

2027

Employee Benefits Program

January 1 – December 31

ROCK ISLAND
ILLINOIS

ROCK ISLAND
ILLINOIS

Questions, Problems or Concerns

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise. If you require assistance, have your ID number or Social Security Number available and follow these steps:

- **For claims assistance** call the applicable insurance carrier. Have your ID number, date of service, and provider name available.
- If you require further assistance, contact HR or Gallagher. the City of Rock Island has partnered with Gallagher as our benefits consultants for expert assistance with benefit related questions, plan procedures, life events and claim issues.
- **Do you need an ID card?** If you do not have an ID card, please contact the insurance carrier to order your ID card or go online to the carrier's site to download an ID card.

Important Contact Information

Carrier	Web / Email	Phone
Medical		
Blue Cross Blue Shield of Illinois	www.bcbsil.com	1-888-630-2583
Prescription Drug Benefits		
CVS Caremark	www.caremark.com	1-888-202-1654
Flexible Spending Accounts		
TriStar	www.myRSC.com	1-800-456-4584
Dental		
Delta Dental of Illinois	www.deltadentalil.com	1-800-323-1743
Vision		
Avesis	www.avesis.com	1-800-522-0258
City of Rock Island Free On-Site Nurse Clinic		1-309-732-2990
Gallagher		
Benefit Consultant	tally_neofotist@ajg.com	1-563-345-6006



Welcome to your Employee Benefits!

The City of Rock Island is pleased to offer a wide range of benefits to its employees and their families. These company-sponsored benefits are an important part of a total compensation package. They represent both a valuable asset to our employees and to their families and demonstrate an investment by the City of Rock Island in our employees. We are proud of our compensation benefits program and are committed to continuously improving the plans that make up our benefits offerings.

This guide was created to answer some of the questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive.

If you have any benefits related questions or concerns, please do not hesitate to call your City of Rock Island Benefits Team.

Rob Baugous, HR Director

309-732-2053

baugous.rob@rigov.org

Angie Rasmussen, Benefits Coordinator

309-732-2058

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PLEASE NOTE: This booklet provides a summary of the benefits available, but is not your Summary Plan Description (SPD). the City of Rock Island reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

How to Enroll

Open Enrollment Period

The City of Rock Island's annual enrollment period will be held **November 1st through November 15th, 2026**.
Open Enrollment is your opportunity to review your current benefits, make any plan changes, or update dependent and/or beneficiary information.

Newly Hired/Eligible Employees

New hires and newly eligible employees **MUST** complete enrollment even if choosing to waive coverage. Coverage, if elected, will begin on the first of the month following 30 days of employment.

Have social security numbers and birth dates for all dependents available prior to completing enrollment.



Enrolling In Your Benefits

Please review this guide to gain a full understanding of the plans being offered. Be sure to make any changes during your Open Enrollment window, or within 30 days of becoming eligible, and review your current benefits and make any changes for the upcoming plan year.

Preparing to Enroll

As a committed partner in your health, the City of Rock Island will be absorbing a significant amount of the costs. Your share of the cost on some benefits will be deducted on a pre-tax basis, which will lessen your tax liability. Please note that employee premiums for available benefits will vary depending on the level of coverage you select. In general, the more coverage you have, the higher your employee premium will be. You may select any combination of health & pharmacy, dental, vision etc. coverage categories. For example, you could select health & pharmacy coverage for you and your entire family but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of the City of Rock Island, must elect coverage for yourself in order to elect coverage for your dependent(s). Be sure to have the Social Security numbers and birthdates for any eligible dependent(s) that you plan to enroll. This information is required for claims to be filed and processed correctly, by Federal legislation for reporting on group health plans, and in a case where a dependent utilizes Medicare, Medicaid and/or SCHIP programs.

Eligibility

Full-time employees with a schedule of **30 hours per week** are eligible for the benefits described in this guide, unless otherwise stated.

When Benefits Become Effective

Benefits for all benefit plans are effective the first of the month following 30 days of employment. Part-time, seasonal, temporary, internship, and contracted employees are not eligible to participate.

