

LOVE DOTHAN



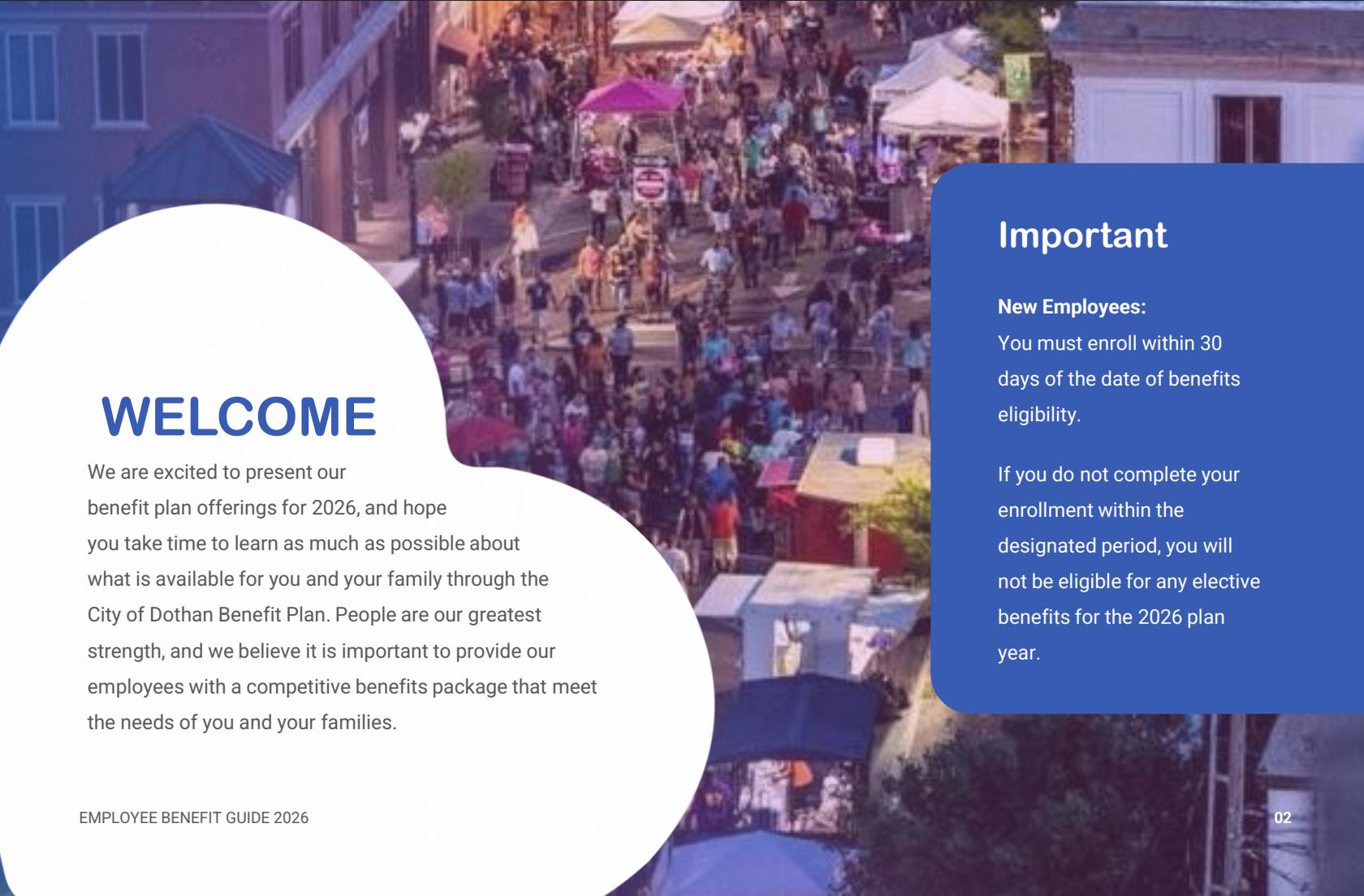
2026

**EMPLOYEE
BENEFIT GUIDE**

CITY EMPLOYEES

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WELCOME

We are excited to present our benefit plan offerings for 2026, and hope you take time to learn as much as possible about what is available for you and your family through the City of Dothan Benefit Plan. People are our greatest strength, and we believe it is important to provide our employees with a competitive benefits package that meet the needs of you and your families.

Important

New Employees:

You must enroll within 30 days of the date of benefits eligibility.

If you do not complete your enrollment within the designated period, you will not be eligible for any elective benefits for the 2026 plan year.



Benefits Eligibility

You are eligible to enroll in the City of Dothan benefits plans if you are a full or part time employee hired to work 30 hours or more per week. Regardless of coverage, you must complete an online enrollment to be eligible for voluntary and company-paid benefits.

Are my Dependents Eligible?

As a benefits eligible employee, you can also enroll your spouse to whom you are legally married and eligible children, as described below:

- Children up to age 26 (coverage ends the last day of the child's birth month), including natural children, stepchildren and legally adopted children (a legally adopted child is considered eligible from the date the employee assumes a legal obligation for support in anticipation of adoption).
- Unmarried children of any age who are incapable of self-support and who became mentally or physically handicapped before the limiting age (26) and are dependent on you for more than half of their maintenance and support.

