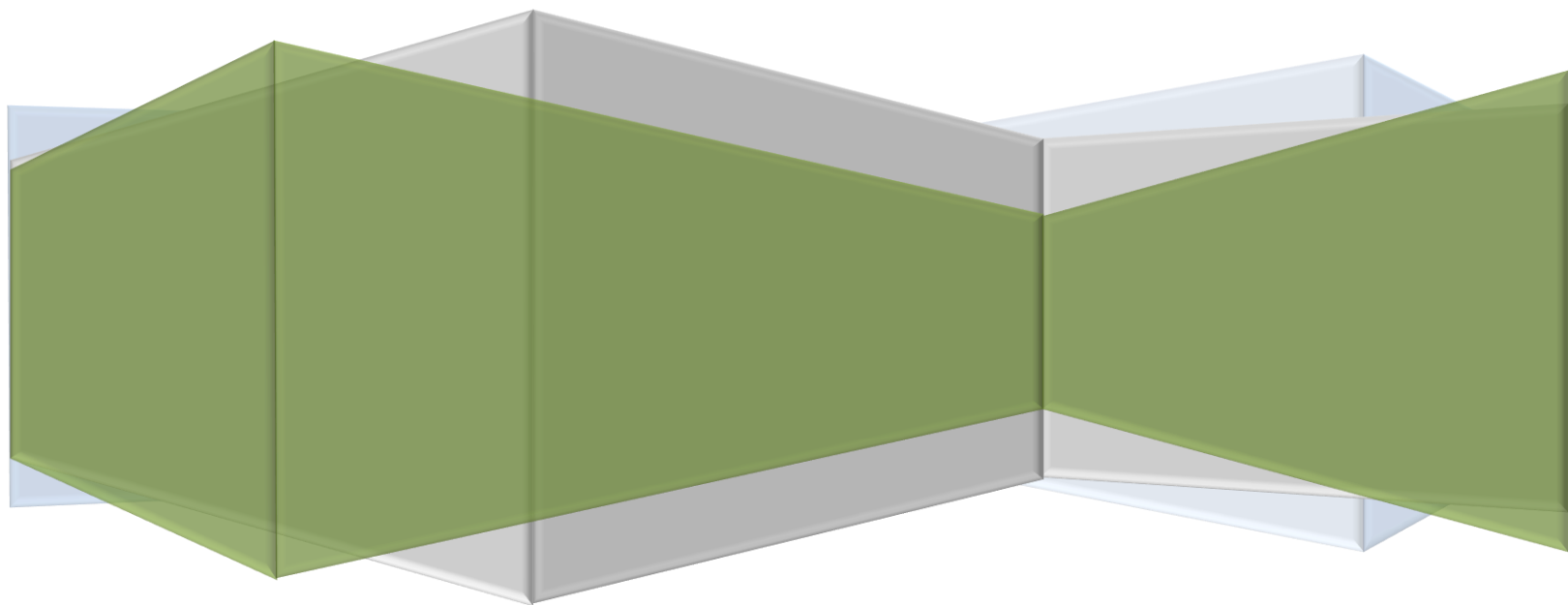




# City of Urbandale

2026 Benefits Guide – Labor Union





## **ABOUT THIS ANNUAL ENROLLMENT GUIDE**

The City of Urbandale's employee benefits program is a key component of your total compensation. This guide will provide you with an overview of the benefit plan options that are available to you and your eligible dependents, the enrollment process, 2026 contributions and carrier contact information. We ask that you take the time to read the information carefully to ensure that you are well acquainted with your benefit options. The City of Urbandale continues to work with Gallagher Benefit Services, Inc. as the benefit program consultant. If at any time you have questions regarding your benefits, claim submissions, need an ID card or have questions on your eligibility, you may call or e-mail Gallagher Benefit Services, Inc. for assistance.

**Gallagher Benefit Services, Inc.**

**Client Services Support Line:**

Phone: 833-775-2159

Email: [bac.cityofurbandalecso@ajg.com](mailto:bac.cityofurbandalecso@ajg.com)

[www.gallagherbenefits.com](http://www.gallagherbenefits.com)

The benefits summary contained in this Guide contain a brief description to highlight your benefits and options. Other benefits and restrictions may apply. Please refer to your policy or plan booklet for full details. Certain exclusions and limitations may apply. In the event there is a conflict between this information and the official plan documents, including insurance contracts, certificates, or summary plan descriptions, the official plan documents will govern. The City of Urbandale reserves the right to amend, modify or terminate any plan at any time.

## **ELIGIBILITY FOR CITY OF URBANDALE BENEFITS**

### **Employees**

You Employees are eligible for benefits if you are a regular (benefit eligible) employee, as defined in of the City of Urbandale Employee Handbook, who is scheduled to work no less than 30 hours each week. If you cease to work, or are no longer scheduled to work at least 30 hours each week, you cease to be a covered employee under the plans.

### **Effective Dates**

New employees are eligible to participate in the City's benefit plans effective the first day of the month following their benefit eligible hire date. Employees may only add, change, or drop coverage during annual open enrollment to be effective the next plan year beginning January 1<sup>st</sup> unless they experience a qualifying life event.

Certain qualifying life events may require or allow employees to add or remove dependents covered under the City's health plans (medical, dental and vision). Employees must notify the HR Department within 60 days of the qualifying life event as defined in the Summary Plan Description. If the effective date of coverage is the 15<sup>th</sup> of the month or earlier, the employee is responsible for the full month's premium; if the effective date is the 16<sup>th</sup> of the month or later, the employee is responsible for half the month's premium for the new level of coverage.

New coverage is effective the first of the month following the qualifying life event for **marriage** or **loss of other coverage**; or the effective date of the qualifying life event for **birth** or **adoption**.

Coverage is terminated the last day of the month following the qualifying life event for **divorce** or **enrolling in other coverage**; or the effective date of the qualifying life event for **death**.

Coverage is terminated the last day of the month following an employee entering unpaid status for extended **military leave**; coverage is reinstated effective the date the employee actively returns to work.