Eligible Dependents

Your dependents are eligible to participate in the City of Rock Island's benefit plans. Your eligible dependents include*:

- A spouse to whom you are legally married.
- A dependent child under age 26. Coverage will terminate on the dependent's 26th birthday. Coverage may be extended past the age of 26 for disabled dependents. Dependent children can include natural, adopted children, and stepchildren.

Coverage for eligible dependents generally begins on the same day your coverage is effective. Completed enrollment serves as a request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

**Additional carrier conditions may apply and may vary by state.*



For all benefits, you must enroll within 30 days from your date of hire.





Newly Hired/Eligible Employees

New hires and newly eligible employees **MUST** complete enrollment even if choosing to waive coverage.

Pre-Tax Benefits: Section 125

The City of Rock Island's benefit plans utilize Section 125. This enables you to elect to pay premiums for health, dental, vision and flexible spending account coverage on a pre-tax basis. When you use pretax dollars, you will reduce your taxable income and have fewer taxes taken out of your paycheck. Under Section 125, you can actually have more spendable income than if the same deductions were taken on an after tax basis.

Pre-tax Note: When you pay for your dependent's benefits on a pre-tax basis you are certifying that the dependent meets the IRS' definition of a dependent. [IRC §§ 152, 21 (b)(1) and 105(b)]. Children/spouses that do not satisfy the IRS' definition will result in a tax liability to you, such as changing that dependent's election to a post-tax election, or receiving imputed income on your W-2 for the dependent's coverage that should not have been taken on a pre-tax basis.







You must notify Human Resources within 30 days from the life event status change in order to make a change in your benefit selections.

Benefit Changes

The benefit elections you make during open enrollment or as a new hire will remain in effect for the entire plan year. You will not be able to change or revoke your elections once they have been made unless a life event status change occurs.

For purposes of health, dental, vision and flexible spending accounts, you will be deemed to have a life event status change if:

- your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- you, your spouse or dependents terminate or begin employment;
- your dependent is no longer eligible due to attainment of age;
- you, your spouse or dependents experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment; strike or lock-out; commencement of or return from an unpaid leave of absence);
- gain or loss of eligibility under a plan offered by your employer or your spouse's employer;
- a change in residence for you, your spouse or your dependent resulting in a gain or loss of eligibility.

In order to be permitted to make a change of election relating to your health, dental or vision coverage due to a life event status change, the change must result in you, your spouse or dependent gaining or losing eligibility for health, dental or vision coverage under this Plan or a plan sponsored by another employer by whom you, your spouse or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for health coverage under the following circumstances:

- a court order requires that your child receive accident or health coverage under this plan or a former spouse's plan;
- you, your spouse or dependent become entitled to Medicare or Medicaid;
- you have a Special Enrollment Right;
- there is a significant change in the cost or coverage for you or your spouse attributable to your spouse's employment.

For purposes of all other benefits under the plan, you will be deemed to have a life event status change if the change is on account of and consistent with a change in status, as determined by the plan administrator, in its discretion, under applicable law and the plan provisions.

Benefit Changes continued...

