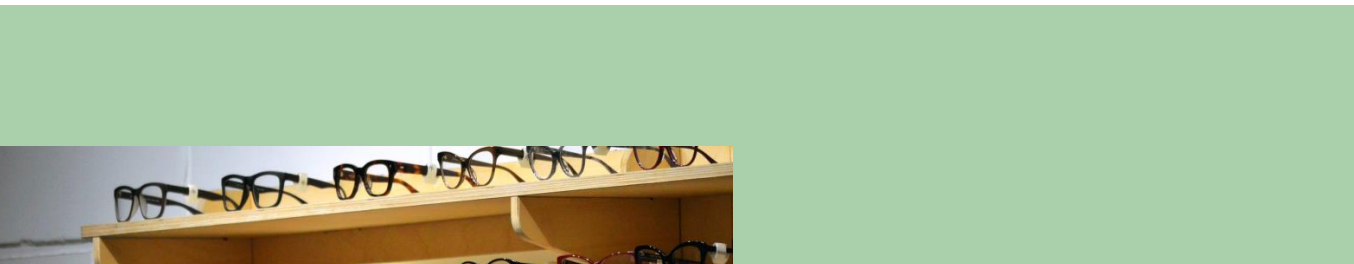




# 2019 CLR Benefits Guide





# Welcome to your 2019 Benefits Enrollment

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The City of Little Rock provides certain benefits to full-time regular and limited service employees in addition to direct compensation. Several supplemental plans are sponsored by the City which are optional for eligible employees (at the employees' expense).

These descriptions are provided as a quick reference to the benefit programs and where to find specific information or assistance in using the benefits provided. Details about each plan are contained in the Summary Plan Description and/or Certificate of Coverage as developed by each plan provider. These documents are provided to new employees and copies are available in the City of Little Rock Human Resources Department. **ACTUAL COVERAGE AND/OR EXCLUSIONS SHOULD BE REVIEWED IN THOSE DOCUMENTS.** This handbook is not intended to replace those documents.

For your reference, City of Little Rock Human Resources Benefit personnel contact information is below:

Name	Title	Phone Number	Email
LaToya Covington	Benefits Analyst	501-371-4578	lcovington@littlerock.gov
Robin White	Benefits & Risk Manager	501-371-4502	rmwhite@littlerock.gov

### Additional Benefit Information:

- Benefits will begin the first of the month, following 30-days of employment.
- You can ONLY make changes if you have a Qualifying Event (birth, marriage, divorce, etc.). Please call us to see if your life event qualifies. Official documentation concerning your qualifying events MUST be received within 30 days of the event.

# Open Enrollment Process

- ◆ The benefits you elect during Open Enrollment will be effective January 1, 2019.
- ◆ Open Enrollment is the one time per year that you can make changes to your benefits without a qualifying life event.
- ◆ ***Open Enrollment will be held from Monday, November 5th - Friday, November 16th***
- ◆ If you do not make any changes during Open Enrollment, your current benefits will default for 2019, except for Health FSA and Dependent Care FSA.

We are again partnering with **Explain My Benefits**, our technology/benefit communication vendor to assist in our Open Enrollment.

## 4 Ways To Enroll



### Self-Service

- ◆ Visit [www.littlerock-benefits.com](http://www.littlerock-benefits.com), click on the green “Log into Your Benefit System” button and move through the enrollment system at your own pace.
- ◆ Be sure to click “submit” at the end of the process and make note of your confirmation number. If you do not receive a confirmation number you have not completed your enrollment and you will not be enrolled in your benefits.
- ◆ Return to the system anytime and click your confirmation number to view your confirmation statement.



### Mobile App

Log into the Explain My Benefits mobile app using the company code **lr**, select enroll from the menu on the right. Go through the enrollment and finalize by clicking “SUBMIT”.



### Call Center Enrollment

Call the Explain My Benefits Call center at 877-453-3270

**9:00am - 5:00pm EST; Monday - Friday during the enrollment period** to speak with a benefit counselor one-on-one regarding your benefits.