Dependent Verification

To activate coverage for your dependents, you are required to submit the appropriate eligibility documentation to Human Resources. Please note, we cannot provide coverage for any dependents who are not verified.

Qualified Life Status Change

After the Open Enrollment deadline has passed, you cannot change your benefit elections until the next Open Enrollment period unless you experience a qualified change in life status that affects your benefits. You must request the change within 30 days of the event. Your benefit election changes will be effective on the date of the qualified life status change.

Examples of Change in Status:

- Marriage / Divorce
- Birth / Adoption
- Spouse or dependent loss of coverage or new employment
- Change in work hours / eligibility status
- Death in family
- Loss of dependent status





>> Scan the QR Code with the camera on your phone to view an educational video on Healthcare Savings.

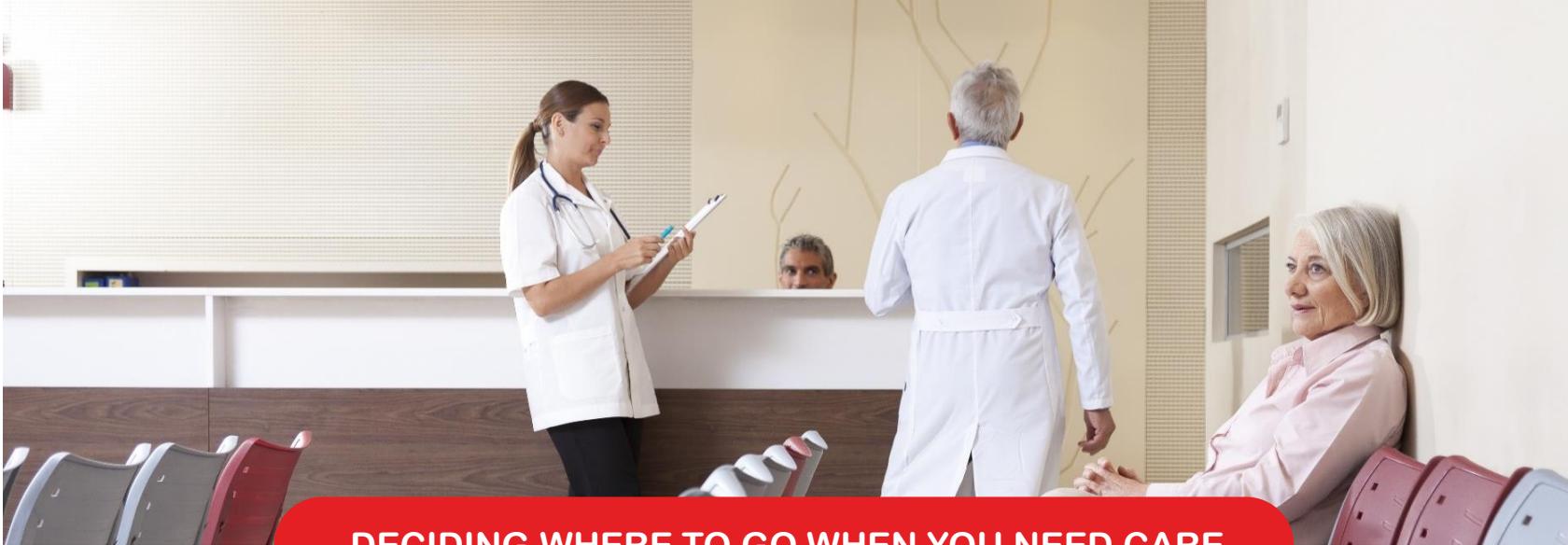
MEDICAL

The City of Dothan provides medical coverage to its employees through BlueCross BlueShield of Alabama. The plan provides coverage for pre-existing conditions, inpatient and outpatient hospitalization, provider visits, and prescription drugs. The medical plan provides you with the flexibility to go to the provider or medical facility of your choice even if your provider or the facility is not in the BCBS network.

Your medical coverage is effective upon your date of hire.

Blue Cross Blue Shield Of Alabama	In Network	Out of Network
Deductible - per person	\$1,000	\$1,000
Coinsurance	80%	80%
Out-of-pocket - Individual	\$6,000	\$6,000
Out-of-pocket - Family	\$12,000	\$12,000
Primary Care Visit	\$35 copay	Covered at 80%
Specialist Visit	\$50 copay	Covered at 80%
Emergency Room	\$200 copay	\$200 copay
Inpatient Hospital	\$300 admission \$100/day for day 2-6	Covered at 80% After \$600 deductible
Prescription	\$200 Deductible \$15/\$50/\$75	\$200 Deductible \$15/\$50/\$75
Pharmacy Deductible	\$200	\$200

Semi-Monthly Pre-Tax Deductions	
Employee Only	\$36.00
Employee + 1 Dependent	\$133.00
Employee + 2 or More Dependents	\$162.50