Event	Action Required	Results If Action Not Taken
New Hire:	Make elections within 30 days of hire date. Documentation is required.	You and your dependents are not eligible until the next annual Open Enrollment.
Marriage:	Your new spouse must be added to your elections within 30 days of the marriage date. A copy of the marriage certificate must be presented.	Your spouse is not eligible until the next annual Open Enrollment period.
Divorce:	The former spouse must be removed within 30 days of the divorce. Proof of the divorce will be required. A copy of the divorce decree must be presented.	Benefits are not available for the divorced spouse and will be recouped if paid erroneously.
Birth or adoption of a child:	The new dependent must be enrolled in your elections within 30 days of the birth and adoption, even if you already have family coverage. A copy of the birth certificate, footprints, or hospital discharge papers must be presented. Once you receive the child's Social Security Number, be sure to contact Gallagher to update your child's insurance information record.	The new dependent will not be covered on your health insurance until the next annual Open Enrollment period.
Death of a spouse or dependent:	Remove the dependent from your elections within 30 days from the date of death. Death certificate must be presented.	You could pay a higher premium than required and you may be overpaying for coverage.
Your spouse gains or loses employment that provides health benefits:	Add or drop health benefits from your elections within 30 days of the event date. A letter from the employer or insurance company must be presented.	You need to wait until the next annual Open Enrollment period to make any change.
Loss of coverage with a spouse:	Change your elections within 30 days from the loss of coverage. A letter from the employer must be provided.	You will be unable to enroll in the benefits until the next annual Open Enrollment period.
Changing from full-time to part-time employment (without benefits) or from part-time to full- time (with benefits):	Change your elections within 30 days from the employment status change in order to receive COBRA information or to enroll in benefits as a full-time employee. Documentation from the employer must be provided.	Benefits may not be available to you or your dependents if you wait to enroll in COBRA. Full-time employees will have to wait until the annual Open Enrollment period.

If you Experience a Life Event Status Change

Please direct questions regarding specific life events and your ability to make changes to your benefit elections as a result of a life event to Angie Rasmussen in the HR department, 309-732-2058.

You must update your elections within 30 days of your life event status change or you will not be able to make changes until the next annual open enrollment. If adding or removing dependents, you are required to submit specific documents to Human Resources. The change will be inactive until proper documentation is received and approved.

Medical Plan PPO Plan BCBS of Illinois

The City of Rock Island is proud to offer you a PPO plan that includes comprehensive medical care and prescription drug coverage. Below is a high-level overview of the benefits available.

	BCBS IL PPO Plan	
	In-Network You Pay:	**Out-of-Network You Pay:**
Deductible (Individual / Family)	**$250 / $500**	**$500 / $1,000**
Out-Of-Pocket Maximum (Individual / Family)	$1,200 / $2,400	$1,500 / $3,000
Coinsurance	10%	30%
Preventive Services Well-Child Care Adult Physical Examination Cancer Screenings	No Charge	Deductible + 30% Coinsurance
Office Visits	$20 PCP / $20 Specialist	Deductible + 30% Coinsurance
MD Live Virtual Visits	$0 per visit	NA
Urgent Care Centers	Deductible + 10% Coinsurance	Deductible + 30% Coinsurance
Convenient Care	$20 per visit	Deductible + 30% Coinsurance
Inpatient Services	$200 Copay, 10% Coinsurance	$600 Copay, 30% Coinsurance
Outpatient Surgery	$100 Copay, 10% Coinsurance	$300 Copay, 30% Coinsurance
Emergency Room	$100 per visit	$100 per visit
Diagnostic Services	Deductible + 10% Coinsurance	Deductible + 30% Coinsurance
Chiropractic (12 visits per year)	$20 per visit	$20 per visit

Plan Cost Per Pay Period	**BCBS IL PPO Plan**
Employee Only	$113.21
Employee + Spouse	$226.42
Employee + Child(ren)	$215.10
Family	$315.86



Virtual Visits

MDLIVE®

The City of Rock Island has partnered with MDLive to provide you with 24/7/365 on-demand access to a national network of U.S. board-certified doctors through the convenience of phone, video or mobile app visits. MDLive physicians and therapists can diagnose, treat and prescribe medication, when necessary, for a variety of issues, including **Behavioral Health**. It's more convenient access to quality healthcare, when and where you need it.

Prescription Coverage- PPO Plan

Your prescription drug benefit is based on a four-tier drug system. Copayment and/or coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the **CVS Standard Drug List** are assigned as one of the four tiers. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.caremark.com.

Medicare Part D

The prescription drug benefit is creditable coverage. Medicare-eligible participants need not enroll in a separate Medicare D drug plan.

