



PUTTING PEOPLE FIRST

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City of Birmingham

2019-2020 Employee Benefits Guide





Welcome to the City of Birmingham! Our Theme is Putting People First

What does Putting People First mean for our employees? It means providing high quality benefits at an affordable cost. It means making enrollment easy. It means being available to answer our employees' questions.

We are putting you first!

Benefits Eligibility

Full-time and permanently appointed employees of the City of Birmingham working 30 or more hours per week are eligible to participate in benefits. Health and Basic Term Life & AD&D Insurance are effective 30 days after your date of hire. Dental and Vision coverage are effective on the first day of the month following 30 days of service.

Your eligible dependents include your legal spouse; a child under age 26; an unmarried, incapacitated child age 26 and over who is unable to support him/herself, depends on you for support, if the incapacity occurred before reaching age 26; and/or a child for which you maintain legal guardianship, including your natural child, stepchild residing in your household, legally adopted child, or disabled child.

You **MUST** provide dependent verification for all dependents within five days of enrollment. For spouses, you must provide a copy of your marriage certificate and your spouse's social security card. For children, you must provide a copy of the child's social security card and either a birth certificate, proof of adoption or placement for adoption, legal guardianship documents or incapacitated medical documentation.

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When Can I Enroll?

You have the opportunity as a new employee to make your initial benefit elections. You have one week to return your enrollment forms to Human Resources.

When Can I Make Changes to My Benefits?

You may make changes to your health, dental, and vision insurance during the plan year if you experience a qualifying event. You must notify Human Resources within 30 days of the event. Qualifying events include:

- Birth, adoption or placement for adoption
- Marriage, legal separation, divorce, annulment
- Change in employment status
- Loss of coverage or ineligibility
- Medical child support order
- Death

You can also make changes to your benefits every year during Open Enrollment, usually held in May.

Paid Time Off

The City provides paid time off for designated holidays and vacation. Paid leave is also available for birthday, sick leave, bereavement leave and jury duty. Employees in the National Guard or Reserves may be granted military leave with pay not to exceed 21 working days provided the employee is in a full-time permanent position. Any employee summoned for jury duty or as a witness in court shall be granted leave with pay.

You are eligible for paid vacation leave after 90 days of continuous employment. You are eligible for paid sick leave after 60 days of continuous employment. No more than 320 hours of accrued vacation may be carried forward from one calendar year to the next. Sick leave may be carried forward from one calendar year to the next with no maximum amount. An employee WILL NOT accrue vacation or sick leave when in a non-pay status.

Years of Service Completed	Hours of Vacation Time Accrued per Month	Hours of Sick Time Accrued per Month
1 to 11	8	8
12 to 24	12	8
25 or More	16	8
Firefighter Personnel Only		
1 to 11	10.64	10.64
12 to 24	15.96	10.64
25 or More	21.28	10.64

Family and Medical Leave

The Family & Medical Leave Act provides up to 12 weeks of unpaid leave to qualifying employees for certain family and medical situations. To be eligible for FMLA, an employee must have completed at least 12 months of service and worked 1250 hours during the 12 months prior to the leave.



