conversion (Life and AD&D)	Upon termination of employment, coverage may be converted to an individual policy (rates may differ from group rates)
Beneficiary Services (Life and AD&D)	Comprehensive package of financial, bereavement and legal counseling
Will Preparation Services (Life and AD&D)	Online interactive tool helps covered employees and their spouses create a will and other legal documents. The site also provides access to other valuable financial educational materials.
AD&D BENEFITS – EMPLOYEES ONLY	
Living Benefits	Up to 100% of the Principal Sum for paralysis, dismemberment, loss of eyesight and speech and hearing in both ears.
Dismemberment	One member – 50% of principal sum Two members – 100% of principal sum Thumb & Index finger – 25% of principal sum All 4 fingers/same hand – 25% of principal sum All toes/same foot – 20% of principal sum
Coma	Loss results directly and independently of all other causes: 1% per month for 11months, then 100% of principal sum after 12 th month
CIGNA Secure Travel	Travel assistance program. Trips more than 100 miles from home Medical evacuation and repatriation with no maximum limits
Seatbelt/Airbag	Seatbelt: Additional 10% of principal sum to \$25,000 Airbag: Additional 5% of principal sum to max of \$10,000

This benefit summary outlines the provisions detailed in the Certificate Booklet. Should there be any discrepancy between the Certificate Booklet and this outline, the Certificate Booklet will prevail.



Basic Life and AD&D Insurance
Benefits Summary for

City of Southaven: ALL ACTIVE FULL-TIME FIREFIGHTERS, POLICE OFFICERS, AND PARAMEDICS OF THE EMPLOYER	
Minimum Work Hours Required	30 hours per week
Coverage Payment	Coverage is paid for by the City of Southaven
BENEFITS	
Employee Benefit Amount (Life and AD&D)	Flat \$100,000
Benefit Reduction Schedule (Life and AD&D)	Benefits will reduce when the employee reaches the following ages: At age 65 – benefit reduces to 65% At age 70 – benefit reduces to 50%
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CIGNA Group Insurance
Life • Accident • Disability

LIFE INSURANCE COMPANY OF NORTH AMERICA
1601 Chestnut Street, Philadelphia, PA 19192

DECLINATION OF COVERAGE

I, _____, have been offered group life insurance coverage, in an amount in excess of \$50,000, under a policy issued by Life Insurance Company of North America to insure employees of my employer, _____.

I do not wish to have Group Life Insurance in excess of \$50,000 under the program sponsored by my employer. If I wish to have the excess coverage in the future, I understand that I may be required to furnish evidence of insurability and will not be insured unless and until my application is approved by the insurance company.

Date

Signature

Welcome to
CIGNA Group Insurance, a
subsidiary of CIGNA
Corporation.

We provide Voluntary Term
Life and Voluntary AD&D
insurance for Employees of
The City of Southaven

Who Needs Life Insurance?

You do. Single or married.
Buying your first home or
preparing for retirement.
Raising children or sending
them off to college. No matter
where you are in life, insurance
should be part of your financial
plan.

Having adequate insurance
coverage is not only the basis
for a sound financial blueprint, it
also provides the protection you
need to help ensure that your
family, your home and your
finances will be protected.

By purchasing Life insurance
through your employer, you
benefit from:

- Affordable group rates
- Convenient payroll deduction
- Guaranteed Coverage with no medical questions
- Access to knowledgeable service representatives

This flyer highlights some of the
benefits available to you. For
more information, refer to the
CIGNA Group Insurance Life
booklets available from your
employer.



Voluntary Life/AD&D for Employees of *The City of Southaven*

Benefits

- **What is Life and AD&D Coverage?** Life is simple Term Life insurance that pays your beneficiary a death benefit upon your death. It does not build up any cash value. AD&D is Accidental Death and Dismemberment. It pays an additional benefit if death is due to accident or you lose a body part because of such accident. Coverage is available for all full-time Employees of the Employer regularly working the stated minimum number of hours per week. If enrolling for the first time, you must be actively at work on the Effective Date to be covered on this plan.

- **Employee Voluntary Life & AD&D:** You can purchase in Units of \$10,000 (not to exceed 5 times annual earnings) to a maximum of \$ 500,000. Any amount selected up to \$ 120,000 is Guarantee Issue, **meaning no Medical Underwriting. We can not turn you down for coverage up to \$ 120,000 (5 X's salary).** If you exceed this amount, you must complete an Evidence of Insurability Form. If you are a late entrant, you must also submit EOI.

Dependent Life: You must enroll in Employee coverage in order to elect Spouse or Child Coverage. Dependents can not be disabled at time of Enrollment.

Spouse: Units of \$ 5,000 up to \$ 250,000 (not to exceed 100% of EE amount).

