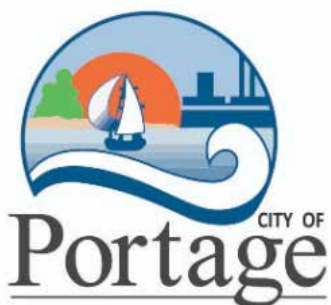




2025-26

City of Portage
Employee Benefit Guide





Dear Employee,

The City of Portage recognizes the importance of benefits for you and your family, that's why we take the time to carefully select providers that can best serve our employees. We know you don't make your benefit decisions lightly, which is why we are dedicated to partnering with providers who offer quality benefits.

In 2025, we were proud to partner with American Fidelity Assurance Company for the following benefits:

- Disability Income Insurance
- Term Life Insurance
- Accident Insurance
- Cancer Insurance
- Group Critical Illness Insurance
- Flexible Spending Accounts

Enrollment counselors will be available throughout the open enrollment process to assist you in enrolling in all of your benefits and to answer any questions you may have. To see a complete schedule of this year's open enrollment sessions, please see page 6.

Human Resources developed the following benefit guide to provide you with information about your benefit options for the new plan year, explain the enrollment and change process, and serve as a valuable resource for information about all the benefits available to you. It's a good idea to take some time to read this guide before attending open enrollment and/or completing your enrollment forms.

Thank you in advance for taking the time to review this benefit guide and we look forward to seeing you during open enrollment.

Sincerely,

City of Portage

MISSION AND VISION OF THE CITY OF PORTAGE

Mission

The City of Portage is dedicated to fostering a thriving, inclusive City by delivering high-quality municipal services, promoting sustainable development, and enhancing the quality of life for all residents. We are committed to transparency, integrity, and innovation in all our endeavors.

Vision

The City of Portage envisions a vibrant, sustainable, and forward-thinking City where residents enjoy a high quality of life, businesses prosper, and natural resources are preserved for all future generations. We strive to be a model of excellence in municipal governance, fostering a high-energy community with a strong sense of unity and inclusiveness.

Table of Contents

2025 Benefits Enrollment

Annual Enrollment.....	5
Section 125 Cafeteria Plan	5
How to Enroll	6

Insurance Plans

Medical Plan	8
Dental Plan	21
Vision Plan	23
Group Life Insurance.....	27
Disability Income Insurance	28
Accident Only Insurance	29
Cancer Insurance	30
Group Critical Illness Insurance	31
Group Hospital Indemnity Insurance	32
Life Insurance	33

Other Information

YMCA	34
EAP	37
PERF.....	39
Pay Schedule	41
Holiday Schedule.....	42
Benefits Resource Directory	Back Cover