Medical Plan Options

Type Service	Premier Medical Plan	Value Medical Plan
Plan Year Deductible	\$1,500 per person / \$3,000 aggregate maximum per family	\$1,500 per person / \$3,000 aggregate maximum per family
Annual Out-of-Pocket	\$4,000 per person / \$8,000 aggregate maximum per family	\$4,000 per person / \$8,000 aggregate maximum per family
Inpatient Hospital	In-Network: 100% after \$250 per admission copay Out-of-Network: 50% after plan year deductible	In-Network: 90% after plan year deductible Out-of-Network: 70% after plan year deductible
Outpatient Hospital	In-Network: 100% after \$100 facility copay Out-of-Network: 50% after plan year deductible	In-Network: 90% after plan year deductible Out-of-Network: 70% after plan year deductible
Outpatient Diagnostic Lab and Pathology	In-Network: 100% no copay or deductible. Out-of-Network: 50% after plan year deductible	In-Network: 90% after plan year deductible Out-of-Network: 70% after plan year deductible
Outpatient Diagnostic Imaging (X-Ray)	In-Network: 100% after \$50 copay Out-of-Network: 50% after plan year deductible	In-Network: 90% after plan year deductible Out-of-Network: 70% after plan year deductible
Outpatient Dialysis, IV Therapy, Chemotherapy, and Radiation Therapy	In-Network: 100% no copay or deductible Out-of-Network: 50% after plan year deductible	In-Network: 90% after plan year deductible Out-of-Network: 70% after plan year deductible
Emergency Room – Medical Emergency or Accident	In-Network: 100% after \$200 facility copay for the first two visits, 100% after \$300 copay for any additional visits Out-of-Network: 100% after \$200 facility copay for the first two visits, 100% after \$300 copay for any additional visits	In-Network: 90% after plan year deductible Out-of-Network: 90% after plan year deductible
Primary Care Physician Office Visit	In-Network: 100% after \$25 office visit copay Out-of-Network: 50% after plan year deductible	In-Network: 100% after \$25 office visit copay Out-of-Network: 70% after plan year deductible
Specialist Office Visits	In-Network: 100% after \$40 office visit copay Out-of-Network: 50% after plan year deductible	In-Network: 100% after \$75 office visit copay Out-of-Network: 70% after plan year deductible
Urgent Care Visit	In Network: 100% after \$50 copay Out-of-Network: 50% after plan year deductible	In-Network: 100% after \$70 copay Out-of-Network: 70% after plan year deductible
Preventive Benefits (See list of specific preventive services) <ul style="list-style-type: none"> • Routine Immunizations • Urinalysis • CBC • TB Skin Test • Bone Density Scan • Chest X-Ray • EKG • Cholesterol Screening and/or Lipid Panel 	In-Network: 100% no copay or deductible Out-of-Network: NOT COVERED; EXCEPTION: 50% after deductible for the following services only: <ul style="list-style-type: none"> • Routine Pap Smear (one each year) • Routine Human Papillomavirus (HPV) testing (one per female member ages 30 and older every three plan years) • Routine Chlamydia screenings (one per female member ages 15-24 each plan year) 	In-Network: 100% no copay or deductible Out-of-Network: NOT COVERED; EXCEPTION: 70% after deductible for the following services only: <ul style="list-style-type: none"> • Routine Pap Smear (one each year) • Routine Human Papillomavirus (HPV) testing (one per female member ages 30 and older every three plan years) • Routine Chlamydia screenings (one per female member ages 15-24 each plan year)
Other Covered Services	In-Network: 100% no deductible or co-pay Out-of-Network: 50% after plan year deductible <i>Note: Some services are subject to the plan year deductible.</i>	In-Network: 90% after plan year deductible Out-of-Network: 70% after plan year deductible



Prescription Drug Coverage

	Premier Plan	Value Plan
Retail Pharmacy	Generic Drugs: \$7 copay Preferred Brand Name Drugs: \$40 copay Other Brand Name Drugs: \$60 copay Specialty Drugs: \$70 copay	Generic Drugs: \$7 copay Preferred Brand Name Drugs: \$65 copay Other Brand Name Drugs: \$80 copay Specialty Drugs: \$100 copay
Retail 90 Maintenance Network Program	Generic Drugs: \$12 copay Preferred Brand Name Drugs: \$45 copay Other Brand Name Drugs: \$75 copay Specialty Drugs: \$90 copay	Generic Drugs: \$12 copay Preferred Brand Name Drugs: \$55 copay Other Brand Name Drugs: \$85 copay Specialty Drugs: \$95 copay
Mail Order	Generic Drugs: \$10 copay Preferred Brand Name Drugs: \$40 copay Other Brand Name Drugs: \$65 copay <i>Applies to maintenance medications only.</i> Specialty Drugs: \$70 copay	Generic Drugs: \$10 copay Preferred Brand Name Drugs: \$60 copay Other Brand Name Drugs: \$75 copay <i>Applies to maintenance medications only.</i> Specialty Drugs: \$90 copay
Out of Pocket Maximum Eligible Pharmacy expenses such as copays accumulate towards the Out of Pocket Maximum	Individual: \$1,600 Family: \$3,200	Individual: \$1,600 Family: \$3,200

If you enroll in one of the City's health plans, you will receive an insurance card from BlueCross BlueShield of Alabama for medical benefits and a separate insurance card from Express Scripts for prescription drug benefits.

Medical Plan Premiums

Benefit Plan Type	Coverage	Employee Monthly*	Employee Biweekly
Premier Medical Plan	Individual	\$110.50	\$51.00
	Employee+1	\$338.00	\$156.00
	Family	\$472.33	\$218.00
Value Medical Plan	Individual	\$32.50	\$15.00
	Employee+1	\$145.17	\$67.00
	Family	\$212.33	\$98.00

*Employee monthly amounts will vary depending on the number of payroll cycles in a given month.