Child: Birth to 25 years: Units of \$1,000 to \$ 10,000

(if full-time student, 19 if not full time student)

Spouse coverage up to \$ 50,000 and child coverage up to \$ 10,000 is under Guarantee Issue.

* **Guaranteed Coverage Amount is only available to Spouse and Children, as long as they are not confined (at home, in a hospital, or in any other care facility) at the time that coverage is effective, unless that coverage was already in place under the prior carrier.**

- Waiver of premium is included- If you become disabled and no longer are employed, coverage can continue if you meet certain conditions and premium is waived.
- Age Reduction: 67% at age 70, 33% at age 75+.
- Terminal Illness Benefit: 50% up to \$250,000 for Voluntary benefits.
- Portability and Conversion Included- Can take this policy with you if you leave.
- There is a 2 year Suicide Exclusion on the Voluntary Life. We will not pay a benefit in the first 2 years if cause of death is due to suicide. If you were insured under the prior carrier for a minimum of 2 years, then this does not apply.
- Life Insurance can be purchased independently of AD&D coverage and vice-versa. Amounts do not have to match.
- If you are a **new hire**, within your eligibility waiting period, and if you chose to elect coverage during this "open enrollment" period, you will not have to show proof of good health or complete an evidence of insurability form. You can't be turned down for coverage if you are eligible and enroll now. If you opt out, you will have to supply evidence in the future, and could be turned down. **If you have declined coverage in the past or are enrolling outside your eligibility waiting period (late entrant), you will have to complete an Evidence of Insurability form and be approved for coverage.**
- The coverage is entirely Employee paid, which can be made through payroll deductions. **Please refer to the rate sheets to see an estimated cost.**

About CIGNA Group Insurance

- CIGNA Group Insurance is a subsidiary of CIGNA Corporation, a benefits company that has been in business for over 200 years. CIGNA is a leading provider for Group Life Insurance, with more than 90 years of group life experience. CIGNA Group Insurance covers nearly 2.4 million people for Life Insurance. Our company has received a rating of "Excellent" or better from the A.M. Best Company for the past 15 years.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is *not* a complete description of plan provisions. Receipt of this sheet does *not* certify eligibility for benefits under this plan.
- When you become eligible for benefits, your employer will provide you with the CIGNA Group Insurance Life booklets containing complete plan details.

City of Southaven

Voluntary Life & AD&D Insurance - Employees + Child Coverage

Semi-Monthly Cost (every 24 pay periods)



EE's can select ins. coverage in units of \$10,000 (5 X's salary limit) to a max. of \$500,000

Benefit													EE
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	AD&D
\$10,000	\$0.22	\$0.44	\$0.56	\$0.67	\$0.78	\$1.22	\$1.99	\$3.54	\$6.65	\$9.95	\$15.25	\$28.50	\$0.20
\$20,000	\$0.44	\$0.88	\$1.11	\$1.33	\$1.55	\$2.43	\$3.98	\$7.07	\$13.30	\$19.90	\$30.50	\$57.00	\$0.40
\$30,000	\$0.66	\$1.32	\$1.67	\$2.00	\$2.33	\$3.65	\$5.97	\$10.61	\$19.95	\$29.85	\$45.75	\$85.50	\$0.60
\$40,000	\$0.88	\$1.76	\$2.22	\$2.66	\$3.10	\$4.86	\$7.96	\$14.14	\$26.60	\$39.80	\$61.00	\$114.00	\$0.80
\$50,000	\$1.10	\$2.20	\$2.78	\$3.33	\$3.88	\$6.08	\$9.95	\$17.68	\$33.25	\$49.75	\$76.25	\$142.50	\$1.00
\$60,000	\$1.32	\$2.64	\$3.33	\$3.99	\$4.65	\$7.29	\$11.94	\$21.21	\$39.90	\$59.70	\$91.50	\$171.00	\$1.20
\$70,000	\$1.54	\$3.08	\$3.89	\$4.66	\$5.43	\$8.51	\$13.93	\$24.75	\$46.55	\$69.65	\$106.75	\$199.50	\$1.40
\$80,000	\$1.76	\$3.52	\$4.44	\$5.32	\$6.20	\$9.72	\$15.92	\$28.28	\$53.20	\$79.60	\$122.00	\$228.00	\$1.60
\$90,000	\$1.98	\$3.96	\$5.00	\$5.99	\$6.98	\$10.94	\$17.91	\$31.82	\$59.85	\$89.55	\$137.25	\$256.50	\$1.80
\$100,000	\$2.20	\$4.40	\$5.55	\$6.65	\$7.75	\$12.15	\$19.90	\$35.35	\$66.50	\$99.50	\$152.50	\$285.00	\$2.00
\$110,000	\$2.42	\$4.84	\$6.11	\$7.32	\$8.53	\$13.37	\$21.89	\$38.89	\$73.15	\$109.45	\$167.75	\$313.50	\$2.20
\$120,000	\$2.64	\$5.28	\$6.66	\$7.98	\$9.30	\$14.58	\$23.88	\$42.42	\$79.80	\$119.40	\$183.00	\$342.00	\$2.40
\$130,000	\$2.86	\$5.72	\$7.22	\$8.65	\$10.08	\$15.80	\$25.87	\$45.96	\$86.45	\$129.35	\$198.25	\$370.50	\$2.60
\$140,000	\$3.08	\$6.16	\$7.77	\$9.31	\$10.85	\$17.01	\$27.86	\$49.49	\$93.10	\$139.30	\$213.50	\$399.00	\$2.80
\$150,000	\$3.30	\$6.60	\$8.33	\$9.98	\$11.63	\$18.23	\$29.85	\$53.03	\$99.75	\$149.25	\$228.75	\$427.50	\$3.00
\$200,000	\$4.40	\$8.80	\$11.10	\$13.30	\$15.50	\$24.30	\$39.80	\$70.70	\$133.00	\$199.00	\$305.00	\$570.00	\$4.00
\$250,000	\$5.50	\$11.00	\$13.88	\$16.63	\$19.38	\$30.38	\$49.75	\$88.38	\$166.25	\$248.75	\$381.25	\$712.50	\$5.00
\$300,000	\$6.60	\$13.20	\$16.65	\$19.95	\$23.25	\$36.45	\$59.70	\$106.05	\$199.50	\$298.50	\$457.50	\$855.00	\$6.00
\$400,000	\$8.80	\$17.60	\$22.20	\$26.60	\$31.00	\$48.60	\$79.60	\$141.40	\$266.00	\$398.00	\$610.00	\$1,140.00	\$8.00
\$500,000	\$11.00	\$22.00	\$27.75	\$33.25	\$38.75	\$60.75	\$99.50	\$176.75	\$332.50	\$497.50	\$762.50	\$1,425.00	\$10.00