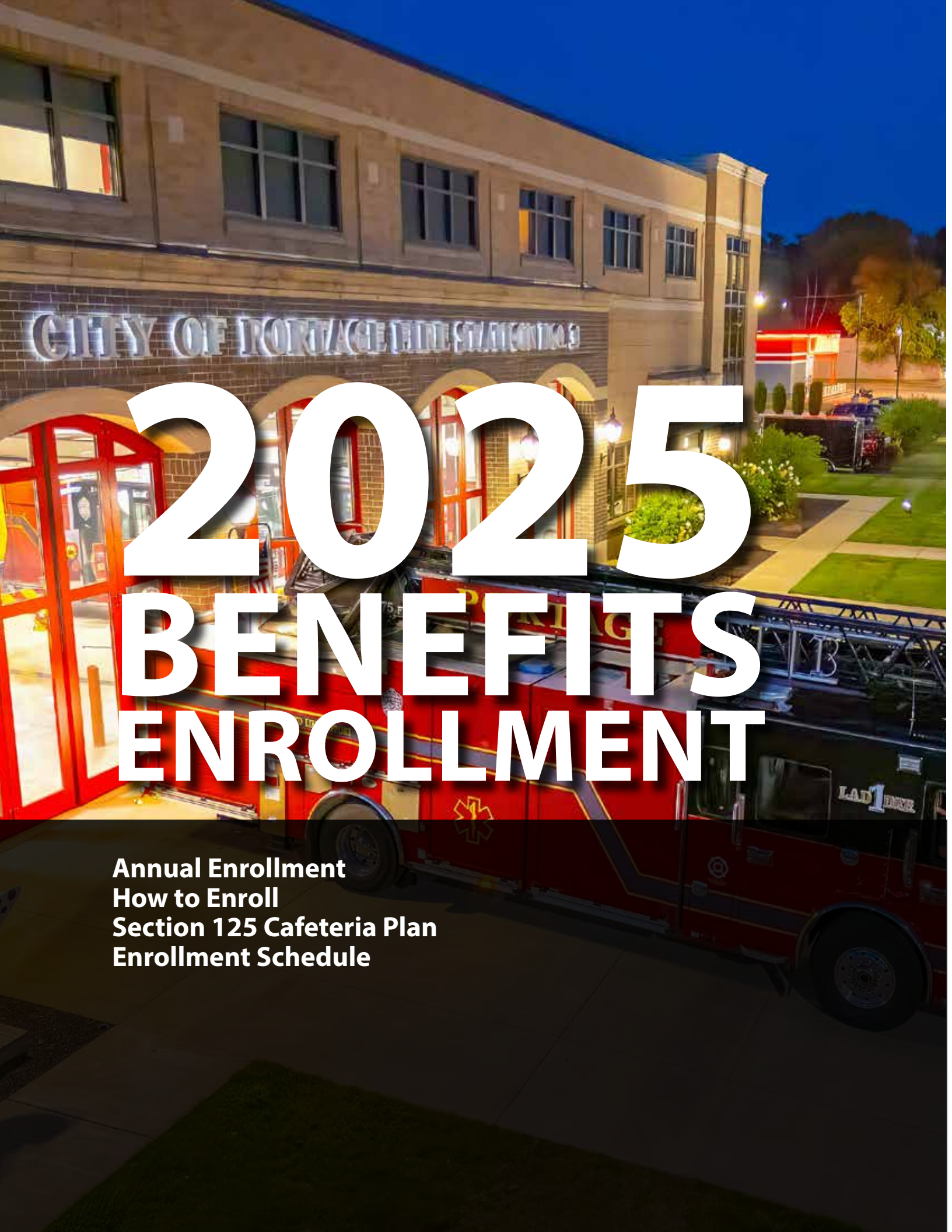
About this Guide

This benefit guide is a compilation guide of employee benefits. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of City of Portage, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the Plan administrator, you need a representative of the Employee Benefits Division to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact your Human Resources Department at 219-246-4507 or 219-230-3159.

Believe you can and you're halfway there." — Theodore Roosevelt



2025 BENEFITS ENROLLMENT

**Annual Enrollment
How to Enroll
Section 125 Cafeteria Plan
Enrollment Schedule**

Your Annual Enrollment

Important Dates to Remember

Your Open Enrollment Dates are:

February 2026

Your Plan Year is:

April 1, 2026 - March 31, 2027

Note: Changes to insurance plans will go into effect April 1st.

Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in June and will remain in effect through the plan year (April 1, 2026 - March 31, 2027) for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Human Resources within 31 days of the qualifying event.

Your Section 125 Plan

Save Money With Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you at no cost* and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

Benefits Eligible For The Section 125 Cafeteria Plan

- Group Medical, Dental and Vision Insurance
- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

Before you meet with your American Fidelity Representative, take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

Important Points To Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

How Can This Plan Help Me?

The sample paycheck below shows the benefits under the Section 125 Plan compared to benefits outside of the Plan. In this example, the employee gained \$55 more spendable income per month!

Pre-Tax Example		After-Tax Example
\$1,500.00	Monthly Gross Salary	\$1,500.00
-\$150.00	Pre-Tax Medical Insurance	\$0.00
-\$25.00	Pre-Tax Disability Insurance	\$0.00
-\$25.00	Pre-Tax Accident Insurance	\$0.00
\$1,300.00	Adjusted Monthly Gross Salary	\$1,500.00
-\$260.00	Estimated Federal Tax (20%)	-\$300.00
-\$99.45	Estimated FICA (7.65%)	-\$114.75
\$0.00	After-Tax Medical Insurance	-\$150.00
\$0.00	After-Tax Disability Insurance	-\$25.00
\$0.00	After-Tax Accident Insurance	-\$25.00
\$940.55	Take-Home Pay	\$885.25

* Taxes are a sample average of State, Federal and FICA taxes. Your own average tax rate may vary.

How to Enroll

City of Portage makes it easy for you to enroll in your 2025 benefits. Employees can enroll on-site with your American Fidelity representative.

Enroll On-site

See your American Fidelity's Representative during your enrollment to complete your benefit election form and discuss the options that are available to you.

What To Bring To Your Appointment

- Driver's license.
- Bank account information (to sign up for direct deposit)
- Spouse and children's DOB and Social Security number if considering coverage for them.
- Beneficiary information, including (if a trust) full name and date of trust.

Point your smart phone camera at the QR code to schedule your appointment or copy in your browser enroll.americanfidelity.com/52687498:



Don't Miss It!

- Have you recently received a pay increase?
- Have you or are you planning on getting married, having children, or buying a home?
- What would happen if you were suddenly ill or disabled?

These questions and others will be addressed during your benefit consultation to make sure you are properly covered. It takes just a few moments to review your coverage and protect the welfare of you and your family.

During your One-on-one Benefit Review, you can learn more about or enroll in the following:

- | | |
|-------------------------------|------------------------------------|
| • Medical Insurance | • Term Life Insurance |
| • Group Life Insurance | • Accident Only Insurance |
| • Dental Insurance | • Cancer Insurance |
| • Vision Insurance | • Group Critical Illness Insurance |
| • Disability Income Insurance | • Flexible Spending Accounts |

Excellence is not a skill, it's an attitude — Ralph Marston



INSURANCE PLANS

**Medical Plan
Dental Plan
Vision Plan
Group Life Insurance
Disability Income Insurance
Accident Insurance
Cancer Insurance
Group Critical Illness Insurance
Group Hospital Indemnity
Individual Life Insurance**

A Schedule of Benefits explains what services are covered, the associated costs like copays, deductibles, and coinsurance, and any limitations or exclusions that are included, in order to give you an idea of what you're going to pay for medical treatments and procedures.