### Meet with a Benefits Counselor

- ◆ *Enrollment Kiosk*
- ◆ *One-on-One Enrollment*
- ◆ Explain My Benefits will be onsite to assist with any questions you may have and help you enroll in your benefits.
- ◆ *See Benefit Resource Website for location information.*

## Reminders

When using any of the above options for enrollment:

- ◆ Be sure to review the 2019 Benefit Guide and plan summaries **prior** to going through any enrollment process
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth)

# Mobile App

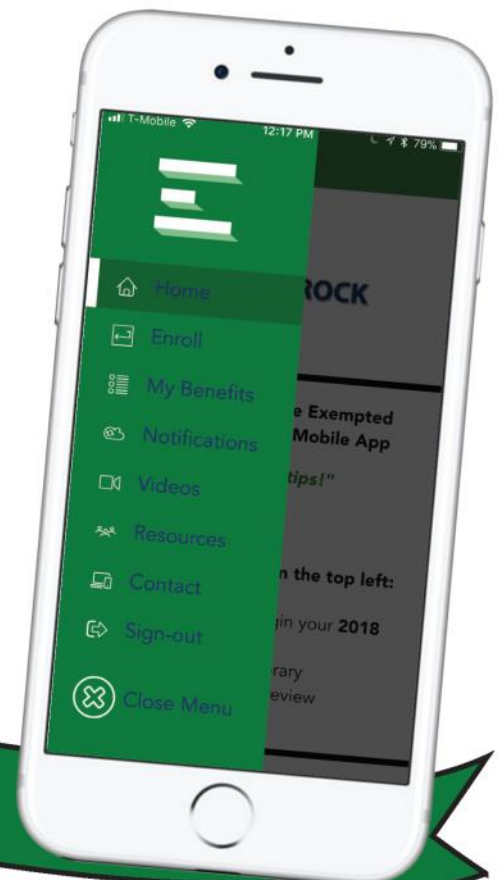


## BENEFITS ENROLLMENT APP

**City of Little Rock** has provided you an app to manage your benefits that allows you to:

- ✓ Enroll in your benefits from your phone
- ✓ View your current benefits
- ✓ Watch benefit education videos, review benefit guides and plan summaries
- ✓ Receive important message notifications about your benefits

**Benefits at your fingertips!**



### TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **lr**





# Eligibility

## DEPENDENTS

You may also elect coverage for your dependents. Eligible dependents may include the following:

- Your Legal Spouse
- Dependent of you or your spouse; legally adopted children; children for which legal guardianship has been awarded
- Disabled dependent children who are supported primarily by you, and who are incapable of self-sustaining employment by reasons of mental or physical handicap (proof of their condition and dependence must be submitted)

**Medical, Dental and Vision** - Dependent children are covered until the end of the month in which they turn **age 26** regardless of financial dependency, residency, student status, employment or marital status.

**CERTAIN DOCUMENTATION IS REQUIRED** if you are providing dependent coverage for medical, dental or vision through the City of Little Rock then we will need to receive copies of the appropriate documentation listed below. This information can be dropped off at our offices or scanned and emailed to [HRBenefits@littlerock.gov](mailto:HRBenefits@littlerock.gov). **NOTE: We will not accept documents that are not legible or pictures of documents. We need ACTUAL copies.**