Child Life Benefit (a)	\$5K Life	\$10K Life
Cost	\$0.46	\$0.91

*** Spouse or Child Coverage Requires Employee Coverage**
Guar. Issue - NO Underwriting - Nov. 2014 & New Employees
EE's- 5 X Salary to \$120K; Spouses to \$50,000; & CH to \$10K

(a) Birth to 19 years; \$1,000 to \$10,000 (age 25 if Student). No extra charge for additional children.

City of Southaven

Voluntary Life Insurance - Spouse Coverage

Semi-Monthly Cost (every 24 pay periods)



Spouses can select ins. coverage in units of \$5,000 to a max. of \$250,000 (100% EE Amt.)

Benefit	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.11	\$0.11	\$0.17	\$0.22	\$0.28	\$0.50	\$0.66	\$1.27	\$2.38	\$3.43	\$5.63	\$10.00
\$10,000	\$0.22	\$0.22	\$0.33	\$0.44	\$0.56	\$1.00	\$1.33	\$2.54	\$4.75	\$6.85	\$11.25	\$20.00
\$15,000	\$0.33	\$0.33	\$0.50	\$0.66	\$0.83	\$1.49	\$1.99	\$3.81	\$7.13	\$10.28	\$16.88	\$30.00
\$20,000	\$0.44	\$0.44	\$0.66	\$0.88	\$1.11	\$1.99	\$2.65	\$5.08	\$9.50	\$13.70	\$22.50	\$40.00
\$25,000	\$0.55	\$0.55	\$0.83	\$1.10	\$1.39	\$2.49	\$3.31	\$6.35	\$11.88	\$17.13	\$28.13	\$50.00
\$30,000	\$0.66	\$0.66	\$0.99	\$1.32	\$1.67	\$2.99	\$3.98	\$7.62	\$14.25	\$20.55	\$33.75	\$60.00
\$35,000	\$0.77	\$0.77	\$1.16	\$1.54	\$1.94	\$3.48	\$4.64	\$8.89	\$16.63	\$23.98	\$39.38	\$70.00
\$40,000	\$0.88	\$0.88	\$1.32	\$1.76	\$2.22	\$3.98	\$5.30	\$10.16	\$19.00	\$27.40	\$45.00	\$80.00
\$45,000	\$0.99	\$0.99	\$1.49	\$1.98	\$2.50	\$4.48	\$5.96	\$11.43	\$21.38	\$30.83	\$50.63	\$90.00
\$50,000	\$1.10	\$1.10	\$1.65	\$2.20	\$2.78	\$4.98	\$6.63	\$12.70	\$23.75	\$34.25	\$56.25	\$100.00
\$55,000	\$1.21	\$1.21	\$1.82	\$2.42	\$3.05	\$5.47	\$7.29	\$13.97	\$26.13	\$37.68	\$61.88	\$110.00
\$60,000	\$1.32	\$1.32	\$1.98	\$2.64	\$3.33	\$5.97	\$7.95	\$15.24	\$28.50	\$41.10	\$67.50	\$120.00
\$65,000	\$1.43	\$1.43	\$2.15	\$2.86	\$3.61	\$6.47	\$8.61	\$16.51	\$30.88	\$44.53	\$73.13	\$130.00
\$70,000	\$1.54	\$1.54	\$2.31	\$3.08	\$3.89	\$6.97	\$9.28	\$17.78	\$33.25	\$47.95	\$78.75	\$140.00
\$75,000	\$1.65	\$1.65	\$2.48	\$3.30	\$4.16	\$7.46	\$9.94	\$19.05	\$35.63	\$51.38	\$84.38	\$150.00
\$80,000	\$1.76	\$1.76	\$2.64	\$3.52	\$4.44	\$7.96	\$10.60	\$20.32	\$38.00	\$54.80	\$90.00	\$160.00
\$100,000	\$2.20	\$2.20	\$3.30	\$4.40	\$5.55	\$9.95	\$13.25	\$25.40	\$47.50	\$68.50	\$112.50	\$200.00
\$150,000	\$3.30	\$3.30	\$4.95	\$6.60	\$8.33	\$14.93	\$19.88	\$38.10	\$71.25	\$102.75	\$168.75	\$300.00
\$200,000	\$4.40	\$4.40	\$6.60	\$8.80	\$11.10	\$19.90	\$26.50	\$50.80	\$95.00	\$137.00	\$225.00	\$400.00
\$250,000	\$5.50	\$5.50	\$8.25	\$11.00	\$13.88	\$24.88	\$33.13	\$63.50	\$118.75	\$171.25	\$281.25	\$500.00