DECIDING WHERE TO GO WHEN YOU NEED CARE

	Conditions Treated*	Your Cost and Time
Emergency Room		
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none"> • Sudden numbness, weakness • Uncontrolled bleeding • Seizure or loss of consciousness • Shortness of breath • Chest pain • Head injury/major trauma • Blurry or loss of vision • Severe cuts or burns 	<ul style="list-style-type: none"> • Costs are highest • No appointment needed • Wait times may be long, averaging over 4 hours
Urgent Care Center		
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> • Minor cuts, sprains, burns, rashes • Fever and flu symptoms • Headaches • Chronic lower back pain • Joint pain • Minor respiratory symptoms 	<ul style="list-style-type: none"> • Costs are lower than an ER visit • No appointment needed • Wait times vary
Doctor's Office		
The best place to receive routine or preventive care, track medications, or get a referral to see a specialist.	<ul style="list-style-type: none"> • General health issues • Preventive services • Routine checkups • Immunizations and screenings 	<ul style="list-style-type: none"> • May include coinsurance and/ or deductible • Appointment usually needed • May have little wait time
Convenience Care Clinic		
Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends.	<ul style="list-style-type: none"> • Common cold/flu • Rashes or skin conditions • Sore throat, earache, sinus pain • Minor cuts or burns • Pregnancy testing • Vaccinations 	<ul style="list-style-type: none"> • Costs are same or lower than office visit • No appointment needed • Wait times typically 15 minutes or less

**List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.*



>> Scan the QR Code with the camera on your phone to view an educational video about Dental Insurance.

DENTAL

Dental coverage is offered through BlueCross BlueShield of Alabama. The dental plan helps you with the cost of preventative, basic, and major dental services for yourself and your eligible dependents. This plan gives you the freedom to select any dentist, but you will pay less out-of-pocket when you choose a provider in the carrier network. **Your dental coverage is effective upon your date of hire.**

Summary of Benefits

Deductible	\$50 Ind. / \$150 Fam.
Preventive	Covered at 100%
Restorative and Supplemental	Covered at 80%
Prosthetic	Covered at 50%
Cleanings	Covered at 100%
Fillings	Covered at 80%
Periodontics Services	Covered at 80%
Dentures, Bridges and Crowns	Covered at 50%

Semi-Monthly Pre-Tax Deductions

Employee Only	\$13.00
Family	\$30.00



>> Scan the QR Code with the camera on your phone to view an educational video about Vision Insurance.

VISION

Vision coverage is offered through Unum. Your routine vision exams, eyeglasses, or contact lenses are available through Eyemed's national network of vision care providers. **Your vision coverage is effective on the first of the month following your hire date.**

	LOW Option		HIGH Option	
	In-Network MEMBER COST	Out-of-Network REIMBURSEMENT	In-Network MEMBER COST	Out-of-Network REIMBURSEMENT
Exam	1 per 12 Months		1 per 12 Months	
	\$10 copay	Up to \$40 retail	\$10 copay	Up to \$40 retail
Frames	1 per 24 Months		1 per 12 Months	
	\$150 allowance	Up to \$150 retail	\$150 allowance	Up to \$105 retail
Lenses	1 per 12 Months		1 per 12 Months	
Single Vision	Covered in full	Up to \$30 retail	\$10 copay	Up to \$30 retail
Bifocal	Covered in full	Up to \$50 retail	\$10 copay	Up to \$50 retail
Trifocal & Lenticular	Covered in full	Up to \$70 retail	\$10 copay	Up to \$70 retail
Standard Progressive	\$65 copay	Up to \$50 retail	\$10 copay	Up to \$50 retail
Premium Progressive Tier 1 / 2 / 3 / 4 copays	\$85 / \$95 / \$110 / \$60 + 80% of charge less than \$120 allowance	Up to \$50 retail	\$30 / \$40 / \$55 / \$10 + 80% of charge less than \$120 allowance	Up to \$50 retail
Contact Lenses <i>(in lieu of lenses and frames)</i>	1 per 12 Months		1 per 12 Months	
Elective	\$130 allowance	Up to \$130 retail	\$130 allowance	Up to \$130 retail
Medically Necessary	Covered in full	Up to \$210 retail	\$10 copay	Up to \$210 retail
Contact Lens Fitting	\$40	Not covered	\$40	Not covered

Eyemed offers nationwide access to discounts on LASIK surgery through the U.S. Laser Network.

Discounts available with participating providers. This is not an insured benefit. Visit their website to find a specialist near you.

40% discount on your second pair of glasses	20% off non-prescription sunglasses	20% off remaining balance beyond plan coverage
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Semi-Monthly Pre-Tax Deductions		
	LOW	HIGH
Employee Only	\$2.60	\$4.00
Family	\$5.98	\$9.44



FLEXIBLE SPENDING ACCOUNTS

What is an FSA?

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent care. Because the amount you elect is taken out of your paycheck on a pre-tax basis, you have the opportunity to save up to an estimated 25% of out-of-pocket expenses!