### REQUIRED DOCUMENTS NEEDED TO VERIFY ELIGIBILITY OF DEPENDENTS:

To verify a legal spouse	A photocopy of a marriage certificate or an acceptably executed marriage license that identifies the couple, date of marriage, legal jurisdiction and has a signature or seal showing it has been <u>properly recorded with the County and/or State</u> . A church ceremony document will not be acceptable if it does not meet these requirements.
To verify a natural or adopted child, or stepchild who is eligible to age 26	<p>Provide a <u>legible</u> photocopy of an acceptable birth certificate or hospital birth record that shows your name or the name of your enrolled spouse as the parent of the child and is signed by a hospital administrator or physician on staff. If you do not have the birth certificate you may send a copy of the pages of any court document that shows the parents and child's names, identifies the court, county or state, date of the action and the filing record or a court signature that have been signed and/or stamped by a member of the court or you may provide a paternity test.</p> <p>If your spouse is not enrolled and his/her name is on the birth certificate and your name is not listed, you must also provide a copy of your marriage certificate.</p>
To verify PERMANENT Legal Guardianship or Legal Custodian for children under age 18.	<p><b>Language states:</b> any child for whom either the Card Holder or Card Holder's spouse is the legal Guardian or Custodian.</p> <p><b>**Definition of Custodian</b> = a person who, by court order, has permanent custody of a child.</p> <p><b>**Definition of Legal Guardian</b> = an individual who is either the natural guardian of a child or who was appointed a guardian of a child in a legal proceeding by a court having the appropriate jurisdiction.</p> <p><b>Standard document:</b> court document that is signed and/or stamped by a member of the court assigning minor child to employee or the employee's spouse.</p>

NOTE: Children placed in temporary custody are not eligible

# Medical

	United Healthcare					
Network	Base Plan		Buy Up Plan #1		Buy Up Plan #2	
Deductible	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Single	\$3,000	\$5,000	\$2,000	\$3,000	\$1,000	\$1,000
Family	\$6,000	\$10,000	\$4,000	\$6,000	\$2,000	\$2,000
Coinsurance						
Member Responsibility	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximum						
Single	\$6,500	\$10,000	\$4,000	\$8,000	\$4,000	\$8,000
Family	\$13,000	\$20,000	\$8,000	\$16,000	\$8,000	\$16,000
Benefit Services						
Preventive Care Services	Covered 100%	Deductible + 40%	Covered 100%	Deductible + 40%	Covered 100%	Deductible + 40%
Primary Care Office Visit	\$40 copay	Deductible + 40%	\$30 copay	Deductible + 40%	\$25 copay	Deductible + 40%
Specialist Office Visit	\$70 copay	Deductible + 40%	\$60 copay	Deductible + 40%	\$50 copay	Deductible + 40%
Virtual Visit	\$40 copay	Deductible + 40%	\$30 copay	Deductible + 40%	\$25 copay	Deductible + 40%
Urgent Care	\$75 copay	Deductible + 40%	\$75 copay	Deductible + 40%	\$75 copay	Deductible + 40%
Emergency Room	\$300 copay	\$300 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Prescription Drugs (Rx)	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Tier 1 (No Deductible)	\$20 copay	Deductible + 40%	\$15 copay	Deductible + 40%	\$15 copay	Deductible + 40%
Rx Deductible (Tier 2 & 3): \$200 Single / \$400 Family						
Tier 2	Deductible then \$40 copay	Deductible + 40%	\$45 copay	Deductible + 40%	\$45 copay	Deductible + 40%
Tier 3	Deductible then \$80 copay	Deductible + 40%	\$70 copay	Deductible + 40%	\$70 copay	Deductible + 40%
Mail Order - OptumRx	2.5 times copay	N/A	2.5 times copay	N/A	2.5 times copay	N/A

Semi-Monthly Payroll Deductions	Coverage Tier	Base Plan	Buy-Up Plan 1	Buy-Up Plan 2
	Individual	\$0.00	\$31.95	\$43.55
	Family	\$229.89	\$300.63	\$326.30

If you are a current nicotine user you will be subject to a \$25.00/month surcharge. To avoid receiving this surcharge, you may complete a smoking cessation program and provide proof of completion to the Human Resources Department/Benefit Division by March 31, 2019. United Healthcare offers a free Smoker Cessation Program.

**NOTE:** Employees are required to have a physical exam including a biometric screening between 7/1/18 - 6/30/19. If the employee does not have a physical by the deadline, they will be subject to the \$50/month surcharge.