Plans' benefits are subject to eligibility, maximum Plan benefits, reasonable and customary determinations (or negotiated fees for PPO dental services) and any special limits noted in the Plan. Charges that exceed the reasonable and customary amount or other Plan limitations will not be considered eligible in determining Plan benefits.

What is a Reasonable and Customary Charge?
 Actual charge for the service or supply is comparable to what is usually charged for the same service or supply in the provider's geographic area.

Special rules apply to any benefits subject to the No Surprises Act. The No Surprises Act protects patients who receive emergency services at a hospital, at an independent freestanding emergency department and from air ambulances. In addition, the law protects patients who receive emergency services from an Out-of-Network provider at an In-Network facility. In certain circumstances, non-emergency items or services that are otherwise covered by the Plan from an Out-of-Network provider who is working at an In-Network facility are also subject to the No Surprises Act.

For benefits subject to the No Surprises Act, any cost-sharing payments count toward your In-Network deductible and In-Network Out-of-Pocket Expense Maximum. An explanation of your rights under the No Surprises Act is available at <http://local150.org/wp-content/uploads/2022/04/NSA-Notice.pdf>.

Eligible expenses must be medically necessary. Age limitations are applied as of the last day of the month in which the eligible dependent's birthday occurs.

Local 150 Health Centers	
<p>Operators' Health Centers (OHC), Marathon Health Centers & Midwest Coalition of Labor Health Centers (MCL Health Centers)</p> <p>Services include annual physical exams, preventive care/wellness visits, immunizations, sick visits, chiropractic services, physical therapy, behavioral health, disease/condition management, clinical laboratory services, DOT physicals, specialty services, and more. Patient age requirements and services vary by location. Visit https://local150.org/moe/local-150-health-centers/.</p>	100%
MinuteClinic	
<p>Located in select CVS and Target locations. Non-emergency, unscheduled acute illness, or injuries. Additional "cash pay" services are available at a cost to the patient.</p>	Most services covered at 100%
Medical & Prescription Drug Benefit Combined Out-of-Pocket Expense Maximum	
<p>The amount of money applied toward the medical and pharmacy out-of-pocket maximum; it includes medical and pharmacy copayments; it does not include coinsurance for orthoptic training or Temporomandibular Joint Disease (TMJ) treatment.</p>	In-Network ONLY \$4,500 per individual \$9,200 per family

Medical Plan

Municipality EPO

Medical Out-of-Pocket Expense Maximum	In-Network ONLY
The most an individual could pay in a Plan Year for covered services, including the deductible. Individuals covered under Family coverage must meet their own individual out-of-pocket expense limit until the overall Family out-of-pocket expense limit has been met. Does not include premiums, balance-billing charges, Family Supplemental Benefits, TMJ, orthoptic training, dental benefits, and health care not covered by the Plan.	\$2,500 per individual \$6,000 per family
Medical Benefits – Comprehensive Medical Benefit	In-Network ONLY
Annual Maximum Per Plan Year.	Unlimited
Individual Deductible	None
Family Deductible	None
EPO Networks & Exclusive Partnerships	BlueCross BlueShield PPO, Absolute Solutions, ATI, Gateway Foundation, and Recovery Centers of America (RCA)
Inpatient Hospital Services Room allowances based on the hospital's most common semi-private room rate. Pre-admission testing is covered one time prior to surgery. Requires approval by the Case Manager.	\$250 copayment per admission
Emergency Services in a Hospital or Independent Freestanding Emergency Department Facility charges.	\$100 copayment per visit Note: Out-of-network emergency room visits are covered at the same level (\$100 copayment per visit)
Skilled Nursing Facility If recommended by a physician and confinement begins within 30-days of a hospital confinement. Follow Medicare guidelines for breaks in skilled nursing facility care Maximum per disability: 45 days. Requires approval by the Case Manager.	\$250 copayment per admission
Home Health Care If ordered by a physician. Requires approval by the Case Manager.	\$20 copayment per visit
Outpatient Hospital Services Including licensed surgery centers. Outpatient surgical procedures require approval by the Case Manager unless performed in the doctor's office without anesthesia.	\$20 copayment per visit
Diagnostic X-rays/Lab X-rays and/or tests to diagnose a condition or to determine the progress of an illness or injury.	100%
MRI/CT and PET Scans	100% if you use a BCBS PPO provider or schedule through Absolute Solutions