Spousal Surcharge effective January 1, 2020: Spouses who are eligible to participate in group health plan coverage through their own employers and do not elect coverage through their employer, are subject to a \$25 per pay period surcharge in the Value Plan and \$50 per pay period surcharge in the Premier Plan. City of Birmingham Health Plans will only provide secondary coverage to spouses who enroll in their own employer's group health plan and a City of Birmingham Plan.

Nicotine Surcharge effective January 1, 2020: Employees who use nicotine are subject to a \$7 per pay period surcharge in the Value Plan and a \$25 per pay period surcharge in the Premier Plan. If you enroll in a City of Birmingham Health Plan you will be required to certify whether you use nicotine.

The City of Birmingham is committed to helping you achieve your best health. The premium cost for not using nicotine is available to all employees. If you think you might be unable to meet a standard for avoiding the nicotine surcharge, you might qualify for an opportunity to earn the non-nicotine-use premium by different means. Contact Human Resources at 205-254-2819 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same premium discount that is right for you in light of your health status.



Dental Plan Highlights

Eligibility	Primary enrollee, spouse and eligible dependent children up to age 26		
Deductibles* Deductibles are waived for Diagnostic & Preventive	\$25 per person / \$75 per family each plan year		
Maximums* Diagnostic & Preventive Care costs count toward Maximum	\$1,000 per person each plan year for the Value Plan \$1,500 per person each plan year for the Premier Plan		
Waiting Period(s)	Basic Benefits 0 Months	Major Benefits 0 Months	Orthodontics 0 Months

Benefits and Covered Services**	Premier Dental Plan		Value Dental Plan	
	In-Network Dentists	Out of Network Dentists	In-Network Dentists	Out of Network Dentists
Diagnostic & Preventive Services Exams, Cleanings, X-rays, Sealants	100%	100%	100%	100%
Basic Services Fillings, Simple Tooth Extractions	80%	80%	50%	50%
Endodontics (root canals) Covered under Basic Services	80%	80%	50%	50%
Periodontics (gum treatment) Covered under Basic Services	80%	80%	50%	50%
Oral Surgery Covered under Basic Services	80%	80%	50%	50%
Major Services Crowns, Inlays, Onlays and Cast Restorations, Bridges and Dentures, Implants	50%	50%	50%	50%
Orthodontic Benefits Adults and Dependent Children	50%	50%	Not Covered	Not Covered
Orthodontic Maximums Lifetime	\$1,500	\$1,500	Not Covered	Not Covered

* If you switch plans during the calendar year your Deductible and Annual Maximum may be adjusted accordingly.

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on MetLife contract allowances and not necessarily each dentist's actual fees.

You may receive exams and prophylaxis once every six months, full mouth x-rays once every 60 months and bitewing x-rays once per year.

The City of Birmingham's Dental Plans are administered by MetLife. You are not required to show an insurance card to your dentist to prove you have coverage under our dental plans, and MetLife will not send you a dental insurance card.

Dental Plan Premiums			
Benefit Plan Type	Coverage	Employee Monthly*	Employee Biweekly
Premier Dental Plan	Individual	\$8.65	\$3.99
	Employee+1	\$30.85	\$14.24
	Family	\$47.95	\$22.13
Value Dental Plan	Individual	\$0.00	\$0.00
	Employee+1	\$5.81	\$2.68
	Family	\$8.65	\$3.99

*Employee monthly amounts will vary depending on the number of payroll cycles in a given month



Vision Plan

Services

Exam Services

Comprehensive WellVision Exam® covered-in-full¹

Routine retinal screening guaranteed pricing, not to exceed \$39

Contact lens exam (fitting and evaluation):

- Standard fit: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60
- Premium fit: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60

Lenses

Glass or plastic:	Single vision	Covered-in-full ¹
	Lined bifocal	Covered-in-full ¹
	Lined trifocal	Covered-in-full ¹
	Lenticular	Covered-in-full ¹

Frame

- Frames covered-in-full¹ up to the retail allowance
- Frame allowances backed by a wholesale allowance guarantee, ensuring over 16,000 frames are covered-in-full
- 20% off any amount above the retail allowance
- Members can choose from virtually any frame on the market

Elective Contact Lenses

- Prescription contact lens materials covered-in-full up to the retail allowance of \$200 (in lieu of frame & lenses)
- MetLife VSP members get exclusive mail-in rebate savings² up to \$110 on eligible Bausch + Lomb contacts and up to \$125 on eligible ACUVUE Brand Contact Lenses