Child Life Benefit (a)	\$5K Life	\$10K Life
Cost	\$0.46	\$0.91

*** Spouse or Child Coverage Requires Employee Coverage**
Guar. Issue - NO Underwriting - Nov. 2014 & New Employees
EE's- 5 X Salary to \$120K; Spouses to \$50,000; & CH to \$10K



(a) Birth to 19 years; \$1,000 to \$10,000 (age 25 if Student). No extra charge for additional children.

Welcome to
CIGNA Group Insurance, a
subsidiary of CIGNA
Corporation.

We provide Voluntary Long
Term Disability insurance for
Employees of
The City of Southaven

Who Needs Disability Insurance?

You do. Single or married.
Buying your first home or
preparing for retirement.
Raising children or sending
them off to college. No matter
where you are in life, insurance
should be part of your financial
plan.

Having adequate insurance
coverage is not only the basis
for a sound financial blueprint; it
also provides the protection you
need to help ensure that your
family, your home and your
finances will be protected.

By purchasing Disability
insurance through your
employer, you benefit from:

- Affordable group rates
- Convenient payroll deduction
- Guaranteed Coverage with no medical questions
- Access to knowledgeable service representatives

This flyer highlights some of the
benefits available to you. For
more information, refer to the
CIGNA Group Insurance Long
Term Disability booklets
available from your employer.



Voluntary Long Term Disability for Employees of *The City of Southaven*

Benefits

- What is **Disability Insurance**? Paycheck Insurance. If you get sick or hurt and can't perform your job as stated by a doctor, you select a percentage of your monthly pay (your paycheck). Coverage is available for all full-time Employees of the Employer regularly working the minimum stated number of hours per week. If enrolling for the first time, you must be in Active Employment on the Effective Date to be covered.
- **Voluntary LTD:** You purchase in units of \$100 up to 60% of monthly income to a \$5,000 benefit maximum per month. Premiums are Payroll Deducted Post Tax resulting in Tax Free benefits. Provides Full Income Replacement up to \$100,000 a year in income.
- **180 Day Elimination Period.** This is your waiting period before you qualify for benefits (6 Months). You do not have to completely disabled to qualify and days do not have to be consecutive.
- Provides a benefit **To Age 65.** If older than age 65 when disabled, it will still pay a benefit, but will be a reduced duration ranging from a year to 5 years.
- CIGNA LTD allows for **partial disabilities**- do not have to be totally disabled to qualify or continue benefits. You can work part-time and still receive a benefit.
- CIGNA's Policy does not **Offset** (Reduce its benefit amount) by any **Individual Disability** coverage a person may have. You can get paid both the CIGNA LTD plan, plus any individual coverage you may have. You will receive the full 60% benefit despite having Individual coverage.
- If you are a **new hire**, within your eligibility waiting period, and if you chose to elect coverage during this "open enrollment" period, you will not have to show proof of good health or complete an evidence of insurability form. You can't be turned down for coverage if you are eligible and enroll now. If you opt out, you will have to supply evidence in the future, and could be turned down. **If you have declined coverage in the past or are enrolling outside your eligibility waiting period (late entrant), you will have to complete an Evidence of Insurability form and be approved for coverage.**
- There will be a **pre-existing condition limitation** that excludes, for a period of 12 months, coverage for any condition which you were under treatment for or being affected by during the 6 months prior to your effective date. If you have been insured under the prior plan for at least 12 months, pre-ex does not apply to you.