Medical Benefits – Comprehensive Medical Benefit	In-Network ONLY
<p>Outpatient Physical and Occupational Therapy Must be performed by a licensed provider. No copayment if received at a Local 150 Health Center or an ATI Physical Therapy Facility. Requires approval by the Case Manager.</p>	<p>\$20 copayment per visit when a BCBS PPO provider is used</p>
<p>Outpatient Restorative Speech Therapy (Children and Adults) Must be performed by a licensed provider Requires approval by the Case Manager</p>	<p>\$20 copayment per visit</p>
<p>Outpatient Speech Therapy for Developmental Condition, including Congenital Neurological Diseases Must be performed by a licensed provider Requires approval by the Case Manager</p>	<p>\$20 copayment per visit</p>
<p>Orthoptic Training – Not subject to the out-of-pocket maximums. Training needs to be prescribed by a covered provider. Does not count toward the medical & prescription drug benefit combined out-of-pocket expense maximum or the medical benefit out-of-pocket expense limitation; if you reach an out-of-pocket maximum, you will continue to pay 50% coinsurance for orthoptic training services; the Plan will not pay 100% for orthoptic training services after you reach a benefit out-of-pocket maximum. Requires approval by the Case Manager.</p>	<p>50%</p>
<p>Physician’s Medical/Surgical Care Office visits, hospital visits, surgery, assistant surgeon, etc. Certain procedures performed in the physician’s office may require approval by the Case Manager.</p>	<p>Primary Care: \$20 copayment per visit Specialist: \$40 copayment per visit</p>
<p>Preventive Care, including Well Woman and Well Child Care Includes routine physical exams, routine labs, routine outpatient visits, routine hearing exams, mammograms, and immunizations.</p>	<p>100%</p>
<p>Chiropractic Services Limited to 24 visits per year with a \$60 maximum per visit. Services will be covered at 100% if received at a Local 150 Health Center.</p>	<p>\$20 copayment per visit</p>
<p>Durable Medical Equipment (DME) Rental paid up to purchase price of the equipment, except for lifetime items that do not have a purchase price. Includes necessary adjustments or repairs, or replacement, if more cost effective. Power wheelchair limited to \$15,000. Requires approval by the Case Manager on equipment over \$1,000.</p>	<p>80%</p>
<p>Foot Orthotics Custom fitted foot orthotics prescribed by a physician. Lifetime maximum: \$2,000.</p>	<p>80%</p>
<p>Prosthetic Devices Artificial devices to restore a normal body function. Requires approval by the Case Manager.</p>	<p>80%</p>

Medical Benefits – Comprehensive Medical Benefit	In-Network ONLY
<p>Transplants Available to all non-Medicare members. If Medicare is primary, Medicare-eligible members and dependents must use Medicare-approved providers Benefit begins five days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure. Private duty nursing maximum: \$10,000. Requires approval by the Case Manager.</p>	<p>Follows inpatient, outpatient, and physician copayments</p>
<p>Transplant Lodging – No copayments or coinsurance are applicable. Transportation and lodging maximum: \$10,000 within the 18-month transplant period for the initial transplant.</p>	<p>100% (network not applicable for this benefit)</p>
<p>Orthodontic Treatment of Temporomandibular Joint Disease (TMJ) oral appliance – Not subject to out-of-pocket maximums. Lifetime maximum: \$4,000. Requires approval by the Case Manager.</p>	<p>50%</p>
<p>Cochlear Implants Requires approval by the Case Manager.</p>	<p>Follows inpatient, outpatient, and physician copayments</p>
<p>Medical Transportation Includes ground and air transport from the site of the injury, medical emergency, or acute illness to the nearest facility. Includes ground non-emergency transfer from hospital to hospice care if home is less than 100 miles from hospital. Inter-health-care-facility transfer maximum: \$5,000.</p>	<p>80%</p>
<p>Acupuncture Services performed by a licensed provider within the scope of his or her license. Maximum of 12 treatments per Plan Year. Up to \$125 allowable per visit.</p>	<p>\$20 copayment per visit</p>
<p>Sleep Apnea Appliance When ordered by a physician and provided by a medical equipment supplier or dentist. Appliance replacement once every five years if existing appliance is covered. Requires approval by the Case Manager.</p>	<p>80%</p>
<p>Mental Health and Substance Use</p>	<p>In-Network ONLY</p>
<p>Mental Health and Substance Use Network</p>	<p>Gateway Foundation, Recovery Centers of America (RCA), and BlueCross Blue Shield PPO</p>
<p>Inpatient Care Services will be covered at 100% and not subject to a copayment if received at a Gateway or RCA facility. Requires approval by the Case Manager.</p>	<p>\$250 copayment per admission</p>
<p>Outpatient Care Services will be covered at 100% and not subject to a copayment if received at a Gateway or RCA facility. ABA Therapy, IOP, and PHP requires approval by the Case Manager.</p>	<p>\$20 copayment per visit</p>