**Dependents**

If you elect coverage, your dependents are also eligible for coverage. Dependents are defined in the Summary Plan Description as:

- Your spouse to whom you are legally married, as defined by the laws of the state of the covered employee’s residence. This will include common law spouses and same-sex marriage partners. Evidence of common law marriage status must be provided at the time the employee chooses to enroll his/her spouse for coverage if they are a common law spouse.
- Your dependent children until they reach the age of 26 for health and dental and vision coverage (age 25 for dependent life insurance). Coverage will continue through the end of the month that they turn 26. They may continue coverage beyond age 26 if they are unmarried, full-time students in an accredited school. Dependent children include natural children, adopted children (as defined), and stepchildren. No person may be covered as both an employee and a dependent under this Plan. Likewise, no person may be a covered dependent of more than one covered employee under this Plan.

**ENROLLMENT**

**Employee Contributions**

All benefit contribution amounts are withheld over 24 pay periods in the calendar year. This means that even though the City has 26 pay periods each calendar year, only 24 of them (the first and second paychecks of each month) will have premiums withheld. Employees that experience a qualifying life event may be charged additional prorated premiums via payroll deduction for changing coverage levels mid-month.

**Annual Open Enrollment**

The City offers open enrollment annually, typically in October. During open enrollment you will select coverage (medical, dental, vision, life and flexible spending account(s)) for the next calendar year (January 1<sup>st</sup> to December 31<sup>st</sup>).

**Coverage Levels (Medical, Dental and Vision)**

Providing coverage that best suits you and your family is important. You may elect one coverage level for medical and another coverage level for dental and/or vision. Your coverage election options are as follows:

Coverage Levels
Employee Only Coverage
Employee Plus Spouse Coverage
Employee Plus Child (or Children)
Employee, Spouse and Children



**HEALTH CARE REFORM**

Beginning plan year 2015, many key parts of the Affordable Care Act (ACA) went in to effect, including benefit requirements that each plan must adopt. The following are continuing in plan year 2026.

1. **Open Enrollment** – You will be able to elect coverage, change your level of coverage or decline coverage during the annual open enrollment period each year. Previously you could only change coverage based on a life event. You can now elect to add or change coverage each year during open enrollment, even if you have not previously participated in a City health plan.
2. **Out of Pocket Maximums** – Medical and Prescription out of pocket (OPM) under the ACA for 2026 must not exceed \$10,600 for single and \$21,200 for family coverage: **our plan maximums are lower.** The same medical deductibles will apply for 2026 of \$1,000 single/\$1,500 family, and the Medical OPM will be \$2,000 single/\$3,000 family. An Rx OPM was created to meet the new OPM regulations pertaining to ACA. Our Rx OPM will be \$4,600 single/\$10,200 family for the Medical Plan.

**MEDICAL COVERAGE**

The City of Urbandale medical plan offers you and your family important protection against the financial hardship that an illness or injury can bring. You and the City of Urbandale share in the cost of this coverage. The City of Urbandale’s plans are “self-funded”, which means each medical claim is paid directly by the City of Urbandale instead of an insurance company. A company is paid to manage the administration of the plan and your claims. Through self-funding, the more favorable our utilization, the more likely we will be able to keep employee contributions to a minimum. Wellmark, Inc. will continue as our administrator for Medical benefits.

This plan features a Preferred Provider Organization (PPO). The PPO is designed to provide you with the highest level of benefit payment and limit your out-of-pocket costs when you use physicians, hospitals and other health care specialists that are part of the PPO network. If you need help locating an Alliance Select network provider, please visit the Wellmark website at [www.wellmark.com](http://www.wellmark.com).

Medical Plan		
Benefit	Benefit Plan	
Insurance Carrier	Self-Funded (City of Urbandale)	
Third Party Administrator	Wellmark, Inc.	
Provider Network	Alliance Select	
Deductible	\$1,000 Single / \$1,500 Family	
Out-of-Pocket Maximum	Medical = \$2,000 Single / \$3,000 Family Prescription = \$4,600 Single / \$10,200 Family	
Lifetime Maximum	Unlimited	
	In-Network	Non-Network
Coinsurance	80% / 20%	60% / 40%
Preventive Services	Plan pays 100% (if recommended by a physician and a PPO provider is used)	Not Covered



<b>Office Services</b> <ul style="list-style-type: none"> <li>Physician’s Office Visit</li> <li>Diagnostic X-ray, EKG, EEG, Stress Tests, MRI, MRA, CT Scans</li> <li>Lab Benefits</li> </ul>	<p>\$10 Copay</p> <p>\$10 Copay</p> <p>20%</p>	<p>40%</p> <p>40%</p> <p>40%</p>
<b>Chiropractic Care</b>	\$10 Copay	40%
<b>Annual Vision Examinations</b> Frequency: 12 months	Annual Vision Exam 100%	Not Covered
<b>Mental /Nervous/Drug Abuse/Alcoholism</b> <ul style="list-style-type: none"> <li>Office and Outpatient</li> <li>Inpatient</li> </ul>	<p>\$10 Copay</p> <p>Deductible + 20%</p>	<p>40%</p> <p>Deductible + 40%</p>
<b>Emergency Room</b>	Deductible + 20%	Deductible + 20%
<b>Hospital</b> <ul style="list-style-type: none"> <li>Inpatient and outpatient</li> </ul>	Deductible + 20%	Deductible + 40%
<b>Prescription Drug Benefits</b> <ul style="list-style-type: none"> <li>Generic</li> <li>Smoking Cessation Rx</li> <li>Brand</li> <li>Non-Preferred Brand</li> <li>Limited Value</li> <li>Specialty *</li> <li>Oral Chemotherapy Drugs</li> </ul>	<p><b>Retail</b></p> <p>(limited to 34-day supply)</p> <p>\$10 Copay</p> <p>Plan pays 100%</p> <p>\$30 Copay</p> <p>\$50 Copay</p> <p>\$75 Copay</p> <p>\$0 Copay if enrolled *</p> <p>Deductible + 20%</p>	<p><b>Mail Order</b></p> <p>(limited to 90-day supply)</p> <p>\$25 Copay</p> <p>Plan pays 100%</p> <p>\$75 Copay</p> <p>\$125 Copay</p> <p>\$187.50 Copay</p> <p>30% if not enrolled *</p> <p>Deductible + 20%</p>

***\*Specialty prescription medications will be processed through PrudentRx. Employees that enroll in the PrudentRx Copay Program are eligible for specialty prescriptions at no cost. PrudentRx will reach out employees as their specialty medication qualifies. If you are on a specialty drug or have questions, contact PrudentRx at 1-800-578-4403 with questions or to review the most up-to-date specialty drug list. Employees that are prescribed a specialty drug and do not enroll with PrudentRx will pay 30% of the specialty medication cost.***



The Medical Plan is cost shared with employees based on your employment status with the City. Full-time employees pay 8.5% of the coverage elected.