Necessary Contact Lenses

Covered-in-full¹ for members who have specific conditions

Out of Network Schedule

We offer a generous reimbursement schedule for services from other providers

Exam	\$45
Lenses:	
Single vision	\$30
Lined bifocal	\$50
Lined trifocal	\$65
Frame	\$70
Elective contact lenses (in lieu of lenses and frame)	\$105

¹ Less applicable copay

² Rates subject to change

See MetLife VSP.com/special offers for more information. You are not required to show an insurance card to prove you have vision coverage. MetLife will now send you a vision insurance card.

Vision Plan Premiums

Coverage	Employee Monthly*	Employee Biweekly
Individual	\$5.09	\$2.35
Employee+1	\$10.23	\$4.72
Family	\$16.47	\$7.60

*Employee monthly amounts will vary depending on the number of payroll cycles in a given month



Group Life and AD&D Insurance

The City of Birmingham offers employees paid Group Basic Term Life & AD&D insurance through Boston Mutual. Product plan provisions are as follows:

Employee Eligibility	30 or more hours per week
Basic Life and AD&D Amount	175% of your basic annual earnings rounded to the next higher \$1,000 to a maximum of \$1,000,000.00
Dependent Life Amount	Spouse \$1,000 Child(ren) Birth to 6 months \$100 Child(ren) 6 months to 26 years \$1,000
Basic Life and AD&D Insurance Reduction Schedule	Employee Life / AD&D benefit reduces to 65% of the original benefit at age 65 and 50% of the original benefit at age 70.
Basic Life and AD&D Rates	Your Employer currently pays the cost of this coverage.
Benefit Waiting Period	30 Days

Life Insurance provides protection against the economic loss caused by the death of the person insured. Simply put, life insurance provides a lump sum payment (sometimes known as a death benefit) to beneficiaries in the event of the insured's death. Life Insurance can help replace lost income due to death. This money can also help to pay funeral costs, medical expenses not covered by health insurance, and other outstanding debts. The City of Birmingham pays 100% of the cost of this coverage for you.

The Accidental Death Benefit protects your loved ones from the financial burden that an accidental death can bring. If you die as a direct result of an injury due to a covered accident, the death benefit paid to your beneficiary will be doubled.





Group Voluntary Term Life and AD&D Plan

The City of Birmingham offers Voluntary Term Life & AD&D insurance product through Boston Mutual. Product plan provisions are as follows:

Employee Eligibility	30 or more hours per week		
Guarantee Issue amounts Voluntary Life and AD&D	Employee: Under age 60: \$200,000 Age 70 or over: \$10,000 Spouse: Under age 60: \$25,000 Age 70 or over: N/A Dependent Child(ren) coverage is guarantee issue		
Insurance reductions Voluntary Life and AD&D	Employee Life / AD&D benefit reduces to 65% of the original benefit at age 65 Employee Life / AD&D benefit reduces to 50% of the original benefit at age 70 Spouse Life benefit reduces to 65% of the original benefit at age 65 Spouse Life benefit reduces to 50% of the original benefit at age 70 Dependent Child Life coverage does not reduce but terminates at age 26		
Maximum Amount – Life	Employee Spouse Child	Units of \$10,000 Units of \$5,000 Age Birth to 1 year Age 1 year – 26 years	To a maximum of the lesser of 500% of salary or \$200,000 Not to exceed 100% of the Employee's coverage to a maximum of \$25,000 \$1,000 \$10,000
Exclusions AD&D	Benefits are not payable for losses caused by or contributed to by: suicide or attempted suicide; intentionally self-inflicted injuries; insurrection, riot or war; diseases, or medical treatment for diseases; ptomaine or bacterial infection; accident while serving on active duty in the armed forces; travel or flight in any aircraft or device which can fly above the earth's surface (as detailed in the policy); commission of an assault or felony by an insured; the insured's intoxication or voluntary use of any drug, unless taken as prescribed by a physician; voluntary taking or inhalation of poison, gas, or fumes; or injury which occurred before the effective date of the insured's coverage under this policy. All exclusion details are stated in the master policy and certificate which may be reviewed through your benefit administrator.		