Mental Health and Substance Use	In-Network ONLY	
Residential Facility Services will be covered at 100% and not subject to a copayment if received at Gateway Foundation or RCA. Requires approval by the Case Manager.	\$250 copayment per admission	
Member Assistance Program (MAP) Administered by AllOne Health.	Provides members and covered dependents with up to five no-cost visits per episode per Plan Year. Additional counseling or treatment may require payment.	
Short-Term Disability Benefit		
Available to members only	\$500 per week for the first 30 days of disability (prorated for any paid days off)	
Death Benefit		
Available to members and eligible dependent(s)	\$40,000 per eligible member \$2,000 per eligible dependent	
Accidental Dismemberment Benefit		
Available to members only	\$1,000 or \$5,000 based on type of loss Limited to \$10,000 for any one accident	
Family Supplemental Benefit (FSB)		Coverage
<p>This benefit can be used for non-covered medically necessary and un-reimbursed medical, dental, and pharmacy benefit expenses, including items such as hearing aids, glasses, etc. It cannot be used to reimburse expenses covered under the prescription drug program.</p> <p>Reimbursement for Plan maximums and items covered at 50% that are not subject to the out-of-pocket maximum are eligible.</p> <p>Other than stated above, this benefit cannot be used to reimburse the deductible, copayment, or amount over the reasonable and customary amount.</p> <p>For additional information regarding reimbursable and non-reimbursable FSB expenses, please visit https://local150.org/moe/family-supplemental-benefit/</p>		Maximum per family, per Plan Year: \$1,500
Dental Benefits	In-Network	Out-of-Network
PPO Network and Claims Administration	Delta Dental PPO	Not applicable. If you use a non-network dentist, Delta Dental will pay you directly, leaving you responsible to pay the provider.
Deductible	\$0	
Plan Year Maximum No maximum for children under the age of 19.	\$2,000 per adult (age 19 and older)	
Preventative	100%	
Basic and Restorative Fillings, crowns, root canal therapy, oral surgery, dentures, bridgework, and other covered dental services.	70% coinsurance is based on Delta Dental's Allowable Fee You pay the full cost of services above the Allowable Fee if you use an Out-of-Network provider.	
Orthodontia Dependent children through age 18 only. Lifetime maximum: \$2,000.	50% coinsurance is based on Delta Dental's Allowable Fee. You pay the full cost of services above the Allowable Fee if you use an Out-of-Network provider.	

Prescription Drug Coverage		
<p>Prescription drug benefits will be paid for prescriptions on the CVS Caremark Formulary when filled at a pharmacy in the CVS Caremark network.</p> <p>Long-term medications (Maintenance drugs) must be filled at a CVS retail pharmacy or through the CVS Caremark Mail Service Pharmacy.</p> <p>Some covered medications may require a Prior Authorization or Step Therapy or may have Quantity Limits. To find out if your medication has any additional requirements or limits, refer to the Commercial Plan Drug List.</p> <p>Copays listed below are the Plan's basic 4-tier copay schedule; if the cost of the medication is less than the copay listed, you will be responsible for paying the lower cost.</p> <p>Specialty medications must be filled through CVS Caremark's Specialty Pharmacy; specialty medications are limited to a 30-day fill.</p> <p>No coordination of benefits applies.</p>		
In-Network ONLY		
	CVS Caremark's Network Retail Pharmacy Copay (30-day supply)	CVS Caremark's Network Retail Pharmacy or Mail Order Copay (up to a 90-day supply)
Generic Drug (Tier 1)	\$5 copay	\$15 copay
Preferred Brand Name Drug (Tier 2)	\$10 copay	\$30 copay
Non-Preferred Brand Name Drug (Tier 3)	\$25 copay	\$45 copay
Specialty Drug (Tier 4)¹ Requires a prior authorization	\$100 copay	\$300 ² copay
Pharmacy Out-of-Pocket Maximum	\$2,000 per individual \$3,200 per family	
Compounded Drugs (A minimum of one ingredient must be covered through the Plan)	Prescriptions exceeding \$300 require prior authorization	
Convalescent or Nursing Home³	Follows the above copay structure	
<p>¹ The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% co-insurance. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution</p> <p>² Specialty medications are limited to a 30-day supply. Copay applies only for medications that must be dispensed in 90-day supplies due to packaging</p> <p>³ If the Convalescent or Nursing Home is Out-of-Network, the patient will incur 50% of the cost of the medication.</p>		
Limitations & Exceptions		
<p>Maximum of up to two 30-day supplies of the same medication, can be filled at any local in-network pharmacy before you are required to obtain a 90-day supply. If you are seeking a third refill, you must transition to a CVS retail pharmacy or CVS Caremark's Mail Service Pharmacy or pay 100% of the cost of the prescription drug. Please call CVS Caremark at (833) 252-6642 or visit www.caremark.com for more information.</p>		
<p>When available, generic drugs will be substituted for all brand name drugs or medications. If you request a brand name drug, or if the prescribing physician indicates "no substitutions," when a generic equivalent is available, you will be required to pay the brand name drug copay plus the difference in cost between the brand name drug and its generic equivalent unless determined medically necessary through the appeals process.</p>		

A Schedule of Benefits explains what services are covered, the associated costs like copays, deductibles, and coinsurance, and any limitations or exclusions that are included, in order to give you an idea of what you're going to pay for medical treatments and procedures.

Plans' benefits are subject to eligibility, maximum Plan benefits, reasonable and customary determinations (or negotiated fees for PPO dental services) and any special limits noted in the Plan. Charges that exceed the reasonable and customary amount or other Plan limitations will not be considered eligible in determining Plan benefits. To avoid additional out-of-pocket costs, be sure to utilize in-network providers.