Cost

- The **voluntary** coverage is entirely Employee paid, which can be made through payroll deductions. Please see the attached rate sheets to get an estimate of your cost. Your actual cost will be based on your age and election.

About CIGNA Group Insurance

- CIGNA Group Insurance is a subsidiary of CIGNA Corporation, a benefits company that has been in business for over 200 years. Our company has received a rating of "Excellent" or better from the A.M. Best Company for the past 15 years.

For Complete Plan Details

- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is *not* a complete description of plan provisions. Receipt of this sheet does *not* certify eligibility for

City of Southaven
Long Term Disability

Age 30-34



Salary		LTD Deductions		Benefit
Monthly	Annual	Semi-Mo	Monthly	Monthly
\$166.67	\$2,000	\$0.29	\$0.57	\$100.00
\$333.33	\$4,000	\$0.57	\$1.14	\$200.00
\$500.00	\$6,000	\$0.86	\$1.72	\$300.00
\$666.67	\$8,000	\$1.14	\$2.29	\$400.00
\$833.33	\$10,000	\$1.43	\$2.86	\$500.00
\$1,000.00	\$12,000	\$1.72	\$3.43	\$600.00
\$1,166.67	\$14,000	\$2.00	\$4.00	\$700.00
\$1,333.33	\$16,000	\$2.29	\$4.58	\$800.00
\$1,500.00	\$18,000	\$2.57	\$5.15	\$900.00
\$1,666.67	\$20,000	\$2.86	\$5.72	\$1,000.00
\$1,833.33	\$22,000	\$3.15	\$6.29	\$1,100.00
\$2,000.00	\$24,000	\$3.43	\$6.86	\$1,200.00
\$2,166.67	\$26,000	\$3.72	\$7.44	\$1,300.00
\$2,333.33	\$28,000	\$4.00	\$8.01	\$1,400.00
\$2,500.00	\$30,000	\$4.29	\$8.58	\$1,500.00
\$2,666.67	\$32,000	\$4.58	\$9.15	\$1,600.00
\$2,833.33	\$34,000	\$4.86	\$9.72	\$1,700.00
\$3,000.00	\$36,000	\$5.15	\$10.30	\$1,800.00
\$3,166.67	\$38,000	\$5.43	\$10.87	\$1,900.00
\$3,333.33	\$40,000	\$5.72	\$11.44	\$2,000.00
\$3,500.00	\$42,000	\$6.01	\$12.01	\$2,100.00
\$3,666.67	\$44,000	\$6.29	\$12.58	\$2,200.00
\$3,833.33	\$46,000	\$6.58	\$13.16	\$2,300.00
\$4,000.00	\$48,000	\$6.86	\$13.73	\$2,400.00
\$4,166.67	\$50,000	\$7.15	\$14.30	\$2,500.00
\$4,333.33	\$52,000	\$7.44	\$14.87	\$2,600.00
\$4,500.00	\$54,000	\$7.72	\$15.44	\$2,700.00
\$4,666.67	\$56,000	\$8.01	\$16.02	\$2,800.00
\$4,833.33	\$58,000	\$8.29	\$16.59	\$2,900.00
\$5,000.00	\$60,000	\$8.58	\$17.16	\$3,000.00
\$5,166.67	\$62,000	\$8.87	\$17.73	\$3,100.00
\$5,333.33	\$64,000	\$9.15	\$18.30	\$3,200.00
\$5,500.00	\$66,000	\$9.44	\$18.88	\$3,300.00
\$5,666.67	\$68,000	\$9.72	\$19.45	\$3,400.00
\$5,833.33	\$70,000	\$10.01	\$20.02	\$3,500.00
\$6,000.00	\$72,000	\$10.30	\$20.59	\$3,600.00
\$6,166.67	\$74,000	\$10.58	\$21.16	\$3,700.00
\$6,333.33	\$76,000	\$10.87	\$21.74	\$3,800.00
\$6,500.00	\$78,000	\$11.15	\$22.31	\$3,900.00

Locate your monthly salary on the Left, scroll across to locate the benefit amount you qualify for. You may choose this amount or anything below that.



The City of Southaven Helps You Save Money

- The offers a Flexible Spending Account (FSA) to help you pay for Medical and Dependent care expenses.