Life and AD&D Premiums						
Employee			Spouse		Dependent Child	
Age	Monthly Rate per \$1,000 of Life Coverage	Monthly Rate per \$1,000 of AD&D Coverage	Age	Monthly Rate per \$1,000 of Life Coverage	Age	Monthly Rate per \$1,000 of Life Coverage
<25	\$0.055	\$0.05	<25	\$0.043	14 days to age 26	\$0.303
25-29	\$0.063	\$0.05	25-29	\$0.050		
30-34	\$0.076	\$0.05	30-34	\$0.065		
35-39	\$0.105	\$0.05	35-39	\$0.097		
40-44	\$0.149	\$0.05	40-44	\$0.141		
45-49	\$0.239	\$0.05	45-49	\$0.220		
50-54	\$0.382	\$0.05	50-54	\$0.341		
55-59	\$0.589	\$0.05	55-59	\$0.521		
60-64	\$0.930	\$0.05	60-64	\$0.880		
65-69	\$1.624	\$0.05	65-69	\$1.488		
70-74	\$2.901	\$0.05	70-74	\$2.648		
75+	\$5.630	\$0.05	75+	\$5.380		



Wellness Program

BWell BHM is the City of Birmingham's wellness program. The mission of BWell BHM is to drive employees to live healthier lives and Be Well. How do we define "be well?" Merriam-Webster Dictionary defines wellbeing as the state of being happy, healthy, and prosperous. Therefore, BWell BHM takes a holistic approach to wellness, addressing our (1) physical health – nutrition, preventive services, disease management, fitness, (2) mental/emotional health, and our (3) financial health. BWell BHM drives us to better living by hosting fitness activities, lunch seminars, and events to engage employees in healthier behaviors.

Retirement and Pension Plan

All eligible employees are required to contribute 7% into the Retirement and Relief Pension Plan (R&R) on a pre-tax basis. Sworn Fire and Police personnel are required to contribute 5.22% to the Supplemental Pension Plan on a pre-tax basis. **For more information, contact the Pension Office at (205) 254-2431 or (205) 254-2257.**

Deferred Compensation

For additional retirement savings, the City offers 457(b) Deferred Compensation Plans through AXA Equitable and Nationwide Retirement Solutions. **For more information and to enroll, contact the respective agent (see back of Employee Benefits Guide for contact information).**

Other Employee Benefits

A "PAW-FECT" Perk: Prescription Drug Savings for Your Pets

If you are a pet parent, you know nothing can replace the love of our furry family members. However, just like humans, health care costs for pets can be expensive. That's why the City has partnered with Inside RxSM Pets, a prescription savings program to provide pet parents discounts on brand and generic human medications prescribed for pets at 40,000 participating retail pharmacies.

Inside Rx Pets provides you with:

- 77% average savings on the cost of generic medications*
- 15% average savings on the cost of brand medications*

We are providing this perk to our "pet parent" employees with no cost or obligation for you. Go to <https://insiderx.com/pets/> to get started today!

Huggs & Kisses (Mildly Ill Child Care)

Huggs & Kisses provides day care for mildly ill children while you work. The City pays the daily fee for the cost of this care.

Harris Early Learning Center

The Harris Early Learning Center is a state of the art preschool facility for children from six weeks to five years of age. Full-time City employees receive discounted tuition.

Parking Card

Full-time permanent employees, students, interns, and employees approved by the Mayor's Office are eligible to obtain a parking card for parking Deck #2 located on 19th Street and 8th Avenue North. A one-time charge of \$60 is paid by the employee; replacement cards are \$15.00.



Other Employee Benefits Continued

City Attractions

Birmingham Zoo

Employees enjoy free memberships to the Birmingham Zoo for up to two adults and six children. Membership cards will be provided to employees or may be picked up at the Zoo Membership Office with valid identification.

Birmingham Museum of Art

Employees enjoy free memberships to the Birmingham Museum of Art. The membership is renewable annually as long as the employee is working with the city. While the BMA offers free general admission to everyone throughout the year, this digital membership entitles city employees to the following benefits:

- A museum E-Newsletter subscription that will include communication on programs and events
- Discounted admission to ticketed events and programs
- 10% discount on purchases in the Museum Store and at Oscar's Café
- 10% discount on Studio School classes and Art Camps
- In order to receive the discount at the store and café, employees must show their city employee ID badge.

To sign up for your free membership:

1. Visit artsbma.org/membership
2. Scroll down and select the first membership level, "Individual"
3. Select "1 year membership"
4. Type in your first and last name and select "Add to cart."
5. Once in cart, use discount code "COB19" and hit "apply." The cart balance will become zero.
6. Finish filling out the registration form with name & address
7. Set up an online account under "Registration Information" (You will need this in order to login to buy Art on the Rocks tickets in the future.)
8. Hit check out! You will receive an email with your information.