Rx Mail Order Program

Save time and money by filling maintenance drugs through the mail order program. The Mail Order Program benefits members who are on long-term medications for chronic conditions such as diabetes, high cholesterol, high blood pressure, depression or asthma. By utilizing the Mail Order Program, you can receive a 90-day supply of medication for the equivalent of two retail copayments. That's a savings of one copayment for every 90-day supply.

	BCBS IL PPO Plan
Retail Copay - up to 30-day supply	
Preventive Drugs	$0.00
Generic Drugs	$5.00
Preferred Brand Name Drugs	Minimum of $10 / Maximum of $20
Non-Preferred Brand Name Drugs	Minimum of $10 / Maximum of $40
Preferred Specialty Drugs	Prudent Rx Program – most members will receive drug with no cost share*
Mail Order Copay – 90-day supply	
Generic Drugs	$5.00
Preferred Brand Name Drugs	$20.00
Non-Preferred Brand Name Drugs	$40.00

**Refer to your plan document for complete program details.*

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Save money with Generic Drugs



We encourage you to visit **www.bcbsil.com**.
Use it for locating providers, reviewing covered prescriptions, monitoring the status of claims, and for viewing your Member ID Card.

Medical Plan HDHP/HSA Plan BCBS of Illinois

This benefit plan is for Retirees Only

	HDHP/HSA Plan	
	In-Network You Pay:	**Out-of-Network You Pay:**
Deductible (Individual / Family)	**$3,500 / $7,000**	**$7,000 / $14,000**
Out-Of-Pocket Maximum (Individual / Family)	$5,800 / $7,350	$17,400 / $22,050
Coinsurance	20%	40%
Preventive Services Well-Child Care Adult Physical Examination Cancer Screenings	No Charge	Deductible + 40% Coinsurance
Office Visits	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
MD Live Virtual Visits	Approximately $49 per visit	NA
Urgent Care Centers	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Convenient Care	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Inpatient Services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance ($300 per occurrence Ded)
Outpatient Surgery	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Emergency Room	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Diagnostic Services	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance
Chiropractic (10 visits per year)	Deductible + 20% Coinsurance	Deductible + 40% Coinsurance

Retiree Monthly Cost	**HDHP/HSA Plan**
Single	$778.52
Double	$1,557.04
Family	$2,172.07

Upon your Retiree election of the HDHP, you CANNOT return to the Regular Plan

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.



Virtual Visits

MDLIVE®

The City of Rock Island has partnered with MDLive to provide you with 24/7/365 on-demand access to a national network of U.S. board-certified doctors through the convenience of phone, video or mobile app visits. MDLive physicians and therapists can diagnose, treat and prescribe medication, when necessary, for a variety of issues, including **Behavioral Health**. It's more convenient access to quality healthcare, when and where you need it.

Prescription Coverage- HDHP/HSA Plan

Your prescription drug benefit is part of your Medical plan and is based on a six-tier drug system. Copayment and/or coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the **BCBSIL Drug List** are assigned as one of the six tiers. Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to www.bcbsil.com.

Medicare Part D

The prescription drug benefit is **not** creditable coverage. Medicare-eligible participants need to consult with their Medicare expert about their Medicare D drug plan options.

Rx Mail Order Program

Save time and money by filling maintenance drugs through the mail order program. The Mail Order Program benefits members who are on long-term medications for chronic conditions such as diabetes, high cholesterol, high blood pressure, depression or asthma. By utilizing the Mail Order Program, you can receive a 90-day supply of medication for the equivalent of two retail copayments. That's a savings of one copayment for every 90-day supply.