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect for a Health Care FSA is evenly deducted out of each paycheck throughout the year. Once you have elected your Health Care FSA amount, you may not change it without a qualifying life event.

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not to be used for medical care.

FSA Reminders

- You cannot mix funds from one account to another. You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (daycare) expenses.
- Save your receipts to validate your reimbursements.
- You can incur expenses only during the plan year you are enrolled (Jan. 1, 2026 – Dec. 31, 2026).
- Your entire Health Care FSA balance – even money you have not yet contributed – is available as of Jan. 1, 2026. Dependent care funds are only available as you contribute to them through payroll deductions.
- **You must re-enroll each year if you wish to continue funding the account(s).**

Health Care FSA \$3,400 Max.

Calculation Worksheet	AMOUNT SPENT IN AVG. YEAR
Doctor visits?	
Hospital services?	
X-rays, lab exams, tests?	
Glasses/contacts and cleaning supplies?	
Eye doctor visits?	
Prescriptions?	
Dental expenses?	
Total: Regular expenses	
÷ Number of paychecks you receive each year	
= Amount to deposit into your health care reimbursement plan each pay period	

ANY UNUSED BALANCE WILL BE FORFEITED BACK INTO THE PLAN.

Dependent Care FSA \$7,500 max. filing jointly \$3,750 max. filing separately

Calculation Worksheet	AMOUNT SPENT IN AVG. YEAR
Last year's tax credit-eligible day care expenses?	
Day care/preschool programs?	
After-school programs?	
Adult day care or elder care?	
+ Any fee increases?	
Total: Regular expenses	
÷ Number of paychecks you receive each year	
= Amount to deposit into your dependent care reimbursement plan each pay period	

ANY UNUSED BALANCE WILL BE FORFEITED BACK INTO THE PLAN.

Qualifying life events for any FSA:

- Change in marital status
- Change in the number of dependents
- Increase due to birth, adoption or marriage
- Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status

Additional dependent care FSA qualifying life events include:

- Change in daycare providers
- Child turning age 13
- Increase or decrease in the cost of qualifying day care expenses
- Judgement, decree or order requiring a change in coverage

ACCESSING YOUR FSA FUNDS

The Wex benefits debit card is the fastest and most convenient way to access your funds and pay for eligible expenses.

Just **one debit card** is all you need for your card-eligible benefits. While the IRS requires documentation for certain spending and reimbursement benefits, Wex will automate some of that substantiation through:



IIAS approval: If a merchant uses the Inventory Information Approval System (IIAS), the debit card will automatically approve eligible expenses. You can view a list of IIAS merchants at www.sig-is.org/card-holders/store-locator.



Recurring claims: If you use your debit card for a purchase that requires substantiation, once the claim has been approved and you make that same purchase for the same dollar amount at that merchant, the recurring claim will be automatically approved.



How do I get a card?

Wex will automatically mail you two debit cards to the address listed on your account the first time you enroll. If you're already enrolled, continue using the debit card you have.



Additional cards

You can request additional debit cards for your spouse or dependents from your online account. Log in, under Accounts select Banking/Cards.



Expiring debit card

Wex will automatically mail you a new debit card 30 or more days prior.



Lost or stolen cards

If your debit card is lost or stolen, you can report it in your online account or mobile app and request a new card.




>> Scan the QR Code with the camera on your phone to view an educational video about Life and AD&D Insurance.

LIFE AND AD&D

Basic Life/AD&D Coverage

To ensure that all eligible employees have a basic level of protection, the City of Dothan provides Basic Life and AD&D coverage through Unum at no cost to the employee. If you die, the coverage can help your family pay for basic living expenses, final arrangements, tuition and more.

Part Time / Non-Exempt Employees	Benefit Amount of \$10,000	Your Basic Life/AD&D and Voluntary Life/AD&D coverage are effective the first of the month following 60 days of your employment.
Full Time / Exempt Employees	Benefit amount of \$25,000	

Optional Term Life/AD&D Coverage

Optional Term Life Insurance provides additional financial protection to you and your beneficiaries. If you are actively at work at least 30 hours per week, you may apply for coverage through Unum for:

You	Choose from \$10,000 to \$200,000 in \$10,000 increments, up to 7 x's your earnings. If you have previously waived coverage you will be subject to health questions.
Your Spouse	Choose from \$5,000 to \$100,000 in \$5,000 increments. Coverage cannot exceed 50% of employee coverage. If you have previously waived coverage you will be subject to health questions.
Your Children	\$10,000 – One policy covers all your children until their 26th birthday regardless of student status.

Unum is allowing for an Open Enrollment with Voluntary Life Insurance, meaning anyone can enroll up to the Guaranteed Issue without having to complete an Evidence of Insurability form, unless you have been declined prior.

- If you are currently enrolled, you may enroll in an additional \$20,000 with no medical questions.
- If you apply for Optional Term Life and are not currently enrolled in it, you will need to complete and return an Evidence of Insurability form.
- Accidental Death & Dismemberment (AD&D) elections will be the same as your term life elections.