What is a Reasonable and Customary Charge?
Actual charge for the service or supply is comparable to what is usually charged for the same service or supply in the provider's geographic area.

Special rules apply to any benefits subject to the No Surprises Act. The No Surprises Act protects patients who receive emergency services at a hospital, at an independent freestanding emergency department and from air ambulances. In addition, the law protects patients who receive emergency services from an Out-of-Network provider at an In-Network facility. In certain circumstances, non-emergency items or services that are otherwise covered by the Plan from an Out-of-Network provider who is working at an In-Network facility are also subject to the No Surprises Act.

For benefits subject to the No Surprises Act, any cost-sharing payments count toward your In-Network deductible and In-Network Out-of-Pocket Expense Maximum. An explanation of your rights under the No Surprises Act is available at <http://local150.org/wp-content/uploads/2022/04/NSA-Notice.pdf>.

Eligible expenses must be medically necessary and are subject to the Plan Year deductible unless otherwise noted. Age limitations are applied as of the last day of the month in which the eligible dependent's birthday occurs.

Local 150 Health Centers – Not subject to deductible		
<p>Operators' Health Centers (OHC), Marathon Health Centers & Midwest Coalition of Labor Health Centers (MCL Health Centers)</p> <p>Services include annual physical exams, preventive care/wellness visits, immunizations, sick visits, chiropractic services, physical therapy, behavioral health, disease/condition management, clinical laboratory services, DOT physicals, specialty services, and more.</p> <p>Patient age requirements and services vary by location.</p> <p>Visit https://local150.org/moe/local-150-health-centers/.</p>	100%	
MinuteClinic – Not subject to the deductible		
<p>Located in select CVS and Target locations.</p> <p>Non-emergency, unscheduled acute illness, or injuries.</p> <p>Additional "cash pay" services are available at a cost to the patient.</p>	Most services covered at 100%	
Medical & Prescription Drug Benefit Combined Out-of-Pocket Expense Maximum	In-Network	Out-of-Network
<p>The amount of money applied toward the medical and pharmacy out-of-pocket maximum; it includes medical deductible and pharmacy copayments; it does not include coinsurance for orthoptic training or temporomandibular joint disease (TMJ) treatment.</p>	\$4,500 per individual \$10,000 per family	\$6,500 per individual \$14,000 per family

Medical Plan

Municipality Plan A

Medical Out-of-Pocket Expense Maximum	In-Network	Out-of-Network
<p>The most an individual could pay in a Plan Year for covered services, including the deductible. Individuals covered under Family coverage must meet their own individual out-of-pocket expense limit until the overall Family out-of-pocket expense limit has been met</p> <p>Does not include premiums, balance-billing charges, Family Supplemental Benefits, TMJ, orthoptic training, dental benefits, and health care not covered by the Plan</p>	<p>\$2,500 per individual \$6,000 per family</p>	<p>\$2,500 per individual \$6,000 per family</p>
<p>Annual Maximum Per Plan Year.</p>	<p>Unlimited</p>	
<p>Individual Deductible Per person, per Plan Year.</p> <p>All benefits are subject to the deductible unless otherwise noted.</p> <p>Three-month (4th quarter) carryover applies – Covered Expenses applied against the Individual Deductible in the last three months of a Plan Year may also be applied for the next Plan Year.</p>	<p>\$300</p>	<p>\$300</p>
<p>Family Deductible Per Plan Year.</p> <p>Three-month (4th quarter) carryover does not apply.</p>	<p>\$700</p>	<p>\$700</p>
<p>PPO Networks & Exclusive Partnerships</p>	<p>BlueCross BlueShield PPO, Absolute Solutions, ATI, Gateway Foundation, and Recovery Centers of America (RCA)</p>	<p>Not Applicable</p>
<p>Inpatient Hospital Services</p> <p>Room allowances based on the hospital's most common semi-private room rate.</p> <p>Pre-admission testing is covered one time prior to surgery.</p> <p>Requires approval by the Case Manager.</p>	<p>90%</p>	<p>80%</p>
<p>Emergency Services in a Hospital or Independent Freestanding Emergency Department Facility charges</p>	<p>90%</p>	<p>90%</p>
<p>Skilled Nursing Facility</p> <p>If recommended by a physician and confinement begins within 30-days of a hospital confinement.</p> <p>Follow Medicare guidelines for breaks in skilled nursing facility care.</p> <p>Maximum per disability: 45 days.</p> <p>Requires approval by the Case Manager.</p>	<p>90%</p>	<p>80%</p>
<p>Home Health Care</p> <p>If ordered by a physician.</p> <p>Requires approval by the Case Manager.</p>	<p>90%</p>	<p>80%</p>