## Dental

*This benefit was previously provided through MetLife.*

Blue Cross Blue Shield of Arkansas is our new dental carrier for 2019. Employees have a choice between two plans. Both plans are PPOs and have “open access” within the network, plus you have the option to go outside the network. The basic low plan, is a good basic plan. The expanded high plan, might be a better choice if you expect to have heavier utilization of the dental plan.

Locate a Dentist within the BCBSAR network at [arkansasbluecross.com](http://arkansasbluecross.com).



	BCBS of Arkansas Low Plan		BCBS of Arkansas High Plan	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible</b> Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Annual Maximum</b>	\$1,250		\$1,750	
<b>Preventive Services</b> Exams, Cleanings, X-Rays, etc.	80% covered	80% covered	Plan pay 100%	Plan pays 100%
<b>Basic Services</b> Fillings, Simple extractions, Periodontics, Root Canals, etc.	80% covered	80% covered	80% covered	80% covered
<b>Major Services</b> Crowns, Dentures, Fillings, etc.	50% covered	50% covered	50% covered	50% covered
<b>Orthodontics</b> Lifetime Max MetLife Pays	Not Covered		\$1,500 50%	

PPO dental provider have agreed not to bill amounts above the fee schedule allowance for covered services. Dental Plan will pay benefits directly to the member for covered services performed by an out-of-network dentist. Any difference between the out-of-network dentist's billed charge and the contract benefits paid by Dental Plan is the responsibility of the member.

Semi-Monthly Payroll Deductions	Coverage Tier	Low Plan	High Plan
	Individual	\$0.00	\$7.25
	Family	\$14.43	\$36.68



# Vision



You may use any provider you wish, but your benefits are higher when you use a participating provider. You may locate a provider at [www.vsp.com](http://www.vsp.com).

Benefit	Participating Provider	Non-Participating Provider (Reimbursement)	Frequency
WellVision Exam	\$10 Co-pay	Up to \$50.00	Every 12 months
Frames & Lenses (single/lined bifocal/lined trifocal) (Polycarbonate lenses for dependent children)	\$120 allowance for a wide selection of frames \$140 allowance for featured brands 20% savings on amount over allowance	Frames - up to \$70.00 Single - up to \$50.00 Lined bifocal - up to \$75.00 Lined trifocal - up to \$110.00	Frames - Every 24 months Lenses - Every 12 months
Lens Enhancements	Standard Progressive - \$50 Premium Progressive - \$80-\$90 Custom Progressive - \$120-\$160 35%-40% off other lens enhancements	Progressive - up to \$75.00	Every 12 months
Contacts (in lieu of glasses)	\$105 allowance for contacts; copay does not apply Exam, fitting and evaluation - up to \$60 copay	Up to \$105.00	Every 12 months
Diabetic Eyecare Plus Program	\$20 copay for services related to diabetic eye disease, glaucoma and age-related macular degeneration. Retinal screening for eligible members with diabetes.	N/A	As needed
Extra Savings	<b>Glasses &amp; Sunglasses</b> Extra \$20 to spend on featured frame brands, 30% savings on additional glasses and sunglasses <b>Retinal Screening</b> No more than a \$39 copay <b>Laser Vision Correction</b> Average 15% off regular price or 5% off promotional price	N/A	N/A

Semi-Monthly Payroll Deductions	Individual	Family
	\$0.00	\$1.00

# Flexible Spending Accounts

FSAs help to fill coverage gaps between health plans and out-of-pocket expenses. An FSA allows you to pay for certain health and dependent care expenses with pre-tax dollars. You won't pay taxes on the funds you put into your FSA because they're deducted before taxes are calculated. The FSA is administered by **Consolidated Administrative Services**.

## Health FSA

This pays for out-of-pocket medical expenses incurred during the year.