- Flexible Spending Account (FSA)
 - You fund it yourself

Flexible Spending Account (FSA)

- There are two types of Flexible Spending Accounts
 - Medical care - \$2600 per calendar year
 - Dependent care - \$5000 per calendar year
- The advantage of using an FSA is the money is taken out of your check **PRE-TAX!**
- You fund the accounts yourself – the money comes out of your check every week
- You are mailed a Debit Card. It acts just like a credit card for medical expenses – **no need for paperwork!**
- You can still collect the receipts and EOB's and send them in for reimbursement

What's the catch? Use it or LOSE IT!

You must use the money you set aside during the calendar year.*

* You can roll up to \$500 of unused funds to the next plan year.

**CITY OF SOUTHAVEN
2017 BENEFITS OPEN ENROLLMENT
REQUIRED FORMS CHECKLIST:**

Please Print

Do not remove this checklist

Name: _____

Department Name or #: _____

Required Forms:

Employee Demographic Form-**Required**

Benefit Elections Form-**Required**

Flexible Spending Account (FSA) form

*Complete only if you elect an FSA deduction for 2017

Basic Life Insurance Beneficiary Form

*Complete only if you wish to update your beneficiary information OR if you are a new hire in November/December 2016.

Optional Forms

Voluntary Life/Long Term Disability Application &
Beneficiary Form

*Must be completed if applying for **new** Life or LTD coverage or requesting increase in coverage amounts

Voluntary Life/LTD Evidence of Insurability

*Must be completed by newly hired employees electing amounts of coverage above guaranteed issue amount or by an existing employee electing coverage for the first time or increasing coverage.

The City of Southaven

EMPLOYEE DEMOGRAPHIC INFORMATION FORM FOR GROUP BENEFIT CHANGES/ENROLLMENTS

2017

EMPLOYEE INFORMATION:

Please Print

EFFECTIVE DATE OF CHANGE: _____

REASON FOR CHANGE: _____

LAST NAME _____ FIRST NAME _____ MI _____ SEX _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____ CELL NO. _____

EMAIL ADDRESS: _____ DEPARTMENT: _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

DEPENDENT COVERAGE: YES NO

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH	SOCIAL SECURITY#	GENDER
SPOUSE						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						
CHILD						



SIGNATURE


DATE

City of Southaven

2017 Benefits Election Form

Please make your selections for each of the benefits listed below in the appropriate boxes. Even if you are waiving coverage, please complete the Benefits Election Form. After completing, please sign, date, and return the form to **Janna Rogers**.

MEDICAL PLAN – Cigna – Med1 \$1,000 Deductible 80%

Select	Election	2017 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$15.13
<input type="checkbox"/>	Employee & Spouse	\$195.13
<input type="checkbox"/>	Employee & Child(ren)	\$141.36
<input type="checkbox"/>	Family	\$304.98

MEDICAL PLAN – Cigna – Med2 \$2,000 Deductible 80%

Select	Election	2017 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$0.00
<input type="checkbox"/>	Employee & Spouse	\$168.20
<input type="checkbox"/>	Employee & Child(ren)	\$117.96
<input type="checkbox"/>	Family	\$270.85

MEDICAL PLAN – Cigna – Med3 \$3,000 Deductible 80%

Select	Election	2017 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$0.00
<input type="checkbox"/>	Employee & Spouse	\$148.19
<input type="checkbox"/>	Employee & Child(ren)	\$100.57
<input type="checkbox"/>	Family	\$245.49

-
- Waiving Medical Coverage*

DENTAL PLAN – Voluntary – Cigna High Plan - DENHI

Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$13.09
<input type="checkbox"/>	Employee + One	\$29.31
<input type="checkbox"/>	Employee + Two or More	\$46.51

DENTAL PLAN – Voluntary – Cigna Low Plan - DENLO

Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$4.76
<input type="checkbox"/>	Employee + One	\$10.74
<input type="checkbox"/>	Employee + Two or More	\$17.47

Waiving Dental Coverage

VISION PLAN – Voluntary – Cigna - VIS

Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee only	\$2.90
<input type="checkbox"/>	Employee + One	\$5.55
<input type="checkbox"/>	Employee + Two or More	\$9.02
<input type="checkbox"/>	<i>Waiving Vision Coverage</i>	

Long Term Disability – Voluntary – Cigna

Select	Election	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Yes	
<input type="checkbox"/>	<i>Waiving LTD Coverage</i>	

Benefit Amount	

Life Insurance – Voluntary – Cigna

Select	Election	Benefit Amount	2016 Contributions / Per 24 Pays
<input type="checkbox"/>	Employee		
<input type="checkbox"/>	Spouse / Child		
<input type="checkbox"/>	Emp AD&D		
<input type="checkbox"/>	Spouse / Child AD&D		
<input type="checkbox"/>	<i>Waiving Vol. Life Coverage</i>		

FSA- Voluntary – Voluntary – Corporate Planning Network-

Select		2017 Annual Amount
<input type="checkbox"/>	FSA	
<input type="checkbox"/>	DCAP	
<input type="checkbox"/>	Decline	

I have either elected or waived coverage for the medical, dental or vision plans above. I understand that after the open enrollment period I cannot make changes to my coverage during the year unless I experience a change in family status such as: loss or gain of coverage through my spouse, loss of eligibility of a covered dependent, death of your covered spouse or child, birth or adoption of a child, or marriage, divorce, or legal separation.