Medical Benefits – Comprehensive Medical Benefit	In-Network	Out-of-Network
Outpatient Hospital Services Including licensed surgery centers. Outpatient surgical procedures require approval by the Case Manager unless performed in the doctor’s office without anesthesia.	90%	80%
Diagnostic X-rays/Lab X-rays and/or tests to diagnose a condition or to determine the progress of an illness or injury.	90%	80%
MRI & CT Scans Services will be covered at 100% and not subject to the deductible if scheduled through Absolute Solutions.	90%	80%
PET Scans Services will be covered at 100% and not subject to the deductible if scheduled through Absolute Solutions.	100%	80%
Outpatient Physical and Occupational Therapy Must be performed by a licensed provider. Services will be covered at 100% and not subject to the deductible if received at a Local 150 Health Center or an ATI Physical Therapy Facility. Requires approval by the Case Manager.	90%	80%
Outpatient Restorative Speech Therapy (Children and Adults) Must be performed by a licensed provider. Requires approval by the Case Manager.	90%	80%
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases Must be performed by a licensed provider. Requires approval by the Case Manager.	90%	80%
Orthoptic Training - Not subject to the deductible or out-of-pocket maximums. Training needs to be prescribed by a covered provider. Does not count toward the medical & prescription drug benefit combined out-of-pocket expense maximum or the medical benefit out-of-pocket expense limitation; if you reach an out-of-pocket maximum, you will continue to pay 50% coinsurance for orthoptic training services; the Plan will not pay 100% for orthoptic training services after you reach a benefit out-of-pocket maximum Requires approval by the Case Manager.	50%	
Physician’s Medical/Surgical Care Office visits, hospital visits, surgery, assistant surgeon, etc. Certain procedures performed in the physician’s office may require approval by the Case Manager.	90%	80%
Preventive Care Benefit for Covered Dependents Over 24 months – Not subject to the deductible. Includes routine physical exams, routine labs, routine outpatient visits, routine hearing exams, mammograms, employment physicals, and immunizations.	100%	Not Covered, except in certain situations

Medical Plan

Municipality Plan A

Medical Benefits – Comprehensive Medical Benefit	In-Network	Out-of-Network
<p>Preventive Care Benefit for Member and Spouse – Not subject to the deductible.</p> <p>Includes routine physical exams, routine labs, routine outpatient visits, routine hearing exams, mammograms, employment physicals, and immunizations.</p>	100%	
<p>Well Baby Care – Not subject to the deductible.</p> <p>Includes routine hospital visits, outpatient visits, and immunizations. Age limitation of birth to 24 months.</p>	100%	
<p>Chiropractic Services</p> <p>Limited to 24 visits per year with a \$60 maximum per visit. Services will be covered at 100% and not subject to the deductible if received at a Local 150 Health Center.</p>	90%	80%
<p>Durable Medical Equipment (DME) – Not subject to the deductible.</p> <p>Rental paid up to purchase price of the equipment, except for lifetime items that do not have a purchase price.</p> <p>Includes necessary adjustments or repairs, or replacement, if more cost effective.</p> <p>Power wheelchair limited to \$15,000</p> <p>Requires approval by the Case Manager on equipment over \$1,000.</p>	80%	80%
<p>Foot Orthotics</p> <p>Custom fitted foot orthotics prescribed by a physician.</p> <p>Lifetime maximum: \$2,000.</p>	80%	80%
<p>Prosthetic Devices</p> <p>Artificial devices to restore a normal body function.</p> <p>Requires approval by the Case Manager.</p>	80%	80%
<p>Transplants</p> <p>Available to all non-Medicare members.</p> <p>If Medicare is primary, Medicare-eligible members and dependents must use Medicare-approved providers</p> <p>Benefit begins five days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.</p> <p>Private duty nursing maximum: \$10,000.</p> <p>Requires approval by the Case Manager.</p>	90%	Not Covered
<p>Transplant Lodging – Not subject to the deductible. No copayments or coinsurance are applicable.</p> <p>Transportation and lodging maximum: \$10,000 within the 18-month transplant period for the initial transplant.</p>	100% (network not applicable for this benefit)	

Medical Benefits – Comprehensive Medical Benefit	In-Network	Out-of-Network
<p>Orthodontic Treatment of Temporomandibular Joint Disease (TMJ) Oral Appliance – Not subject to the deductible or out-of-pocket maximums.</p> <p>Does not count toward the medical & prescription drug benefit combined out-of-pocket expense maximum or the medical benefit out-of-pocket expense limitation; if you reach an out-of-pocket maximum, you will continue to pay 50% coinsurance for TMJ services; the Plan will not pay 100% for TMJ services after you reach a benefit out-of-pocket maximum.</p> <p>Lifetime maximum: \$4,000.</p> <p>Requires approval by the Case Manager.</p>		50%
<p>Cochlear Implants</p> <p>Requires approval by the Case Manager.</p>	90%	Not Covered
<p>Medical Transportation</p> <p>Includes ground and air transport from the site of the injury, medical emergency, or acute illness to the nearest facility. Includes ground non-emergency transfer from hospital to hospice care if home is less than 100 miles from hospital. Inter-health-care-facility transfer maximum: \$5,000.</p>		90%
<p>Acupuncture</p> <p>Services performed by a licensed provider within the scope of his or her license.</p> <p>Maximum of 12 treatments per Plan Year.</p> <p>Up to \$125 allowable per visit.</p>	90%	80%
<p>Sleep Apnea Appliance</p> <p>When ordered by a physician and provided by a medical equipment supplier or dentist.</p> <p>Appliance replacement once every five years if existing appliance is covered.</p> <p>Requires approval by the Case Manager.</p>	90%	80%
<p>Mental Health and Substance Use – Subject to the deductible</p>	In-Network	Out-of-Network
<p>Mental Health and Substance Use Network</p>	Gateway Foundation, Recovery Centers of America (RCA), and BlueCross Blue Shield PPO	Not Applicable
<p>Inpatient Care</p> <p>Services will be covered at 100% and not subject to the deductible if received at a Gateway or RCA facility.</p> <p>Requires approval by the Case Manager.</p>	90%	80%
<p>Outpatient Care</p> <p>Services will be covered at 100% and not subject to the deductible if received at a Gateway or RCA facility.</p> <p>ABA Therapy, IOP and PHP requires approval by the Case Manager.</p>	90%	80%