Contact the Membership Officer at 254-2389 for assistance.

Arlington Historic House and Gardens, Vulcan Park and Museum, and the Southern Museum of Flight

Employees also receive free admission for themselves and their families (employee plus four additional family members) to Arlington Historic House and Gardens, Vulcan Park and Museum, and the Southern Museum of Flight up to four times per year. Employees must present their admission ticket and employee ID.



UNUM OPTIONAL BENEFITS

Whole Life Insurance

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries but it can also build cash value you can use while you are living. The policy accumulates cash value at a guaranteed rate of 4.5%.* Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due. If you are diagnosed with a medical condition that limits life expectancy to 12 months or less, you can request up to 100% of the benefit amount, to a maximum of \$150,000. Your spouse and dependents have this option as well.

*The policy accumulates cash value based on a non-forfeiture interest rate of 4.5% and the 2001 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy.

Employees must be U.S. or Canadian citizens, or have a green card, to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

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 L-21848 or contact your Unum representative.



Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

Unum complies with state civil union and domestic partner laws when applicable.

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CE-12956

Group Accident Insurance

Unum's Accident Insurance can pay benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays. Family coverage is available.

Employees must be legally authorized to work in the U.S. and actively working at a U.S. location. Spouses and dependents must live in the U.S. to receive coverage.

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 GA-1 or contact your Unum representative.

See schedule of benefits for a full list of covered injuries and treatments.

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UNUM OPTIONAL BENEFITS

Individual Short Term Disability Insurance

Unum's Individual Short Term Disability Insurance replaces a portion of your income if you are unable to work due to a covered injury or illness. This coverage can pay a monthly benefit to provide some income during a time of need. Common reasons people use this coverage include injuries, a covered pregnancy, and digestive problems — such as gall bladder surgery.

Employees must be must be U.S. or Canadian citizens, or have a green card, to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

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 L-21776 or contact your Unum representative.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, Tennessee

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CE-12956

Group Critical Illness Insurance

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. You choose a lump-sum benefit up to \$50,000 that's paid directly to you at the first diagnosis of a covered condition. You can use the benefit any way you choose. You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. A 100% recurrence benefit is offered. A benign brain tumor, coma, heart attack or stroke could all be paid out a second time, provided there is a 12 month separation period between diagnosis.

Employees must be legally authorized to work in the U.S. and actively working at a U.S. location. Spouses and dependents must live in the U.S. to receive coverage.

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 CI-1, or contact your Unum representative.

THIS IS A LIMITED POLICY

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Unum complies with state civil union and domestic partner laws when applicable.

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UNUM OPTIONAL BENEFITS

Group Hospital Indemnity Insurance

Unum's Group Hospital Indemnity Insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. You may also purchase coverage for your spouse and dependent children.

Employees must be legally authorized to work in the U.S. and actively working at a U.S. location. Spouses and dependents must live in the U.S. to receive coverage.

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 GHI-1, or contact your Unum representative.

THIS IS A LIMITED POLICY

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

Unum complies with state civil union and domestic partner laws when applicable.

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Resources

Benefit	Carrier	Phone Number	Web Address
City of Birmingham Intranet	N/A	N/A	http://cobweb/default.aspx
City of Birmingham Human Resources	N/A	1-205-254-2819	benefits@birminghamal.gov
Medical Plans	BCBS of AL	1-866-208-6459	www.bcbsal.org
Express Scripts	Express Scripts	1-877-551-8807	www.express-scripts.com
Mental Health/Substance Abuse	Behavioral Health Systems	1-800-245-1150	www.behavioralhealthsystems.com
Dental & Vision Plans	MetLife	1-800-942-0854 1-855-MET-EYE1	www.MetLife.com
Life & AD&D Insurance	Boston Mutual	1-800-669-2668	www.bostonmutual.com
Voluntary Benefits: Interest-sensitive Whole Life Group Accident Insurance Individual Short Term Disability Group Critical Illness Group Hospital Indemnity	Unum	1-800-635-5597	www.unum.com
Deferred Compensation	Nationwide Elaine Graham	1-205-249-8423	www.nrsforu.com
	AXA Gary Finley Fatima Finley	1-205-970-5215 1-205-970-5232	www.garyfinley.myaxa-advisors.com



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