**Minimum Contribution: \$260**

**Maximum Contribution: \$2,650 annually**

Qualified medical expenses include:

- Co-pays / Deductibles
- Prescriptions
- Dental Work
- Vision Exams
- Eyeglasses
- Lasik
- Chiropractic Care
- Contact Lens & Supplies



## Note: Over-the-Counter (OTC) Medications

Over-the-counter medications must be accompanied by a doctor's prescription and a reimbursement request to be covered under your FSA. This affects OTC medications only; all other medical supplies (band-aids, first-aid supplies, etc.) will still be eligible for reimbursement. Further guidance is expected from the IRS, and an updated list will be provided as soon as it becomes available.

## Dependent Care FSA

This covers daycare expenses for children up to the age of 13, and for elder dependents (like aging parents) that live in your home. It also covers a spouse or dependent that is physically or mentally challenged for whom you claim an exemption.

**Maximum Contribution: \$5,000 annually**

Qualified dependent care expenses include:

- Babysitters
- Daycare Centers
- Elder Care
- Day Camps
- Preschool
- After-school Care



# Life Insurance

## Basic Life and AD&D

The City of Little Rock provides Basic Life Insurance and AD&D through **MetLife** for all eligible employees at no cost to the employee. The Basic Life insurance benefit is based on your employee group with a maximum of \$500,000 of coverage. The AD&D benefit is 1 times your annual salary rounded to the next thousand of coverage.



## Voluntary Term Life and AD&D

Employees may choose to purchase group life insurance and AD&D benefits at an additional cost through **MetLife**. When you enroll yourself and/or your dependents in this benefit, **you pay** the full cost through payroll deductions. See rate table for increments and premium amounts below.

### For Voluntary AD&D:

- For Spouse Only, your spouse would receive 60% of employee's elected amount
- For Spouse & Child(ren), your spouse would receive 50% and the child(ren) would receive 10% of employee's elected amount;
- For Child(ren) Only, the child(ren) would receive 20% of the employee's elected amount.

Employee Rate per \$1,000		Spouse Rate per \$1,000		Child Rate per \$1,000	Employee Voluntary AD&D Rate per \$1,000	Employee & Family Voluntary AD&D Rate per \$1,000
Less than 25	\$0.066	Less than 20	\$0.100	\$0.180	\$0.031	\$0.045
25 - 29	\$0.066	20 - 29	\$0.070			
30 - 34	\$0.088	30 - 34	\$0.100			
35 - 39	\$0.110	35 - 39	\$0.120			
40 - 44	\$0.136	40 - 44	\$0.150			
45 - 49	\$0.187	45 - 49	\$0.210			
50 - 54	\$0.286	50 - 54	\$0.330			
55 - 59	\$0.495	55 - 59	\$0.570			
60 - 64	\$0.847	60 - 64	\$0.970			
65 - 69	\$1.551	65 - 70+	\$1.890			
70+	\$2.519					

**Example:** A 36 year old female, Sally, wants to purchase \$50,000 of term life insurance.

$$\frac{.110}{\text{Monthly rate per \$1,000}} \times \frac{50}{\text{\# of units/\$1,000}} = \frac{\$5.50}{\text{monthly}}$$

**Your rate will be calculated for you in the electronic enrollment system.**

# Long-Term Disability (LTD)

As a full-time employee of the City of Little Rock, you are provided with Long Term Disability (LTD) coverage through **USAbLe Life**. LTD coverage supplements your lost wages should you be unable to work due to an illness or injury. LTD coverage begins after missing the elimination period below due to a medically certified reason. Benefits are payable up to the specific benefit duration period below. ***This benefit is paid for by the City.***



**NOTE:** This benefit is not offered to uniformed employees of the Police or Fire Departments. Additionally, you are eligible to begin these benefits after successfully completing your probationary period.

**Elimination Period:** 180 days (6 months)

**Maximum Benefit Period:** Social Security Normal Retirement age, or Maximum Benefit Period below

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 60	To Age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and Over	12 months

**Monthly Benefit:** The lesser of 60% of your monthly earnings to a maximum benefit of \$7,500

**Pre-Existing Conditions:** The policy will not cover any Total or Partial Disability:

1. which is caused or contributed to by, or results from a Pre-Existing Condition for which treatment was received during the 3 month period immediately preceding the Employee's effective date of coverage; and
2. Which begins in the first 12 month after the Insured Employee's Effective Date.