	BCBS IL PPO Plan
Retail Copay - up to 30-day supply	
Preventive Drugs	$0.00
Generic Drugs	Deductible + 10% coinsurance at Preferred Pharmacy
Non-Preferred Generic Drugs	Deductible + 10% coinsurance at Preferred Pharmacy
Preferred Brand Name Drugs	Deductible + 20% coinsurance at Preferred Pharmacy
Non-Preferred Brand Name Drugs	Deductible + 30% coinsurance at Preferred Pharmacy
Preferred Specialty Drugs	Deductible + 40% coinsurance
Non-Preferred Specialty Drugs	Deductible + 50% coinsurance
Mail Order Copay – 90-day supply	
Generic Drugs	Deductible + 10% coinsurance
Non-Preferred Generic Drugs	Deductible + 10% coinsurance
Preferred Brand Name Drugs	Deductible + 20% coinsurance
Non-Preferred Brand Name Drugs	Deductible + 30% coinsurance

Upon your Retiree election of the HDHP, you CANNOT return to the Regular Plan

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Save money with Generic Drugs



We encourage you to visit **www.bcbsil.com**.
use it for locating providers, reviewing covered prescriptions, monitoring the status of claims, and for viewing your Member ID Card.

BlueCross BlueShield of Illinois



Virtual Visits: **Speak with a doctor or therapist — anytime, anywhere**

With your Virtual Visits benefit, provided by Blue Cross and Blue Shield of Illinois (BCBSIL) and powered by MDLIVE, the doctor is in 24/7/365. You can see a doctor or behavioral health specialist without leaving the comfort of your own home.

Virtual Visits allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Powered by MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified MDLIVE doctor
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes

MDLIVE doctors can treat a variety of non-emergency conditions, including:

- Allergies
- Anxiety
- Asthma
- Cold/flu
- Depression
- Ear infections (age 12+)
- Fever (age 3+)
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Sinus Infections
- Stress management
- And more



Prepare for the Unexpected—Activate Your MDLIVE Account Now!

There is no charge to set up your account, but you may have a charge for your visit depending on your benefit plan.

Activate your account - pick the way that is easiest for you:

- Call MDLIVE at 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the MDLIVE app

Virtual Visits doctors may also send an e-prescription to your local pharmacy if necessary.

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an independent Licensee of the Blue Cross and Blue Shield Association

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Free On-Site Nurse Clinic



Nurse Clinic

As a City of Rock Island employee, you have access to the on-site clinic. Any dependents on the City of Rock Island's health plan are eligible to use the clinic as well. This clinic provides care for both adults and children.

The clinic has a Nurse Practitioner and a Medical Assistant on staff and the clinic is open 7 AM – 3:30 PM, Monday through Friday.

The Medical Assistant is available from 7 AM – 3 PM, and the Nurse Practitioner is available from 7:30 AM – 3:30 PM.

This clinic should be used as an urgent care for general illnesses and/or minor injuries such as:

Immunizations:
- Immunization review and titers if needed
- Influenza immunization (seasonal)
- Hepatitis A (2 dose series) and Hepatitis
- B (3 dose series) immunizations available
- Tdap (tetanus immunization available)

Minor Illnesses:
- Abdominal pain
- Cellulitis
- Dental abscess
- Earache/ear infection/swimmers' ear
- Edema
- Fever
- Indigestion
- Ingrown toenails
- Migraine
- Mononucleosis
- Nausea, vomiting, diarrhea
- Pink eye/conjunctivitis
- STI testing
- Stye (hordeolum)
- UTI
- Yeast infections

Physicals:
- Camp physical
- Sports physical
- Work physical
- Drug testing (urine)

Minor Injuries:
- Allergic reaction (minor)
- Back pain
- Bug bites/stings
- Eye flush/eye foreign body
- Minor burns
- Minor cuts, blisters, and wounds (simple suturing available)
- Nose bleed
- Simple abscess drainage
- Splinter removal
- Sprains/strains/joint pain (appropriate X-ray orders if needed, ace wrapping available, some splinting for minor fractures available, cold packs available)
- Suture/staple removal
- Tick bites/Lyme disease

Skin Conditions:
- Acne
- Athlete's foot
- Cold/canker/mouth sores
- Fungal infections
- Impetigo
- Lice
- Poison Ivy/Poison Oak
- Rash, skin irritation, dermatitis
- Ringworm
- Scabies
- Shingles
- Sunburn
- Toenail fungus
- Wart or mole evaluation