Medical Plan	
Employee Contribution per Pay Period	
	Full-Time
Single	\$38.73
EE + Spouse	\$79.33
EE + Child(ren)	\$73.32
Family	\$118.87

### **FLEXIBLE SPENDING ACCOUNTS**

The City of Urbandale’s Flexible Spending Accounts (FSAs) provide an opportunity for you to pay non-covered health care services and day care expenses with tax-free dollars. If you participate in the Medical Expenses Account or Dependent Care Flexible Spending Account program, you must reenroll each year during open enrollment or your elections will default to zero. Annual contribution amounts do not rollover from year to year.

There are two types of accounts under an FSA. You may choose to participate in one or both of these plans, depending on your individual needs. Your contribution will be deducted from your payroll. You cannot transfer money between the accounts.

- Medical Expenses Account: Pre-tax salary contributions to reimburse for uncovered medical, dental and vision expenses. IRS Publication 502 provides a comprehensive list of eligible and ineligible expenses. A copy of this publication is available at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf). **Maximum contribution for 2026 is \$3,400.** Note: the \$3,400 maximum contribution is per employer plan. This means you could elect \$3,400 in medical reimbursement FSA and a spouse employed at another employer could also elect \$3,400 in medical reimbursement FSA.
- Dependent Care Spending Account: Pre-tax salary contributions to reimburse for child or elder care expenses including day care, summer day camp, and/or approved before/after-school care. IRS Publication 503 provides a comprehensive list of eligible and ineligible expenses. Go to [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf) for a copy. **Maximum contribution for 2026 is \$7,500.**

Flexible Spending Accounts	
Benefit	Coverage Amount
Carrier	Wage Works (also known as Health Equity)
Plan Year	January 1, 2026 – December 31, 2026
Grace Period	2 ½ months Claims must be incurred on or before March 15, 2027



Runout Period	90 days Claims must be submitted by March 31, 2027
Health Care Spending Account	Maximum Employee Contribution: \$3,400
Dependent Care Spending Account	Maximum Employee Contribution: \$7,500
FSA Debit Card	Included
<p><b>Plan Carefully! Any unused FSA contributions will be forfeited under the IRS “use it or lose it” rule.</b>  <b>Please note: A debit card is not issued for Dependent Care accounts.</b>  <b>Remember to keep your debit card– New cards will only be issued for new enrollees or previous enrollees with expiring debit cards.</b></p>	

**DENTAL COVERAGE**

The City of Urbandale’s dental plan is “self-funded”, which means each dental claim is paid directly by the City of Urbandale instead of an insurance company. A company is paid to manage the administration of the plan and your claims. Through self-funding, the more favorable our utilization, the more likely we will be able to keep employee contributions to a minimum. Delta Dental of Iowa will continue as our administrator for dental benefits. Dental coverage is available to you and your covered dependents. This plan features the largest dental network in the country. Three out of four dentists participate in one or more of Delta Dental programs. You and the City of Urbandale share in the cost of this coverage.

This plan features a Preferred Provider Organization (PPO). The PPO is designed to provide you with the highest level of benefit payment and limit your out-of-pocket costs when you use providers and facilities that are part of the PPO network. If you need help locating a network provider, please visit the Delta Dental website at [www.deltadentalia.com](http://www.deltadentalia.com).

<b>Dental Benefit Plan</b>	
<b>Benefit</b>	<b>Benefit Plan</b>
<b>Insurance Carrier</b>	Self-Funded (City of Urbandale)
<b>Third Party Administrator</b>	Delta Dental of Iowa Premier Plan Delta Dental Premier®
<b>Provider Network</b>	<b>PPO Plus Premier</b>
<b>Deductible</b>	\$25 single / \$75 family (waived for preventive) If using a PPO Dentist: \$15 single /\$25 family
<b>Diagnostic and Preventive</b>	100% / 0% (once every 6 consecutive months)
<b>Routine and Restorative</b>	80% / 20% If using a PPO Dentist: 90% / 10%
<b>Major</b>	50% / 50%



<b>Orthodontia</b>	50% / 50% (Adults & Dependents to age 26)
<b>Calendar Year Benefit</b>	\$2,000 (Annual Maximum Carryover – TO GO)
<b>Orthodontia Lifetime Benefit</b>	\$2,000

<b>DENTAL PLAN</b>	
<b>Employee Contribution per Pay Period</b>	
	<b>Full-Time</b>
<b>Single</b>	<b>\$1.47</b>
<b>EE + Spouse</b>	<b>\$2.93</b>
<b>EE + Child(ren)</b>	<b>\$3.31</b>
<b>Family</b>	<b>\$6.25</b>

**VISION COVERAGE**

The City of Urandale vision plan is insured through Select Networks – EyeMed. This program has a large network of eye care providers that deliver high quality care. You will receive maximum benefits when you receive care from a participating PLUS provider. You and the City of Urandale share in the cost of this coverage.

If you need help locating a network provider, please visit the EyeMed website at [www.eyemed.com](http://www.eyemed.com).