Whole Life Insurance Coverage

In addition to Basic and Optional Term Life Coverage, The City of Dothan also offers employees Whole Life Insurance Coverage through Unum. A whole life policy is the simplest form of permanent life insurance, so named because it provides coverage that lasts your entire life as long as premiums are paid. Unlike term, it's not a "pure life insurance" product because it includes a cash value component. A policy has cash value when a portion of your premium dollars are invested and this sum grows over time on a tax-deferred basis, so you don't pay taxes on the gains. A policy's cash value provides a number of benefits that you can use while you're still alive. It takes a few years to grow into a useful amount, but once that happens you may be able to borrow money against your policy's cash value in the form of loans or withdrawals, use it to pay your premiums, or even surrender it for cash to supplement you in retirement. You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too – it doesn't decrease as you get older.

Who Can Get Coverage?	
You	You can purchase \$2,000-\$200,000 of coverage in increments of \$5,000 for yourself.
Your spouse: Individual Coverage	Available for your spouse, ages 15-80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase \$2,000- \$50,000 in increments of \$5,000 for your spouse.
Your children: Individual Coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a benefit amount of \$5,000-\$50,000 in increments of \$1,000 for each child.
Your child(ren): Term Life Coverage	You can also purchase a Child Term Life benefit up to \$10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children, and stepchildren are covered from 14 days until the earlier of their 25 th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider.

Whole Life Sample Coverage Amounts

Lifetime Premium

You'll have coverage as long as you make your payments. Your premiums are spread out over your lifetime.

\$15,000 Coverage		
Issue Age	Weekly Cost	Guaranteed Cash Value at 65
25	-	-
35	\$3.87	\$4,673
45	\$6.48	\$3,815

Paid-up at 70

If you're between 15 and 50, you can pay an adjusted premium so your payments end when you turn 70. Then you'll continue to keep coverage, with no more payments due.

\$15,000 Coverage		
Issue Age	Weekly Cost	Guaranteed Cash Value at 65
25	-	-
35	\$4.66	\$5,641
45	\$8.36	\$5,223

***Sample amounts shown are for non-tobacco users. Cash values may vary for policies effective prior to 1/1/2020. Sample coverage amounts**
(Choose The Plan That's Right For You)*

WHAT'S INCLUDED?

A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're expected to live 12 months or less. It would reduce the benefit that's paid when you die.

Long Term Care Rider

You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

City of Dothan is pleased to offer its employees an Open Enrollment for **Short-Term & Long-Term Disability**. If you have not previously been declined for coverage, you will be able to elect STD/LTD without any medical questions.



>> Scan the QR Code with the camera on your phone to view an educational video about Disability Insurance.

DISABILITY

Short-Term Disability

Short-Term Disability insurance is designed to replace a portion of your weekly income when you are unable to work due to a covered, non-occupational injury or illness. The City of Dothan offers Short-Term Disability insurance through Unum for all eligible employees.

Long-Term Disability

Long-Term Disability insurance is designed to replace a portion of your monthly income if you continue to be disabled and your Short-Term Disability period ends. The City of Dothan offers Short-Term Disability insurance through Unum for all eligible employees.

Unum is allowing for an Open Enrollment with Disability Insurance, meaning anyone can enroll up to the Guaranteed Issue without having to complete an Evidence of Insurability form, unless you have been declined prior.

Benefit Description	
Eligibility Requirement	First of the month following 60 days of employment
Weekly Benefit	60% of your base weekly earnings
Elimination Period	14 Days
Maximum Weekly Benefit	\$100 - \$2,500 per week
Maximum Benefit Duration	11 Weeks
Top Reasons for STD Claims	Normal pregnancy Injuries Joint/Back Disorders Digestive Disorders
Pre-Existing Conditions	This plan does not cover pre-existing conditions.

Benefit Description	
Eligibility Requirement	First of the month following 60 days of employment
Monthly Benefit	60% of your base monthly earnings
Elimination Period	90 Days
Maximum Monthly Benefit	\$6,000
Maximum Benefit Duration	2 Years, 5 Years or SSNRA
Top Reasons for LTD Claims	Cancer Joint/Back Disorders Injuries Cardiovascular
Pre-Existing Conditions	This plan does not cover pre-existing conditions.

*NOTE: If you have previously declined coverage but are applying for it now, you will be subject to an Evidence of Insurability.
All claims are subject to doctor and carrier approval for the time approved.

STD Premium Calculation Examples

Step 1: Follow the instructions on the worksheet below to determine your max weekly benefit available.

Step 2: Enter the weekly benefit amount you would want if disabled (up to 60% of your regular pay). This amount needs to be in \$100 increments from \$100 to the maximum weekly benefit available (Choose the age you will be when your coverage becomes effective).