Upper Respiratory Illnesses *(These visits will typically be conducted via telehealth visit and may also require off-site lab testing):*
- Asthma/bronchitis exacerbation
- COVID
- Influenza
- Seasonal allergies
- Sinusitis/sinus infection
- Strep
- Other respiratory viruses

Community acquired pneumonia
Wellness:
- Anxiety/depression evaluation and referral
- if needed
- Courtesy blood pressure check
- Courtesy blood sugar check
- Courtesy lab draw as ordered by outside providers
- Ear wax removal
- EKG
- One-time medication renewal (with office visit)
- Pregnancy test
- Smoking cessation
- TB test

Travel Health:
- Pre-travel consultation
- Motion sickness prevention
- Malaria prevention (Rx)

The clinic is located on the lower level of City Hall, 1528 3rd Avenue. Appointments are not necessary, however, calling ahead of time is recommended. Please call (309) 732-2990 to schedule an appointment. Otherwise, you can stop by the clinic during the hours listed above.



Dental Coverage

DELTA DENTAL®

Delta Dental of Illinois

The Delta Dental Plan offers you flexibility to see the provider of your choice each time you seek dental care. You can find a Delta Dental network dentist online at www.deltadentalil.com or by calling 1-800-323-1743.

	Delta Dental	
	Low Plan	**High Plan**
Calendar Year Maximum Preventive, Basic & Major Care	$1,000 per person	$2,000 per person
Calendar Year Deductible	$50 Single / $150 Family	
Preventive & Diagnostic Care Oral Exams, Cleanings, Routine X-Rays, Fluoride Application, Sealants for Eligible Children	0%, No Deductible	
Basic Restorative Care Fillings, Posterior Composites Simple Extractions, Anesthetics, Root Canal Therapy	20%, After Deductible	
Major Restorative Care Crowns, Inlays, Onlays, Dentures, Bridges, Stainless Steel/Resin Crowns, Repairs (Bridges, Crowns, Inlays and Dentures)	50%, After Deductible	
Orthodontia (to age 19) Coverage for Eligible Children Only	50%, After Deductible	
Lifetime Ortho Maximum	$1,000 per child	$2,000 per child

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Plan Cost Per Pay Period	**Low Plan**	**High Plan**
Employee Only	$11.97	$13.80
Employee + Spouse	$23.94	$27.59
Employee + Child(ren)	$29.56	$36.36
Family	$47.05	$55.44



Delta Dental App

Download the Delta Dental app to find providers, check claims and download a digital ID card!

ANDROID APP ON Google play

Download on the App Store

Vision Coverage



Avesis Vision Plan

Choose an Avesis doctor from the Avesis Network. To find an Avesis provider, visit www.avesis.com or call 1-800-522-0258. At your appointment, tell them you have Avesis.

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	$10	Every 12 months
Prescription Glasses		$15	
Frame	$130 allowance retail and $50 allowance wholesale	Included in Prescription Glasses	Every 24 months
Lens Options	Single Lined Lenses Bifocal Lined Lenses Trifocal Lined Lenses Lenticular Lenses Necessary Contacts	Included in Prescription Glasses	Every 12 months
Lens Enhancements	Standard Progressive Premium Progressive Custom Progressive	Discounts available	
Contacts (instead of glasses)	$130 allowance for contacts	$130 Allowance	Every 12 months
Extra Savings	**Laser Vision Correction:** $150 allowance		

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.

Plan Cost Per Pay Period	Avesis Vision
Employee Only	$4.25
Employee + Spouse	$8.15
Employee + Child(ren)	$8.88
Family	$11.44

Flexible Spending Accounts



Eligibility Based on Medical Plan Election

Flexible Spending Accounts (FSA's) offer another way to save money on health care and dependent care expenses. You may submit expenses incurred by any of your dependents, whether or not they are covered by the insurance plans you have through your employer. Employees need not be enrolled in either medical plan to participate in FSAs.

If you enroll, you fund the accounts via a payroll deduction each pay period. Money that you contribute to your FSAs is not subject to social security taxes, federal, and in most cases, state income taxes.