<b>Vision Plan</b>		
<b>Benefit</b>	<b>In-Network</b>	<b>Non-Network</b>
<b>Examinations</b> Frequency: 12 months	Exam at PLUS Providers \$0 Copay Exam: \$10 Copay	Reimbursement up to \$40
<b>Single Vision Lenses</b> Frequency: 12 months	\$15 Copay	Reimbursement up to \$30
<b>Bifocal Lenses</b> Frequency: 12 months	\$15 Copay	Reimbursement up to \$50
<b>Trifocal Lenses</b> Frequency: 12 months	\$15 Copay	Reimbursement up to \$70
<b>Standard Progressive</b> Frequency: 12 months	\$80 Copay	Reimbursement up to \$50



<b>Frames</b> Frequency: 24 months	Frame at PLUS Providers: \$250 allowance plus 20% off; Frame: \$200 allowance plus 20% off	Reimbursement up to \$100
<b>Contact Lenses (Elective)</b> Frequency: 12 months	Conventional at PLUS Providers: \$250 allowance plus 15% off; Conventional: \$200 allowance plus 15% off; Disposable at PLUS Providers: \$250 allowance; Disposable: \$200 allowance	Reimbursement up to \$100
<b>Contact Lenses (Medically Necessary)</b> Frequency: 12 months	Covered in full	Reimbursement up to \$300
<b>Contact Lenses Fitting Allowance</b>	Standard: up to \$40 Premium: 10% off retail	N/A

<b>VISION PLAN</b>	
<b>Employee Contribution per Pay Period</b>	
	<b>Full-Time</b>
<b>Single</b>	<b>\$0.39</b>
<b>EE + Spouse</b>	<b>\$0.68</b>
<b>EE + Child(ren)</b>	<b>\$0.81</b>
<b>Family</b>	<b>\$1.01</b>



**BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE**

**Basic Life and Accidental Death and Dismemberment Insurance**

The City of Urbandale life insurance plans protect the financial security of your dependents in the event of your death or serious injury. Our Life and AD&D Plan is insured through Symetra. If your death is the result of an accident, the AD&D portion of the policy also pays an additional benefit equal to your Life benefit. AD&D benefits are payable for other losses, such as the loss of a limb or eye. The Basic Life and AD&D benefits are provided to you at no cost.

**Life and AD&D Benefits**

The City of Urbandale provides basic Life and AD&D coverage to all eligible employees at no cost. Your employment status determines the available benefit. New hires enroll and determine beneficiary designations.

Basic Life and AD&D Insurance	
Benefit	Coverage Amount
Insurance Company	Symetra
Basic Life Insurance – Full Time Labor Union Employees	\$10,000
Accidental Death & Dismemberment	Equal to Basic Life Insurance
Coverage Reduction	70% of original benefit at age 70; 55% of original benefit at age 75

**VOLUNTARY LIFE INSURANCE**

**Voluntary Life Insurance**

You have the option to purchase additional life insurance for you and your dependents. You pay your premium through an after-tax payroll deduction.

Each year, the City of Urbandale has an Annual Enrollment for Voluntary Life Insurance coverage. For 2026 annual enrollment you will have the option to elect up to the guarantee Issued amount \$150,000, without undergoing evidence of insurability. You will have the opportunity to add a policy or increase your spouse’s coverage up to \$50,000 with an effective date of January 1, 2026 for this annual enrollment as well.

Reminder: If you want to increase your optional life coverage at a time other than when you are first eligible for coverage or this special enrollment period with Symetra, you may apply for coverage subject to evidence of insurability (EOI) with an effective date determined when the underwriting process is complete. EOI must be completed for any amount over the guarantee issue as well.



**Voluntary Life – Employee Benefit Plan**

Benefit	Employee Coverage Amount
Insurance Company	Symetra
Employee Supplemental Life Insurance	Increments of \$10,000; 5x salary to max \$500,000
Guarantee Issue	\$150,000 (if coverage applied for within 31-days of eligibility)
Portability & Conversion	Included
Coverage Reduction	70% of original benefit at age 70; 55% of original benefit at age 75
Rates	Age-rated; see charts below
	Supplemental Life Premium information displayed in this sheet reflects per pay period costs for each coverage. The pay period frequency shown is: Monthly
	Supplemental Life - Employee
	Benefit Amount <25 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75+
	\$10,000 \$0.96 \$0.96 \$0.96 \$1.13 \$1.55 \$2.56 \$3.83 \$6.15 \$9.51 \$13.59 \$28.83 \$62.17
	\$20,000 \$1.92 \$1.92 \$1.92 \$2.26 \$3.10 \$5.12 \$7.66 \$12.30 \$19.02 \$27.18 \$57.66 \$124.34
	\$30,000 \$2.88 \$2.88 \$2.88 \$3.39 \$4.65 \$7.68 \$11.49 \$18.45 \$28.53 \$40.77 \$86.49 \$186.51
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\$370,000 \$35.52 \$35.52 \$35.52 \$41.81 \$57.35 \$94.72 \$141.71 \$227.55 \$351.87 \$502.83 \$1,066.71 \$2,300.29	



	\$380,000	\$36.48	\$36.48	\$36.48	\$42.94	\$58.90	\$97.28	\$145.54	\$233.70	\$361.38	\$516.42	\$1,095.54	\$2,362.46
	\$390,000	\$37.44	\$37.44	\$37.44	\$44.07	\$60.45	\$99.84	\$149.37	\$239.85	\$370.89	\$530.01	\$1,124.37	\$2,424.63
	\$400,000	\$38.40	\$38.40	\$38.40	\$45.20	\$62.00	\$102.40	\$153.20	\$246.00	\$380.40	\$543.60	\$1,153.20	\$2,486.80
	\$410,000	\$39.36	\$39.36	\$39.36	\$46.33	\$63.55	\$104.96	\$157.03	\$252.15	\$389.91	\$557.19	\$1,182.03	\$2,548.97
	\$420,000	\$40.32	\$40.32	\$40.32	\$47.46	\$65.10	\$107.52	\$160.86	\$258.30	\$399.42	\$570.78	\$1,210.86	\$2,611.14
	\$430,000	\$41.28	\$41.28	\$41.28	\$48.59	\$66.65	\$110.08	\$164.69	\$264.45	\$408.93	\$584.37	\$1,239.69	\$2,673.31
	\$440,000	\$42.24	\$42.24	\$42.24	\$49.72	\$68.20	\$112.64	\$168.52	\$270.60	\$418.44	\$597.96	\$1,268.52	\$2,735.48
	\$450,000	\$43.20	\$43.20	\$43.20	\$50.85	\$69.75	\$115.20	\$172.35	\$276.75	\$427.95	\$611.55	\$1,297.35	\$2,797.65
	\$460,000	\$44.16	\$44.16	\$44.16	\$51.98	\$71.30	\$117.76	\$176.18	\$282.90	\$437.46	\$625.14	\$1,326.18	\$2,859.82
	\$470,000	\$45.12	\$45.12	\$45.12	\$53.11	\$72.85	\$120.32	\$180.01	\$289.05	\$446.97	\$638.73	\$1,355.01	\$2,921.99
	\$480,000	\$46.08	\$46.08	\$46.08	\$54.24	\$74.40	\$122.88	\$183.84	\$295.20	\$456.48	\$652.32	\$1,383.84	\$2,984.16
	\$490,000	\$47.04	\$47.04	\$47.04	\$55.37	\$75.95	\$125.44	\$187.67	\$301.35	\$465.99	\$665.91	\$1,412.67	\$3,046.33
	\$500,000	\$48.00	\$48.00	\$48.00	\$56.50	\$77.50	\$128.00	\$191.50	\$307.50	\$475.50	\$679.50	\$1,441.50	\$3,108.50