Age	Rates
15-24	\$2.16
25-29	\$3.24
30-34	\$4.05
35-39	\$3.87
40-44	\$4.23
45-49	\$5.04
50-54	\$6.48
55-59	\$8.82
60-64	\$11.16
65+	\$13.59

Disability Worksheet Example						
1. Calculate your weekly disability benefit						
$\$40,000 \div 52 =$	\$769.23	x 60%	= \$461.53			
Enter your annual earnings	Your Weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of \$2,500, enter \$2,500)			
2. Calculate your cost per paycheck.						
$\$400 \div 100 =$	\$4 x	\$4.05 =	\$16.20 x 12=	\$194.40 ÷	24	\$8.10
Take the max weekly benefit available and round down to the nearest 100.		Your Rate* *age bracket assumes you are 30-34 years old as of 1/1/2026	Your monthly cost	Your annual cost	Number of paychecks year	Your cost per paycheck

LTD Premium Calculation Examples

Step 1: Follow the instructions on the worksheet below to determine your max weekly benefit available. Use \$120,000 if your annual earnings exceed this amount. This is the maximum amount offered in this plan.

Step 2: Follow the instructions to calculate your cost per paycheck. Use the rate table to find the rate based on your age. (Choose the age you will be when your coverage becomes effective)

Rates			
	Option 1	Option 2	Option 3
Benefit Duration	2 years	5 years	SSNRA
Ages <29	\$0.126	\$0.162	\$0.279
30-39	\$0.225	\$0.351	\$0.702
40-49	\$0.459	\$0.738	\$1.539
50-59	\$0.756	\$1.422	\$2.313
60+	\$1.548	\$2.682	\$2.367

Disability Worksheet Example				
1. Enter your annual earnings and calculate your maximum monthly benefit available.				
$\$40,000 \div 12 =$	\$3,333.33 x	60% = \$2,000	\$2,000	
Your annual earnings	Your monthly earnings	(Max % of Income covered)	Max monthly benefit available	
2. Calculate your cost per paycheck.				
$\$40,000 \div 100 =$	\$400 x	\$0.225 =	\$90 ÷ 24 =	\$3.75
Your annual earnings		Rate* *age bracket assumes you are 30-39 years old as of 1/1/2026	Number of paychecks per year	Total cost per paycheck

*The billed amounts may vary slightly.



ACCIDENT

While your medical coverage is designed to cover the cost of treatment, The City of Dothan offers employees this supplemental accident policy through Unum that can help to pay for out-of-pocket costs that arise due to a covered accidental injury. This policy pays cash benefits directly to you as the policyholder, which can be used however you want – groceries, rent or mortgage payments, childcare, etc. Covered accidents include sports-related injuries, burns, concussion, laceration, fractures, dislocations, and more! See page 15 for a sample list of covered accidents.



>> Scan the QR Code with the camera on your phone to view an educational video about Accident Insurance.

Who is Eligible for Coverage?

You	If you're actively at work*
Your spouse	Ages 17 to 64
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

	Semi-Monthly Premium**
Employee	\$5.88
Employee + Spouse	\$9.82
Employee + Children	\$9.85
Family	\$13.79

WELLNESS BENEFIT

Every year, each family member who has Accident coverage can also receive \$50 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms
- And other tests listed in your policy

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

**For illustrative purposes only. Actual cost may vary.

Please refer to the policy for complete details. Coverage may vary by state. See exclusions and limitations.

Accidental Death And Other Covered Losses	Benefit Amount
Accidental Death*	
Employee	\$25,000
Spouse	\$10,000
Child	\$5,000

Emergency And Hospitalization Benefits	Benefit Amount
Ambulance (ground, once per accident)	\$200
Air ambulance	\$750
Emergency Room Treatment	\$100
Emergency Treatment in physician office/urgent care facility	\$50
Hospital Admission (admission or intensive care admission once per covered accident)	\$750
Intensive Care Admission (same as above)	\$1,125
Hospital Confinement (per day up to 365 days)	\$100
Intensive Care Confinement (per day up to 15 days)	\$300
Medical Imaging Test (once per accident)	\$100
Outpatient Surgery Facility Service (once per accident)	\$150
Pain Management (epidural, once per accident)	\$50

Treatment And Other Services	Benefit Amount
Surgery Benefit Open abdominal, thoracic	\$1,000
Exploratory (without repair)	\$100
Hernia Repair	\$100
Physician Follow-up Visit (2 visits per accident)	\$50
Chiropractic Visit (up to 3 visits per calendar year)	\$15
Therapy Services (up to 10 per accident)	
Occupational therapy	\$15
Speech therapy	\$15
Physical therapy	\$15
Prosthetic device or artificial limb	
One	\$500
More than one	\$1,000
Appliance (once per accident)	\$50
Blood, Plasma And Platelets	\$300
Travel Due To Accident Transportation of more than 50+ miles from residence; 3 trips per accident; max 1,200 miles per round trip	\$0.30 per mile
Lodging (per night up to 30 days per accident)	\$100
Rehabilitation Unit Confinement (per day up to 15 days; max 30 days per calendar year)	\$50