Print Name

Signature

Date

ENROLLMENT FORM FOR THE **take care** FLEX BENEFITS PLAN

PLEASE PRINT. All information is required or your enrollment cannot be processed.



Employer _____ Social Security Number _____

Employee Name (First, Last) _____ Date of Birth (MM-DD-YYYY) _____

Home (Street) Address _____ Apt/Suite _____

City _____ State _____ Zip _____ Phone: _____

Email address: _____

YES I need a Second Card in the name of my spouse/dependent (First Name) _____ (Last name) _____

Employer to complete. Plan year date: (mm/dd/yy) ___/___/___ and end ___/___/___ Effective Date: ___/___/___ First payroll start date ___/___/___ No. of Pay Periods _____

OPTION 1A HEALTH CARE ACCOUNT – FLEXIBLE SPENDING ACCOUNT (FSA)

- YES** I elect to contribute \$ _____ (before taxes) for the PLAN YEAR, which is \$ _____ per pay period to fund my account that pays qualified out-of-pocket health care expenses that are not covered by my employer's health plan or any other health plan.
- NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 1B LIMITED FLEXIBLE SPENDING ACCOUNT

Available *only* if you have an HSA. The LFSA is in addition to the HSA. It's limited because you can only pay dental and vision expenses from this account.

- YES** I elect to contribute \$ _____ (before taxes) for the PLAN YEAR, which is \$ _____ per pay period to fund my account that pays **ONLY** qualified dental and vision expenses that are not covered by my employer's health plan or any other health plan.
- NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

OPTION 2 DEPENDENT CARE ACCOUNT

This pays for daycare expenses for a dependent child, adult, or elder, so that you may work. Eligible services include: nursery school, nanny and/or before/after school care through age 12, day care for disabled adult or child, elder daycare for parent or dependent, day camp through age 12.

- YES** I elect to contribute \$ _____ (before taxes) for the PLAN YEAR, which is \$ _____ per pay period to fund my account that pays qualified dependent day care or elder care expenses.
- NO** I decline this option for this plan year and understand that I will lose all tax savings that I could receive as a participant.

.....
IMPORTANT – Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during that year by an equal portion of the benefit elections (selected above) set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election in the event of certain changes in my status and that, prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care flex benefits is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement paid with the card from any other source. I understand that when using the flex benefits card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer for any expenses not repaid by me, I authorize my employer to deduct the amount from my paycheck (if permitted by state law).

Employee signature _____ Date _____

RETURN COMPLETED FORM TO YOUR EMPLOYER

pays fast

Claims are processed in an average of four days.

pays even when you're healthy

Many plans provide benefits for routine preventive care.

it's portable

Coverage can continue even when you move to another job.

Aflac.

URGENT:
Action needed to continue your Aflac account.

February 21, 2012

Name & address

Dear [redacted]

Thank you for being an Aflac policyholder. **We wanted to let you know we are no longer receiving premium payments for your policy(ies).** Don't be concerned, though: Your coverage is portable. You can keep it in effect at your current rates by making payments directly to Aflac. There are three convenient ways to do so:

- **Option 1: Sign up for electronic payments at aflac.com/policies.**
It eliminates the hassle of receiving paper bills and mailing your premiums.
- **Option 2: Contact a dedicated Aflac service representative.**
Members of a dedicated support team are ready to answer your questions about coverage and accept your premium payments via phone, at no additional charge to you. They're available Monday through Friday, from 8 a.m. to 8 p.m. ET, at 1-866-622-3811.
- **Option 3: Pay the traditional way — by check.**
Complete the enclosed forms and then mail with your check. But please don't wait. We need to hear from you by the policy termination date March 22, 2012.

Again, thank you for trusting Aflac with your insurance needs. We know you have many choices when it comes to insurers, and you can be confident we'll be by your side when you need us most.