**Voluntary Life – Dependent**

Benefit	Employee Coverage Amount												
Insurance Company	Symetra												
Spouse Life Benefit	Increments of \$5,000 to \$250,000 not to exceed 50% of employee's Optional Life coverage. Coverage ends when Spouse turns age 70.												
Guarantee Issue	\$50,000												
Child(ren) Life Benefit	\$10,000 (Live birth through age 26)												
Spouse Rates	Supplemental Life - Spouse (Based on Employee Age)												
	Benefit Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
	\$5,000	\$0.29	\$0.29	\$0.29	\$0.45	\$0.69	\$1.12	\$1.57	\$2.44	\$3.72	\$6.03	\$0.00	\$0.00
	\$10,000	\$0.58	\$0.58	\$0.58	\$0.89	\$1.38	\$2.23	\$3.13	\$4.88	\$7.44	\$12.05	\$0.00	\$0.00
	\$15,000	\$0.87	\$0.87	\$0.87	\$1.34	\$2.07	\$3.35	\$4.70	\$7.32	\$11.16	\$18.08	\$0.00	\$0.00
	\$20,000	\$1.16	\$1.16	\$1.16	\$1.78	\$2.76	\$4.46	\$6.26	\$9.76	\$14.88	\$24.10	\$0.00	\$0.00
	\$25,000	\$1.45	\$1.45	\$1.45	\$2.23	\$3.45	\$5.58	\$7.83	\$12.20	\$18.60	\$30.13	\$0.00	\$0.00
	\$30,000	\$1.74	\$1.74	\$1.74	\$2.67	\$4.14	\$6.69	\$9.39	\$14.64	\$22.32	\$36.15	\$0.00	\$0.00
	\$35,000	\$2.03	\$2.03	\$2.03	\$3.12	\$4.83	\$7.81	\$10.96	\$17.08	\$26.04	\$42.18	\$0.00	\$0.00
	\$40,000	\$2.32	\$2.32	\$2.32	\$3.56	\$5.52	\$8.92	\$12.52	\$19.52	\$29.76	\$48.20	\$0.00	\$0.00
	\$45,000	\$2.61	\$2.61	\$2.61	\$4.01	\$6.21	\$10.04	\$14.09	\$21.96	\$33.48	\$54.23	\$0.00	\$0.00
	\$50,000	\$2.90	\$2.90	\$2.90	\$4.45	\$6.90	\$11.15	\$15.65	\$24.40	\$37.20	\$60.25	\$0.00	\$0.00
	\$55,000	\$3.19	\$3.19	\$3.19	\$4.90	\$7.59	\$12.27	\$17.22	\$26.84	\$40.92	\$66.28	\$0.00	\$0.00
	\$60,000	\$3.48	\$3.48	\$3.48	\$5.34	\$8.28	\$13.38	\$18.78	\$29.28	\$44.64	\$72.30	\$0.00	\$0.00
\$65,000	\$3.77	\$3.77	\$3.77	\$5.79	\$8.97	\$14.50	\$20.35	\$31.72	\$48.36	\$78.33	\$0.00	\$0.00	
\$70,000	\$4.06	\$4.06	\$4.06	\$6.23	\$9.66	\$15.61	\$21.91	\$34.16	\$52.08	\$84.35	\$0.00	\$0.00	
\$75,000	\$4.35	\$4.35	\$4.35	\$6.68	\$10.35	\$16.73	\$23.48	\$36.60	\$55.80	\$90.38	\$0.00	\$0.00	
\$80,000	\$4.64	\$4.64	\$4.64	\$7.12	\$11.04	\$17.84	\$25.04	\$39.04	\$59.52	\$96.40	\$0.00	\$0.00	
\$85,000	\$4.93	\$4.93	\$4.93	\$7.57	\$11.73	\$18.96	\$26.61	\$41.48	\$63.24	\$102.43	\$0.00	\$0.00	
\$90,000	\$5.22	\$5.22	\$5.22	\$8.01	\$12.42	\$20.07	\$28.17	\$43.92	\$66.96	\$108.45	\$0.00	\$0.00	
\$95,000	\$5.51	\$5.51	\$5.51	\$8.46	\$13.11	\$21.19	\$29.74	\$46.36	\$70.68	\$114.48	\$0.00	\$0.00	
\$100,000	\$5.80	\$5.80	\$5.80	\$8.90	\$13.80	\$22.30	\$31.30	\$48.80	\$74.40	\$120.50	\$0.00	\$0.00	
\$105,000	\$6.09	\$6.09	\$6.09	\$9.35	\$14.49	\$23.42	\$32.87	\$51.24	\$78.12	\$126.53	\$0.00	\$0.00	
\$110,000	\$6.38	\$6.38	\$6.38	\$9.79	\$15.18	\$24.53	\$34.43	\$53.68	\$81.84	\$132.55	\$0.00	\$0.00	
\$115,000	\$6.67	\$6.67	\$6.67	\$10.24	\$15.87	\$25.65	\$36.00	\$56.12	\$85.56	\$138.58	\$0.00	\$0.00	
\$120,000	\$6.96	\$6.96	\$6.96	\$10.68	\$16.56	\$26.76	\$37.56	\$58.56	\$89.28	\$144.60	\$0.00	\$0.00	