Covered Injuries	Benefit Amount
Fractures	
Open Reduction (dependent on location of injury)	\$100 to \$5,000
Closed Reduction (dependent on location of injury)	\$50 to \$2,500
Chips	25% of closed amount
Dislocations	
Open Reduction (dependent on location of injury)	\$200 to \$4,000
Closed Reduction (dependent on location of injury)	\$100 to \$2,000
Burns	
At least 10 square inches, but less than 20 square inches	2nd degree – \$0 3rd degree – \$1,250
At least 20 square inches, but less than 35 square inches	2nd degree – \$0 3rd degree – \$2,500
35 or more square inches of the body surface	2nd degree – \$500 3rd degree – \$7,500
Skin grafts for 2nd and 3rd degree burns	50% of burn benefit
Skin graft for any other accidental traumatic loss of skin	
At least 10 square inches, but less than 20 square inches	\$75
At least 20 square inches, but less than 35 square inches	\$125
35 or more square inches of the body surface	\$250
Concussion	\$100
Coma	\$5,000
Ruptured disc	\$600
Knee cartilage	
Torn with surgical repair	\$500
Exploratory surgery or cartilage shaved, only	\$100
Laceration	\$25 – \$400
Tendon/ligament and rotator cuff	
Surgical repair of one	\$600
Surgical repair of two or more	\$900
Exploratory surgery without repair	\$100
Dental work, emergency	
Extraction	\$50
Crown	\$150
Eye injury	\$200



>> Scan the QR Code with the camera on your phone to view an educational video about Critical Illness Insurance.

CRITICAL ILLNESS

When you or a family member suffers a serious illness like a stroke, heart attack or cancer, Critical Illness insurance can help with expenses that Medical insurance doesn't cover, such as deductibles, out-of-pocket costs or services like experimental treatment. City of Dothan employees have the option to purchase Critical Illness insurance through Unum. The lump sum benefit is paid directly to you when you need it most, upon diagnosis, so you can focus on your health.

Sample Covered Illnesses:

- Heart attack
- Blindness
- Major organ failure
- End-stage kidney failure
- Benign brain tumor
- Coronary artery bypass surgery – pays at 25% of lump sum benefit
- Coma that lasts at least 14 consecutive days
- Stroke whose effects are confirmed at least 30 days after the event
- Occupational HIV
- Permanent paralysis of at least two limbs due to a covered accident
- Cancer
- Carcinoma in situ – pays 25% of your coverage amount

WELLNESS BENEFIT

Every year, each family member who has Critical Illness coverage can also receive \$50 for getting a health screening test, such as:

- Blood tests
- Chest X-rays
- Stress tests
- Colonoscopies
- Mammograms
- And other tests listed in your policy

Please refer to the policy for complete details. Coverage may vary by state. See exclusions and limitations.

Who Can Get Coverage?

You

Choose \$10,000 or \$ 20,000 of coverage. Coverage is guaranteed up to \$20,000 if you apply during this enrollment.

Your spouse

Spouses from age 17 and up can choose either \$5,000 or a \$10,000 as long as you have purchased coverage for yourself. If you were eligible to enroll your spouse in coverage previously and declined to enroll, the benefit amount you may select for your spouse this year may be limited to \$5,000.

Your children

Dependent children from newborns to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses, plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spinal coverage effective date.

Semi-Monthly Premium per \$1,000 of Coverage

Age	Non-tobacco	Tobacco
0-24	\$0.23	\$0.34
25-29	\$0.26	\$0.41
30-34	\$0.38	\$0.60
35-39	\$0.51	\$0.89
40-44	\$0.72	\$1.29
45-49	\$0.99	\$1.79
50-54	\$1.31	\$2.39
55-59	\$1.73	\$3.04
60-64	\$2.21	\$3.65
65-69	\$2.48	\$3.81
70-99	\$4.46	\$6.13

Semi-Monthly Premium for Wellness Benefit

Employee and Children	\$0.80
Spouse	\$0.80

Your paycheck deduction includes base coverage and Wellness Benefit premium[s]. Actual billed amounts may vary. For illustrative purposes only.

Group Hospital Insurance



Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

How does it work?

Group Hospital Insurance helps covered employees, and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, well child visits, dental and vision exams.
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Who can get coverage?

You	If you're actively working
Your Spouse	Can get coverage as long as you have purchased coverage for yourself
Your child(ren)	Dependent children, newborn until the age of 26, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your Semi-Monthly Premium	Option 1	Option 2
You	\$12.13	\$6.51
You + Spouse	\$28.48	\$14.74
You + Child(ren)	\$17.94	\$9.73
Family	\$34.28	\$17.97

Hospital				
	Option 1 Benefits		Option 2 Benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$1,500	Payable for a maximum of 1 day per year	\$500
Hospital Daily Stay	Payable per day up to 365 days	\$100	Payable per day up to 365 days	\$100

Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Pre-existing Condition

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or resulting from any of the following:

- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an Injury or Sickness, whether diagnosed or not, for which:

- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed

Pre-existing Condition requirements are not applicable to:

- Children who are newly acquired after your Coverage Effective Date; and
- any coverage applied for when an Insured is first eligible to enroll for coverage.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage becomes effective.

Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- Committing or attempting to commit a felony;
- Being engaged in an illegal occupation or activity;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- Active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- Participating in war or any act of war, whether declared or undeclared;
- Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- Being intoxicated;
- A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- Elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- Voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, intoxicants, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
 - Stroke, Alzheimer's disease, trauma, viral infection; or
 - Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment. Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer. Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative. Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine

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IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.

- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

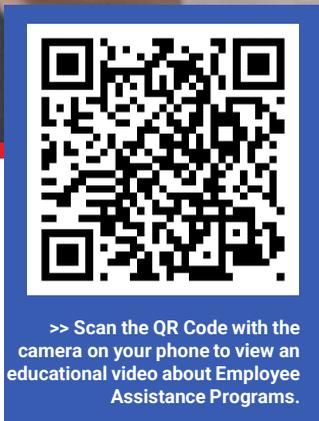
Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments".
- If you have this policy through your or a family member's job, contact the employer.



EAP

The City of Dothan currently provides all eligible full-time employees Employee Assistance Program (EAP) services at no cost through SpectraCare Health Systems. You and your family can get help that's easy, convenient and confidential. Counselors are available 24/7 from anywhere in the United States.

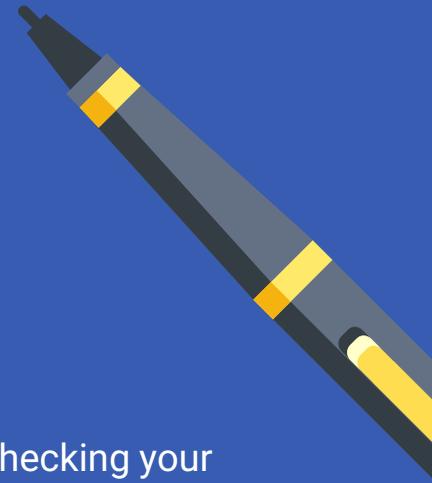
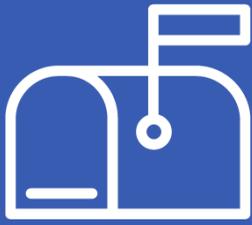


Help When You Need It

The EAP offers up to three counseling sessions at not cost to you. Confidential assistance is available for concerns such as:

- Managing stress
- Handling relationship issues
- Balancing work and life
- Quitting tobacco, alcohol or drug use
- Caring for children or aging parents
- Exploring career development options
- Dealing with conflict or violence
- Working through grief and loss issues
- Controlling depression and anxiety
- Referrals to local child and elder care services and resources
- Referrals to local community resources for additional assistance

**HOW TO
ACCESS EAP**
Toll-free counselor: 800.951.4357



Check the Mail!

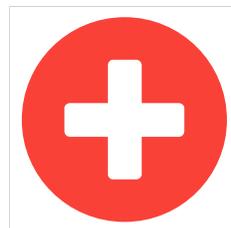
Following open enrollment or date of eligibility, make sure you are checking your home mailbox regularly. Insurance carriers will be sending you ID cards as well as your complete summary of benefits and other important documentation. If you have any questions or have not received your ID cards, please reach out to your HR Team.

Questions About Your Benefits?

Contact the City of Dothan Personnel Department at 334.615.3180.

Where Can I Access My Benefits?

You can view your benefit elections anytime by visiting www.wpsenroll.com/dothan.



TIPS FOR FILING AN INSURANCE CLAIM

- 1 Review this guide for carrier contact information.**
Your group/policy number will also be listed here.
- 2** Have the following information ready for you and/or the dependent or spouse associated with the claim
 - **Name**
 - **Address**
 - **Date of Birth**
 - **Social Security Number**
 - **Treating Physician's Name, address and phone / fax number**
- 3 Additional paperwork will likely be required.**
Please contact your HR Team listed above if you have any questions.

SUMMARY OF NOTICES

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) can be found by logging into the City of Dothan enrollment portal, www.wpsenroll.com/dathan. If you are unable to access these for any reason, contact Human Resources for a printed copy.

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

IMPORTANT CONTACT INFORMATION

MEDICAL	BlueCross BlueShield	800.835.6346	www.bcbsal.org
DENTAL	BlueCross BlueShield	800.835.6346	www.bcbsal.org
VISION	Unum EyeMed	866.939.3633	www.unumvisioncare.com
FLEXIBLE SPENDING	Wex	1.833.225.5939	www.wexinc.com
LIFE AND AD&D	Unum	800.421.0344	www.unum.com/employees
DISABILITY	Unum	800.421.0344	www.unum.com/employees
RETIREMENT PLAN	Retirement Systems of Alabama	877.517.0020	www.rsa-al.gov
EMPLOYEE ASSISTANCE PROGRAM	SpectraCare Health Systems	800.951.4357	
ACCIDENT, HOSPITAL, CRITICAL ILLNESS, WHOLE LIFE	Unum	800.635.5597	www.unum.com/employees

CITY OF DOTHAN PERSONNEL DEPARTMENT

334.615.3180
www.dothan.org

Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this book and the terms in the plan document, the plan document will prevail.

