



2024-2025 BENEFITS

Below is a brief summary of the coverage under the plan option available. Written in member responsibility. Please review the Plan Summary for the exact benefit levels associated with your care.

Medical - Cigna

Carrier Name	Cigna	
Name of Plan	OAP Access Plus	
Office Visits	In Network	Out of Network
Preventive	Covered 100%	Deductible then 50%
Primary	\$35 Copay	Deductible then 50%
Specialist	\$60 Copay	Deductible then 50%
Mental Health/Substance Abuse	\$35 Copay	Deductible then 50%
Outpatient Therapy (Speech, Occupational, Physical)	\$35 Copay	Deductible then 50%
Pharmacy		
Tier 1 Generic	\$20	Not Covered
Tier 2 Preferred Brand	\$45	Not Covered
Tier 3 Non-Preferred Brand	\$70	Not Covered
Retail/Home Delivery (90 days - Standard)	2.5 X Retail Amount	Not Covered
Common Services		
In-Patient Facility	Deductible then 20%	Deductible then 50%
Out-Patient Facility	Deductible then 20%	Deductible then 50%
Urgent Care	\$60 Copay	Deductible then 50%
Emergency Room	\$500 Copay	
Coinsurance	20%	50%
Calendar Year Deductible		
Individual	\$3,500*	\$7,000
Family	\$7,000 *	\$14,000
Calendar Year Out of Pocket		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000

Medical Rates	Full Monthly Rate	Paid by the City	Monthly Employee Contribution	Bi-Weekly Employee Contribution
Employee Only	\$780.98	\$780.98	\$0	\$0
Employee + Child(ren)	\$1,276.62	\$780.98	\$495.64	\$247.82

*Health Reimbursement Account (HRA) – Flores

The HRA is a sponsored plan by the City of Marion that can be used to reimburse a portion of you and your eligible family member's deductible medical expenses. The HRA is funded entirely by the City of Marion and funds do not roll over each year.

HRA Funding for the 2024 Plan Year is:

- Employee Only: \$1,500
- Employee + Child(ren): \$3,000

How does an HRA work?

Employee must pay \$1,000 in out-of-pocket deductible expenses (IE: out of pocket expenses for services subject to the deductible such as Inpatient Hospital Stays, MRIs, CAT Scans, Outpatient Surgery, etc.) You are then eligible for up to \$1,500 in HRA Funds if you have employee only coverage. Employees who cover dependent children are eligible for up to \$3,000 in HRA Funds. For information on how to file an HRA claim with Flores please refer to the Employee Benefit Guide.

Virtual Care - MDLive

MDLIVE Urgent Virtual Care Services - \$10 copay
MDLIVE Primary Care Care Services - \$35 copay
MDLIVE Specialty Care Services - \$60 copay

Urgent Care: On-Demand care for minor medical conditions.
Primary Care: Preventive care, routine care and specialist referrals
Specialty Care: Behavioral Care and Dermatology

Access MDLIVE by logging into myCigna.com and click "Talk to a Doctor" or you can call MDLIVE at 888.726.3171.

Dental - Cigna

Carrier Name	Cigna
Name of Plan	Dental PPO
Class	In Network
I - Preventive	Covered at 100%
II - Basic Services	Deductible then 20%
III - Major Services	Deductible then 50%
IV - Orthodontia	50%, No Deductible
IX - Implants	Deductible then 50%
Plan Details	
Basic Care	Fillings, Oral Surgery, Periodontics, Endodontics, Extractions
Major Care	Bridges, Dentures, Crowns
Policy Year Deductible	Employee: \$50 Family: \$100
Plan Maximums	
Policy Year Maximum	\$1,000
Orthodontia <u>Lifetime</u> Maximum	\$1,000
Implant Policy Year Maximum	\$1,500

Dental Rates	Full Monthly Rate	Paid by the City	Bi-Weekly Employee Contribution
Employee Only	\$30.60	\$30.60	\$0.00
Employee + Spouse	\$61.71	\$30.60	\$15.56
Employee + Child(ren)	\$86.70	\$30.60	\$28.05
Family	\$98.43	\$30.60	\$33.91

Flexible Spending Account (FSA) – Flores

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses and prescriptions not covered by their insurance plan with pretax dollars. There are limits on salary reduction contributions to a health FSA offered under a cafeteria plan and is applicable to both grandfathered and non-grandfathered health FSAs. This limit will be indexed for cost-of-living adjustments. The annual maximum you may contribute to the Health Care FSA in 2024 is \$3,200.

Dependent Care FSA

The Dependent Care FSA lets employees use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.



2024/2025 BENEFITS

Vision - VSP

Carrier Name	VSP		
Name of Plan	Basic Plan	Premier Plan	Premier Plus Plan
Exam			
Copay	\$10	\$10 Copay	\$10 Copay
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Lenses			
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Single	20% discount	\$20 Copay	\$20 Copay
Bifocal			
Trifocal			
Contacts Elective	15% discount	\$120 Allowance + 15% off	\$160 Allowance + 15% off
Contacts Medically Necessary	15% discount	Available upon further request	Available upon further request
Frames			
Frequency	Every 12 Months	Every 12 Months	Every 12 Months
Frames	20% discount	\$120 allowance for frames	\$160 allowance for frames
		\$140 Allowance for featured frame brands + 20% off remaining balance	\$180 Allowance for featured frame brands + 20% off remaining balance

Vision Rates	Basic Bi-Weekly Employee Contribution	Premier Bi-Weekly Employee Contribution	Premier Plus Bi-Weekly Employee Contribution
Employee Only	\$0.00	\$3.00	\$5.50
Employee + Spouse	\$0.50	\$6.00	\$10.00
Employee + Child(ren)	\$0.50	\$6.00	\$10.00
Family	\$1.00	\$9.50	\$15.50

Basic Life / AD&D - Unum

City of Marion provides you with Basic Life and AD&D coverage at **no cost to you**. Below is a summary of that coverage. Please see the Benefit Guide for more details.

Carrier Name	Unum			
	Class 1 Dept. Heads	Class 2 EXCL. DEP. Heads	Class 3 All Retirees	Class 4 Elected Officials
Life Benefit	\$10,000	\$5,000	<65: 50% of benefit amount prior to retirement age 65-70: 15% of benefit amount prior to retirement age	\$10,000
AD&D Benefit	\$10,000	\$5,000	Not Applicable	\$10,000
Dependent Life Benefit	Spouse: \$2,500 Children 14 days to 6 months: \$1,000 Children to age 19 or 26 if a full-time student: \$2,500	Spouse: \$2,500 Children 14 days to 6 months: \$1,000 Children to age 19 or 26 if a full-time student: \$2,500	Not Applicable	Spouse: \$2,500 Children 14 days to 6 months: \$1,000 Children to age 19 or 26 if a full-time student: \$2,500
Conversion Privilege	Yes	Yes	Yes	Yes
Waiver of Premium	Yes	Yes	Yes	Yes

Carrier Contact Information

Program	Vendor	Contact Information
Medical/Rx	Cigna	(800) 997-1654 www.Cigna.com
FSA/DCFSA/HRA	Flores & Associates	(800) 532-3327 www.flores-associates.com
Dental	Cigna	(800) 997-1654 www.Cigna.com
Vision	VSP	(800) 877-7195 www.VSP.com
Basic Life and AD&D	Unum	(866) 679-3054 www.UNUM.com
Human Resources	City of Marion	Tammy Flowers (828) 652-3551 Ext 304 trose@marionnc.com