	\$125,000	\$7.25	\$7.25	\$7.25	\$11.13	\$17.25	\$27.88	\$39.13	\$61.00	\$93.00	\$150.63	\$0.00	\$0.00
	\$130,000	\$7.54	\$7.54	\$7.54	\$11.57	\$17.94	\$28.99	\$40.69	\$63.44	\$96.72	\$156.65	\$0.00	\$0.00
	\$135,000	\$7.83	\$7.83	\$7.83	\$12.02	\$18.63	\$30.11	\$42.26	\$65.88	\$100.44	\$162.68	\$0.00	\$0.00
	\$140,000	\$8.12	\$8.12	\$8.12	\$12.46	\$19.32	\$31.22	\$43.82	\$68.32	\$104.16	\$168.70	\$0.00	\$0.00
	\$145,000	\$8.41	\$8.41	\$8.41	\$12.91	\$20.01	\$32.34	\$45.39	\$70.76	\$107.88	\$174.73	\$0.00	\$0.00
	\$150,000	\$8.70	\$8.70	\$8.70	\$13.35	\$20.70	\$33.45	\$46.95	\$73.20	\$111.60	\$180.75	\$0.00	\$0.00
	\$155,000	\$8.99	\$8.99	\$8.99	\$13.80	\$21.39	\$34.57	\$48.52	\$75.64	\$115.32	\$186.78	\$0.00	\$0.00
	\$160,000	\$9.28	\$9.28	\$9.28	\$14.24	\$22.08	\$35.68	\$50.08	\$78.08	\$119.04	\$192.80	\$0.00	\$0.00
	\$165,000	\$9.57	\$9.57	\$9.57	\$14.69	\$22.77	\$36.80	\$51.65	\$80.52	\$122.76	\$198.83	\$0.00	\$0.00
	\$170,000	\$9.86	\$9.86	\$9.86	\$15.13	\$23.46	\$37.91	\$53.21	\$82.96	\$126.48	\$204.85	\$0.00	\$0.00
	\$175,000	\$10.15	\$10.15	\$10.15	\$15.58	\$24.15	\$39.03	\$54.78	\$85.40	\$130.20	\$210.88	\$0.00	\$0.00
	\$180,000	\$10.44	\$10.44	\$10.44	\$16.02	\$24.84	\$40.14	\$56.34	\$87.84	\$133.92	\$216.90	\$0.00	\$0.00
	\$185,000	\$10.73	\$10.73	\$10.73	\$16.47	\$25.53	\$41.26	\$57.91	\$90.28	\$137.64	\$222.93	\$0.00	\$0.00
	\$190,000	\$11.02	\$11.02	\$11.02	\$16.91	\$26.22	\$42.37	\$59.47	\$92.72	\$141.36	\$228.95	\$0.00	\$0.00
	\$195,000	\$11.31	\$11.31	\$11.31	\$17.36	\$26.91	\$43.49	\$61.04	\$95.16	\$145.08	\$234.98	\$0.00	\$0.00
	\$200,000	\$11.60	\$11.60	\$11.60	\$17.80	\$27.60	\$44.60	\$62.60	\$97.60	\$148.80	\$241.00	\$0.00	\$0.00
	\$205,000	\$11.89	\$11.89	\$11.89	\$18.25	\$28.29	\$45.72	\$64.17	\$100.04	\$152.52	\$247.03	\$0.00	\$0.00
	\$210,000	\$12.18	\$12.18	\$12.18	\$18.69	\$28.98	\$46.83	\$65.73	\$102.48	\$156.24	\$253.05	\$0.00	\$0.00
	\$215,000	\$12.47	\$12.47	\$12.47	\$19.14	\$29.67	\$47.95	\$67.30	\$104.92	\$159.96	\$259.08	\$0.00	\$0.00
	\$220,000	\$12.76	\$12.76	\$12.76	\$19.58	\$30.36	\$49.06	\$68.86	\$107.36	\$163.68	\$265.10	\$0.00	\$0.00
	\$225,000	\$13.05	\$13.05	\$13.05	\$20.03	\$31.05	\$50.18	\$70.43	\$109.80	\$167.40	\$271.13	\$0.00	\$0.00
	\$230,000	\$13.34	\$13.34	\$13.34	\$20.47	\$31.74	\$51.29	\$71.99	\$112.24	\$171.12	\$277.15	\$0.00	\$0.00
	\$235,000	\$13.63	\$13.63	\$13.63	\$20.92	\$32.43	\$52.41	\$73.56	\$114.68	\$174.84	\$283.18	\$0.00	\$0.00
	\$240,000	\$13.92	\$13.92	\$13.92	\$21.36	\$33.12	\$53.52	\$75.12	\$117.12	\$178.56	\$289.20	\$0.00	\$0.00
	\$245,000	\$14.21	\$14.21	\$14.21	\$21.81	\$33.81	\$54.64	\$76.69	\$119.56	\$182.28	\$295.23	\$0.00	\$0.00
	\$250,000	\$14.50	\$14.50	\$14.50	\$22.25	\$34.50	\$55.75	\$78.25	\$122.00	\$186.00	\$301.25	\$0.00	\$0.00
<b>Child Rates</b>								<b>\$10,000</b>					
								<b>\$1.88</b>					



**VOLUNTARY POLICIES**

The City continues to offer the voluntary policies for 2026 plan year additional benefit options below. The following policies require minimum participation therefore enrollment is not guaranteed.

**Accident Insurance**

You have the option to purchase accident insurance for you and your dependents through Symetra. Accident Insurance pays cash benefits for covered non-work-related accidents. This is separate from the medical insurance through Wellmark. You pay your premium through an after-tax payroll deduction. Active employees can port coverage even if the group master policy terminates. More information available at <https://www.urbandale.org/414/Benefit-Information>.