Account	HSA Participants	Non-HSA Participants	How it works
Healthcare FSA	✗	✓	**Employee-funded.** Can use funds for all healthcare related expenses. Federal regulations do not allow participation in an HSA and this type of account.
Dependent Care FSA	✓	✓	**Employee-funded.** Can use funds for all dependent care related expenses such as day care, nursery school, or elder care.

HCFSA Annual Contribution Limit:
$3,500

Health Care Flexible Spending Account (HCFSA)

Federal regulations do not allow participation in an HSA and this type of account. Eligible health care expenses include many of the out-of-pocket expenses you pay to maintain your health and well-being. These include deductibles and coinsurance expenses not covered by your medical plan, expenses for glasses or contact lenses, and more.

DCFSA Annual Contribution Limit:
$7,500

Or $3,750 if you are married and file a separate tax return.

Dependent Care Flexible Spending Account (DCFSA)

You may use pre-tax dollars from your DCFSA to pay expenses for care when the services enable you and your spouse to work outside of the home. These include expenses for the care of a dependent child, spouse or elderly parent inside your home. Also included are baby-sitters, nursery schools, and day care centers.

Only the portion of expenses that enable you to remain employed are eligible. Educational expenses are not eligible.

The FSA Plan Year is January 1 until December 31.

"Use it or lose it" Grace Period Provision - HCFSAs only

The City of Rock Island has elected to participate in the Grace Period provision, allowing employees to incur eligible expenses 2 ½ months following the end of the plan year. You are still encouraged to consider your expenses carefully before you decide how much to contribute to each Flexible Spending Account. As a reminder, your election will cover the period from January 1 through December 31. You should not contribute more than you are reasonably certain to use.

Flexible Spending Accounts cont.

Eligible Dependents

Regarding your Dependent Care FSA, the IRS defines an eligible dependent as:

- A child under the age of 13 and may be claimed as a deduction for personal exemption under Code Section 151(c).
- A spouse who is physically or mentally incapable of selfcare.
- A disabled person who is physically or mentally incapable of self-care who you provide more than 50% support, and who qualifies as your dependent under Code Section 152.

FSA Debit Card

An FSA debit card is provided to all HCFSA participants. The debit card is similar to a bank account debit card that allows you to remove funds from your FSA at a merchant payment terminal. By using the debit card to purchase eligible expenses, you avoid paying for a purchase with money out of your pocket. Remember, you still must keep your receipts even when you use the debit card.

Periodically, the IRS requires proof of purchase.

FSA Claims & Reimbursements

Current Account Users: Requests for reimbursement from your FSA may be made online at **www.myRSC.com** or by completing a claim form.

Mail to: TRISTAR Benefit Administrators
5820 S Eastern Ave, Ste 250
Las Vegas, NV 89119

Email to: flex@tristargroup.net

Fax to: 702-216-1623

Once you've paid for a qualifying expense, you can submit a Flex claim with:

- A copy of the Explanation of Benefits (EOB)
- The provider's invoice with proof of payment; or
- The provider's itemized receipt and a prescription

Once your claim is approved, you will be reimbursed via check or direct deposit.



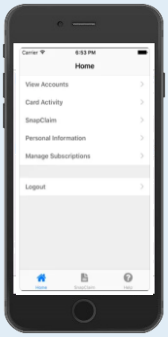
Changing Your Contribution Amount

Federal regulations prohibit you from changing your enrollment or the amount of your election during the plan year. You are only eligible to change your elections during the year if you have a life event status change. Only benefit changes consistent with the change in status are permitted. Life event status changes that may warrant a change in benefit elections are described on page 3 and 4 of this guide.

TRISTAR BENEFIT ADMINISTRATORS

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TRISTAR myRSC App

Get your benefits on the go! Save time and hassles with TRISTAR's FSA Mobile App. The app provides the following features:

- Account balances and details
- View Profile Details
- Upload Claims and Submit Receipts
- Recent Transactions and Detail
- View Dependents
- View Card Details
- and more…