"Pre-Existing Condition" means a Sickness, or Injury for which the Insured Employee received treatment within 3 months prior to the Insured Employee's Effective Date. "Treatment" means consultation, care or services, provided by a Physician. It includes diagnostic measures and the prescription, refill of prescription, or taking of any prescribed drugs or medicines.

USAbLe also provides an Employee Assistance Program. For any additional questions or concerns visit [ndbh.com](http://ndbh.com). Our EAP representatives are available **24/7/365**. Your [ndbh.com](http://ndbh.com) login: **USAL903**

# Voluntary Benefits

## What are Voluntary Benefits?

Voluntary Worksite Benefits are offered to strengthen your overall benefits package. You can customize the benefit based on need and affordability.

- ◆ Ownership - Policies are fully portable and belong to you and your family if you leave your employer at the same price and same plan structure.
- ◆ Benefits are payroll deducted
- ◆ *Cash benefits are paid directly to you, not to a hospital or to a doctor*
- ◆ *Benefits are paid regardless of any other coverage you may have*
- ◆ Level premiums (rates do not increase with age)
- ◆ Guaranteed renewable
- ◆ Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Worksite Benefits offered through Trustmark are Accident, Critical Illness and Universal Life with Long Term Care.



## Trustmark Accident

A plan that helps pay for the unexpected expenses that result from an accident

- On and Off the job coverage
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Room Visits - \$250
- Hospitalization - \$2,250 admission benefit, \$500 per day benefit
- Fractures - up to \$12,500
- Dislocations - up to \$8,000
- Health Screening Benefit - \$100 per insured per year
- See brochure for a complete list of benefits

Semi-Monthly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$11.68	\$17.36	\$21.99	\$27.67

*\*Dependents up to age 26 can be covered regardless of student status.*



# Voluntary Benefits

## Critical Health Events

Critical Illness coverage focuses on cancer, stroke and heart attack, to help cover medical and non-medical expenses. Pays partial benefits for early identification, full benefits for late-stage diagnosis. Early-diagnosis benefit can provide funds to help prevent conditions from worsening. **Replenishing benefit amount fully restores each calendar year with no lifetime maximum.**



**Guaranteed Issue at Initial Offering**

**\$25,000 Employee / \$12,500 Spouse / \$12,500 Children**

 *If you previously waived this benefit, you must answer a few health questions and be approved for coverage.*

**Examples of covered conditions:** Cerebral Vascular Disease (Stroke, TIA/RIND), Coronary Artery Disease (Heart Attack, Obstruction, Initial Diagnosis), Cancer (Stage I, II, III, IV), Skin Cancers, Leukemia, Myelodysplastic Syndrome, In-situ, Multiple Myeloma, Benign Tumors

**A Healthy Living Benefit is included and pays \$50 for each insured.** Each covered person will get one routine test and one follow-up diagnostic test, providing support for early detection and prevention.

### Examples of Routine Screenings

Mammography	EKG/ECG	HPV Vaccination	CA 125 Blood Test
Pap Smear	Colonoscopy	Prostate Specific Antigen (PSA)	Skin Cancer Screening

**Rates:** This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. See brochure for more details. **Your specific rate will be calculated for you in the electronic enrollment system.**



# Voluntary Benefits

## Trustmark Universal Life with Long Term Care

Trustmark Universal Life with Long Term Care includes both a death benefit and a living benefit.



- Trustmark Universal Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- The Universal Life with Long Term Care is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70 when the need for life insurance typically decreases.
- The Living Benefit, Long Term Care never reduces and is 4% of the original death benefit per month for up to 25 months.
- If you use the Long Term Care benefit, your death benefit amount does not reduce due to the Benefit Restoration feature included.
- Coverage available for spouse and children as well.