<b>ACCIDENT INSURANCE</b>	
<b>Employee Contribution per Pay Period</b>	
	<b>Full-Time</b>
<b>Single</b>	<b>\$3.53</b>
<b>EE + Spouse</b>	<b>\$5.57</b>
<b>EE + Child(ren)</b>	<b>\$6.32</b>
<b>Family</b>	<b>\$8.37</b>



**Critical Illness Insurance**

You have the option to purchase critical illness insurance for you and your dependents. Critical Illness Insurance pays cash benefits for covered non-work-related illnesses. This is separate from the medical insurance through Wellmark. You pay your premium through an after-tax payroll deduction. Active employees can port coverage even if the group master policy terminates. More information available at <https://www.urbandale.org/414/Benefit-Information>.

**Critical Illness Plan Rates – Non-Tobacco**

Employee Attained Age		Per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000
Employee Only	24 and Under	\$0.48	\$4.80	\$9.60	\$14.40	\$19.20
	25-29	\$0.51	\$5.10	\$10.20	\$15.30	\$20.40
	30-34	\$0.60	\$6.00	\$12.00	\$18.00	\$24.00
	35-39	\$0.79	\$7.90	\$15.80	\$23.70	\$31.60
	40-44	\$1.06	\$10.60	\$21.20	\$31.80	\$42.40
	45-49	\$1.43	\$14.30	\$28.60	\$42.90	\$57.20
	50-54	\$2.02	\$20.20	\$40.40	\$60.60	\$80.80
	55-59	\$2.59	\$25.90	\$51.80	\$77.70	\$103.60
	60-64	\$3.05	\$30.50	\$61.00	\$91.50	\$122.00
	65-69	\$3.92	\$39.20	\$78.40	\$117.60	\$156.80
	70-74	\$5.24	\$52.40	\$104.80	\$157.20	\$209.60
	75 and Over	\$7.39	\$73.90	\$147.80	\$221.70	\$295.60

Employee Attained Age		Per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000
Spouse Only	24 and Under	\$0.48	\$4.80	\$9.60	\$14.40	\$19.20
	25-29	\$0.51	\$5.10	\$10.20	\$15.30	\$20.40
	30-34	\$0.60	\$6.00	\$12.00	\$18.00	\$24.00
	35-39	\$0.79	\$7.90	\$15.80	\$23.70	\$31.60
	40-44	\$1.06	\$10.60	\$21.20	\$31.80	\$42.40
	45-49	\$1.43	\$14.30	\$28.60	\$42.90	\$57.20
	50-54	\$2.02	\$20.20	\$40.40	\$60.60	\$80.80
	55-59	\$2.59	\$25.90	\$51.80	\$77.70	\$103.60
	60-64	\$3.05	\$30.50	\$61.00	\$91.50	\$122.00
	65-69	\$3.92	\$39.20	\$78.40	\$117.60	\$156.80
	70-74	\$5.24	\$52.40	\$104.80	\$157.20	\$209.60
	75 and Over	\$7.39	\$73.90	\$147.80	\$221.70	\$295.60

Employee Attained Age		Per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000
Child Only	Child --per \$1,000 Benefit	\$0.09	\$0.45	\$0.90	\$1.35	\$1.80



**Critical Illness Plan Rates - Tobacco**

		Employee Attained Age	Per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000
Employee Only--Tobacco		24 and Under	0.49	\$4.90	\$9.80	\$14.70	\$19.60
		25-29	0.54	\$5.40	\$10.80	\$16.20	\$21.60
		30-34	0.66	\$6.60	\$13.20	\$19.80	\$26.40
		35-39	0.94	\$9.40	\$18.80	\$28.20	\$37.60
		40-44	1.41	\$14.10	\$28.20	\$42.30	\$56.40
		45-49	2.09	\$20.90	\$41.80	\$62.70	\$83.60
		50-54	3.25	\$32.50	\$65.00	\$97.50	\$130.00
		55-59	4.48	\$44.80	\$89.60	\$134.40	\$179.20
		60-64	5.55	\$55.50	\$111.00	\$166.50	\$222.00
		65-69	7.58	\$75.80	\$151.60	\$227.40	\$303.20
		70-74	9.97	\$99.70	\$199.40	\$299.10	\$398.80
	75 and Over	12.52	\$125.20	\$250.40	\$375.60	\$500.80	
		Employee Attained Age	Per \$1,000	\$10,000	\$20,000	\$30,000	\$40,000
Spouse Only--Tobacco		24 and Under	0.49	\$4.90	\$9.80	\$14.70	\$19.60
		25-29	0.54	\$5.40	\$10.80	\$16.20	\$21.60
		30-34	0.66	\$6.60	\$13.20	\$19.80	\$26.40
		35-39	0.94	\$9.40	\$18.80	\$28.20	\$37.60
		40-44	1.41	\$14.10	\$28.20	\$42.30	\$56.40
		45-49	2.09	\$20.90	\$41.80	\$62.70	\$83.60
		50-54	3.25	\$32.50	\$65.00	\$97.50	\$130.00
		55-59	4.48	\$44.80	\$89.60	\$134.40	\$179.20
		60-64	5.55	\$55.50	\$111.00	\$166.50	\$222.00
		65-69	7.58	\$75.80	\$151.60	\$227.40	\$303.20
		70-74	9.97	\$99.70	\$199.40	\$299.10	\$398.80
	75 and Over	12.52	\$125.20	\$250.40	\$375.60	\$500.80	
		Employee Attained Age	Per \$1,000	\$5,000	\$10,000	\$15,000	\$20,000
Child Only--Tobacco		Child --per \$1,000 Benefit	\$0.09	\$0.45	\$0.90	\$1.35	\$1.80



### Legal Shield and ID Shield

You have the option to purchase protection to cover Legal Services and Identity Theft Protection and Restoration for you and your dependents. You pay your premium through an after-tax payroll deduction. Active employees can port coverage even if the group master policy terminates. More information available at <https://www.urbandale.org/414/Benefit-Information>.

<b>LegalShield</b>	
<b>\$16.95/monthly</b>	
Family Plan	
<b>IDShield</b>	
<b>\$7.25/monthly</b>	<b>\$13.95/monthly</b>
Employee Plan	Family Plan
<b>LegalShield &amp; IDShield</b>	
<b>\$23.20/monthly</b>	<b>\$28.90/monthly</b>
Employee Plan	Family Plan
Reduced rate pricing applies when enrolled in both plans.	