Sincerely,

Virgil R. Miller
Vice President, Client Services

P.S. The easiest way to ensure your Aflac coverage remains in place is by signing up for auto-pay from the account you designate at aflac.com/policies

*I used to thank Aflac for honoring its commitment to be there in our time of need.**
- Rita Sullivan, Aflac policyholder for 10 years



0000011910 2 23908

YES, I WANT TO CONTINUE MY COVERAGE. I WOULD LIKE TO PAY (Please check one):

<input type="checkbox"/> Monthly	Past Due Amount \$0.00	Monthly Amount \$26.52	Total Amount Due \$26.52
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Monthly Rates Payable By Bank Draft and Credit Card Only

<input type="checkbox"/> Quarterly	Past Due Amount \$0.00	Quarterly Amount \$79.56	Total Amount Due \$79.56
------------------------------------	---------------------------	-----------------------------	-----------------------------

Policy No: [Redacted]

Plan Type: Accident

Coverage Type: Individual

Please mail payment to:



Aflac
Worldwide Headquarters
1932 Wynnton Road
Columbus, Georgia 31993-8601

Please send your payment before the
Policy Termination Date: March 22, 2012

60520000012534060902050903000000000000265200002652000079562101011272

.....

0000011910 2 23909

Date [today]

[Insured]
[Address]

RE: Certificate No. [certificate_key] [Carrier Name]

Dear Insured:

We have been advised that the payroll deduction for your [ProdDescription] insurance policy is being discontinued. You have the option to continue your coverage via monthly automatic bank draft or direct bill.

Conditional language – PTD is future date from current date

Your policy is currently paid to [paid to date]. To continue your coverage past this date, please complete the payment information section below and return this letter by [(today + 60group) or (today + 30 individual)]. Please contact the Billing Department at 1-800-845-7519 if you have any questions or need assistance in setting up a payment option.

Conditional language – Current date is greater than PTD

Your policy is currently paid to [paid to date] and your past due premium is [past due premium]. To continue your coverage past this date, please complete the payment information section below and return this letter by [(today + 60group) or (today + 30 individual)]. Your check must include payment for the past due premium in addition to the premium for the payment option selected. Please contact the Billing Department at 1-800-845-7519 if you have any questions or need assistance in setting up a payment option.

I wish to pay premiums via (select Bank Draft or Direct Bill):

____ Monthly Bank Draft. Please complete and return the bank draft authorization form on the reverse side of this letter. ACH transaction will be debited the 15th of each month.

____ Direct Bill (select frequency): ____ Quarterly ____ Semi-Annually ____ Annually

A check must accompany this application that includes the monthly premium multiplied by the number of months included in the frequency option you select, e.g. 3 x monthly premium if Quarterly is selected.

Mail check to Bay Bridge Administrators, LLC, P.O. Box 161690, Austin, TX 78716.

Signature of Insured: _____ Date: _____

Kindest Regards,
Bay Bridge Administrators L.L.C.

BAY BRIDGE ADMINISTRATORS, LLC

ACH DEBIT AUTHORIZATION AGREEMENT

I hereby authorize Bay Bridge Administrators, LLC, hereinafter called "COMPANY" to initiate debit entries to the account indicated below at the depository financial institution named below, hereinafter called "DEPOSITORY", and to debit such to same account. I authorize the COMPANY to debit the necessary premium to keep this policy in force in the future. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States of America law.

Company Name: Bay Bridge Administrators, LLC (BBA)

Company Address: 1101 Capital of TX Hwy South, Bldg. E, Suite 200, Austin, TX 78746

Full Name: _____

Full Address: _____ SS#: _____

E-Mail: _____ Telephone: _____

Name(s) on Bank Account: _____

Depository Name: _____ Please Indicate One: Checking Savings

Depository Address: City, State, Zip: _____

Account #: _____ Routing/Transit #: _____

This Authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act on it.

Policy #: _____ Effective Date _____ Current Debit: \$ _____

PLEASE ATTACH VOIDED CHECK HERE*

***Note:**

Check copies are required for Checking Accounts, deposit slips are not adequate.
Savings Deposit Slips are acceptable for Savings and Money Market Accounts, only.

Authorized Signature: _____ Date: _____

(Signature must be the same as on signature card on account.)

BAY BRIDGE ADMINISTRATORS, LLC
P O Box 161690
Austin, Texas 78716



FAX: (512) 275-9351
PHONE: (512) 329-5089

City of Southaven Benefits Contact List

Holland Insurance	662-895-5528
Bruce Robinson	brobinson@hollandinsuranceinc.com
Gerald Holland	gholland@hollandinsuranceinc.com
Meagan Sneed	msneed@hollandinsuranceinc.com
	www.hollandinsuranceinc.com

Cigna

Medical, Dental, and Vision	800-244-6224
	www.myCigna.com

Cigna

Life & LTD	800-362-4462
	www.cigna.com

MDLIVE

Telemedicine	888-726-3171
	www.mdliveforCigna.com

Corporate Planning Network

Flex Spending Account	800-737-0125
	www.cpnflex.com