Special Underwriting for Initial Offering

Guaranteed Issue

Employee - up to \$100,000

Spouse - the greater of \$3 per week or \$15,000

Child(ren) - the amount purchased by \$4.32 per week

 *If you previously waived this benefit, you must answer a few health questions and be approved for coverage.*

### Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. Your specific rate will be calculated for you in the electronic enrollment system.

# Additional Benefits

## Pension Retirement Plan

**Contributions:** Employees are required to contribute 4.5% of base earnings. Base earnings do not include bonuses, commissions, overtime pay or any other additional compensation. Basic contributions to the Plan are made through automatic payroll deduction on a before-tax basis. (The City will contribute to the Plan, an amount equal to 9% of the employee's base earnings).

**Vesting:** Employees are vested in their own employee contributions from date of participation. After five (5) years of service, employees are considered to be vested.

**Benefit/Withdrawal Process:** After becoming vested, any participant terminating employment with the City will draw a pension at Normal or Early Retirement age if entitled and conditions are met at a monthly payment calculated in the summary plan document. These funds are subject to income tax in the year received. An HR representative will advise you of payment options.

Uniformed employees of the Police and Fire Department receive retirement benefit through Local Police & Fire Retirement System. Call 501-682-1745 for plan information.

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## Deferred Compensation

Employees of Public Agencies may enroll and begin making contributions immediately.

**Contributions:** All contributions to the Plan are pre-tax salary deferrals made by the employee. All Federal and State income taxes are deferred until the funds are withdrawn from the account.

Contributions are limited to 100% of compensation with a minimum of \$10.00 a paycheck and a maximum of **\$18,500** annually.

Participants age 50 and over can defer an additional \$6,000 per year under the catch-up provision of IRC Sec. 457. Another catch-up provision does allow deferral of up to **\$24,500** per year if age 50 & above, and **\$37,000** for a 3-year time period **prior to retirement**. Generally, this provision is not available until the employee is 52 years or older.

**Special Note:** Contributions and earnings on the investments may not be withdrawn until death, disability, retirement, severe financial hardship, or termination of employment at any age. Such financial hardship is defined in IRC Section 457 as an event beyond the control of the employee. Purchase of a home, car, vacation, or college expenses are specifically excluded as reasons for a severe financial hardship.

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## Southwest (EAP) Employee Assistance Program

This benefit is provided by the City at no cost to the employee.

Southwest Employee Assistance Program provides counseling for covered employees and family members with work-related and/or personal problems.

# Important Contacts

Vendor	Phone Number	Website
<b>Medical</b> United Healthcare	866-633-2446	www.myuhc.com
<b>Dental</b> Blue Cross Blue Shield of AR	888-223-4999	arkansasbluecross.com
<b>Vision</b> VSP	800-877-7195	www.vsp.com
<b>Basic Life, AD&amp;D and Supplemental Life</b> MetLife	800-638-5000	www.metlife.com
<b>Long Term Disability</b> USable Life USable/New Directions	800-370-5856	www.usablelife.com www.ndbh.com
<b>Flexible Spending Accounts</b> Consolidated Admin Services	877-941-5956	www.consolidatedadmin.com
<b>Pension Retirement Plan</b> City of Little Rock	Contact HR	
<b>Deferred Compensation</b> Arkansas Diamond	Cheryl Daughenbaugh 501-301-9900	cheryl.daughenbaugh@voya.com
<b>Employee Assistance Program</b> Southwest EAP	800-777-1797	www.southwesteap.com
<b>Voluntary Benefits</b> Trustmark	800-918-8877	www.trustmarksolutions.com
<b>Trustmark Benefits Claims Help</b> Explain My Benefits	888-734-6937, Option 3	service@explainmybenefits.biz



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#### Benefit Guide Description

*Please Note: This guide is designed to provide an overview of the coverages available. It is not a Summary Plan Description (SPD). Official plan and insurance documents from the carriers govern your rights and benefits, including covered benefits, exclusions and limitations. If any discrepancy exists between this guide and the official documents, the official documents will prevail.*

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