## WELL-BEING PROGRAM

### Well-Being Platform

Employees have access to a wide range of health resources and activities through an online Well-Being Center in partnership with Wellmark Blue Cross Blue Shield. The platform includes customizable tools designed to help you stay positive, push through challenges, and pursue healthy passions on your unique wellness journey. The four pillars of well-being focus include Physical, Financial, Emotional, and Community. Visit <https://www.wellmark.com> or download the “Wellness At Your Side” app from the Apple App Store or Google Play Store then enter connection code WELLMARK to create and account.

### Well-Being Incentives

Annual cash and time-off incentives may be available for participation in designated wellbeing activities.



## LINKS

Benefit Consultant	Gallagher Benefit Services, Inc. Customer Support Line:	Email: <a href="mailto:bac.cityofurbandalecso@ajg.com">bac.cityofurbandalecso@ajg.com</a> <b>833-775-2159</b>
Medical	Wellmark, Inc.	<a href="http://www.wellmark.com">www.wellmark.com</a> <b>800-622-0005</b>
Prescription (Mail Order)	CVS/Caremark	<a href="http://www.caremark.com">www.caremark.com</a> <b>866-611-5961</b>
Dental	Delta Dental of Iowa	<a href="http://www.deltadentalia.com">www.deltadentalia.com</a> <b>800-544-0718</b>
Vision	EyeMed	<a href="http://www.eyemed.com">www.eyemed.com</a> <b>866-939-3633</b>
FSA	Wage Works (Health Equity)	<a href="http://www.wageworks.com">www.wageworks.com</a> <b>877-924-3967</b>
Life/AD&D/LTD	Symetra	<a href="http://www.symetra.com">www.symetra.com</a> <b>800-796-3872</b>
Iowa Public Employee Retirement System (IPERS)		<a href="http://www.ipers.org">www.ipers.org</a> <a href="mailto:info@ipers.org">info@ipers.org</a> <b>800-622-3849</b>
Municipal Fire & Police Retirement Systems of Iowa (MFPRSI)		<a href="http://www.mfprsi.org">www.mfprsi.org</a> <b>515-245-9200</b>
Human Resources	Erin Freeman Beth Lauck Jamie Bobst	<a href="mailto:efreeman@urbandale.org">efreeman@urbandale.org</a> <b>515-331-6707</b> <a href="mailto:blauck@urbandale.org">blauck@urbandale.org</a> <b>515-331-6786</b> <a href="mailto:jbobst@urbandale.org">jbobst@urbandale.org</a> <b>515-331-6738</b>
City Clerk/Payroll	Nicole Lunders Elisa Wright	<a href="mailto:nlunders@urbandale.org">nlunders@urbandale.org</a> <b>515-331-6702</b> <a href="mailto:ewright@urbandale.org">ewright@urbandale.org</a> <b>515-331-6745</b>

Important Links: [City of Urbandale Employee Intranet](#) & [HR eSuite Portal](#)



## Statement of HIPAA Portability Rights

This certificate is evidence of your coverage under this plan. Under a Federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

**Preexisting condition exclusions** – Some group health plans restrict coverage for medical conditions present before an individual’s enrollment. These restrictions are known as “preexisting condition exclusions.” A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your “enrollment date.” Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption. If a plan imposes preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. **Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children’s Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.**

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you went for 63 days or more without any coverage (called a break in coverage) a plan may not have to count the coverage you had before the break. Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day break. You may use this certificate as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

**Right to get special enrollment in another plan** – Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse’s plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.). Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse’s plan), you should request special enrollment as soon as possible. Prohibition against discrimination based on a health factor. Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

**Right to individual health coverage** – Under HIPAA, if you are an “eligible individual,” you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

You have had coverage for at least 18 months without a break in coverage of 63 days or more;

Your most recent coverage was under a group health plan (which can be shown by this certificate);

Your group coverage was not terminated because of fraud or nonpayment of premiums;

You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision);

You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.



The right to buy individual coverage is the same whether you are laid off, fired, or quit your job. Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

**State flexibility** – This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

**For more information** – If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA), toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for *Protecting Your Health Insurance Coverage*). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa> the DOL’s interactive Web pages - Health Elaws, or <https://www.cms.gov/ccio/index.html>

### **Women’s Health and Cancer Rights Act of 1998**

In October 1998, Congress enacted the Women’s Health and Cancer Rights Act of 1998. This notice explains some important provisions of the act. Please review this information carefully. As specified in the Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

### **Medicaid & the Child’s Health Insurance Program (CHIP)**

Premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

**Iowa’s CHIP program can be found at:**

**Website:** [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)

**Phone:** 1-888-346-9562



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### Health Insurance Marketplace Notice

The federal Affordable Care Act (also known as health care reform) requires that, starting in 2014, all individuals legally residing in the United States (with very few exceptions) must have health insurance coverage, and that coverage must meet certain minimum standards. Those individuals who choose not to have health insurance coverage will be required to pay a penalty, which will be assessed via their tax returns.

You may be eligible for health insurance coverage through the City of Urbandale. Whether or not you are eligible for such coverage, the City of Urbandale is required to provide a Notice of Health Insurance Marketplace to all employees. The Health Insurance Marketplace (also known as the Exchange) is one way for individuals, especially those who are not eligible for employer-sponsored coverage, to purchase health insurance coverage. Some individuals will be eligible for a premium subsidy or tax credit by purchasing coverage through the Marketplace; you can find out more by logging on to [www.healthcare.gov](http://www.healthcare.gov).

If you have any questions regarding your eligibility for health insurance coverage through the City of Urbandale, please contact Human Resources.

### Important Notice from City of Urbandale About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Urbandale and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. City of Urbandale has determined that the prescription drug coverage offered by the City of Urbandale Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**



### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current **City of Urbandale** coverage will **not** be affected.

If you do decide to join a Medicare drug plan and drop your current **City of Urbandale Group Health Plan** coverage, be aware that you and your dependents will not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with **City of Urbandale Group Health Plan** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information **515-331-6707**. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **City of Urbandale Group Health Plan** changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	10/20/2025
Name of Entity/Sender:	City of Urbandale
Contact –Position Office:	Erin Freeman, HR Director
Address:	3600 86th Street, Urbandale, IA 50322
Phone Number:	515-331-6707