Medical Plan

Municipality Plan A

Mental Health and Substance Use – Subject to the deductible	In-Network	Out-of-Network
Residential Facility Services will be covered at 100% and not subject to the deductible if received at Gateway Foundation or RCA. Requires approval by the Case Manager.	90%	80%
Member Assistance Program (MAP) Administered by AllOne Health.	Provides members and covered dependents with up to five no-cost visits per episode per Plan Year. Additional counseling or treatment may require payment.	
Short-Term Disability Benefits		
Available to members only	\$500 per week for the first 30 days of disability (prorated for any paid days off)	
Life Insurance Benefits		
Available to members and eligible dependent(s)	\$40,000 per eligible member \$2,000 per eligible dependent	
Accidental Dismemberment Benefits		
Available to members only	\$1,000 or \$5,000 based on type of loss Limited to \$10,000 for any one accident	
Family Supplemental Benefit (FSB)		
<p>This benefit can be used for non-covered medically necessary and un-reimbursed medical, dental, and pharmacy benefit expenses, including items such as hearing aids, glasses, etc. It cannot be used to reimburse expenses covered under the prescription drug program.</p> <p>Reimbursement for Plan maximums and items covered at 50% that are not subject to the out-of-pocket maximum are eligible.</p> <p>Other than stated above, this benefit cannot be used to reimburse the deductible, copayment, or amount over the reasonable and customary amount.</p> <p>For additional information regarding reimbursable and non-reimbursable FSB expenses, please visit https://local150.org/moe/family-supplemental-benefit/</p>		Coverage Maximum per family, per Plan Year: \$1,500
Dental Benefits	In-Network	Out-of-Network
PPO Network and Claims Administration	Delta Dental PPO	Not applicable. If you use a non-network dentist, Delta Dental will pay you directly, leaving you responsible to pay the provider.
Deductible	\$0	
Plan Year Maximum No maximum for children under the age of 19.	\$2,000 per adult (age 19 and older)	
Preventative	100%	
Basic and Restorative Fillings, crowns, root canal therapy, oral surgery, dentures, bridgework, and other covered dental services.	70% coinsurance is based on Delta Dental's Allowable Fee You pay the full cost of services above the Allowable Fee if you use an Out-of-Network provider.	
Orthodontia Dependent children through age 18 only. Lifetime maximum: \$2,000.	50% coinsurance is based on Delta Dental's Allowable Fee. You pay the full cost of services above the Allowable Fee if you use an Out-of-Network provider.	

Prescription Drug Coverage			
<p>Prescription drug benefits will be paid for prescriptions on the CVS Caremark Formulary when filled at a pharmacy in the CVS Caremark network.</p> <p>Long-term medications (Maintenance drugs) must be filled at a CVS retail pharmacy or through the CVS Caremark Mail Service Pharmacy.</p> <p>Some covered medications may require a Prior Authorization or Step Therapy or may have Quantity Limits. To find out if your medication has any additional requirements or limits, refer to the Commercial Plan Drug List.</p> <p>Copays listed below are the Plan's basic 4-tier copay schedule; if the cost of the medication is less than the copay listed, you will be responsible for paying the lower cost.</p> <p>Medical deductible does not apply for prescription drugs.</p> <p>Specialty medications must be filled through CVS Caremark's Specialty Pharmacy; specialty medications are limited to a 30-day fill.</p> <p>No coordination of benefits applies.</p>			
	In-Network		Out-of-Network
	CVS Caremark's Network Retail Pharmacy Copay (30-day supply)	CVS Caremark's Network Retail Pharmacy or Mail Order Copay (up to a 90-day supply)	
Generic Drug (Tier 1)	\$5 copay	\$15 copay	Not Covered
Preferred Brand Name Drug (Tier 2)	\$10 copay	\$30 copay	Not Covered
Non-Preferred Brand Name Drug (Tier 3)	\$25 copay	\$45 copay	Not Covered
Specialty Drug (Tier 4)¹ Requires a prior authorization	\$100 copay	\$300 ² copay	Not Covered
Pharmacy Out-of-Pocket Maximum	\$2,000 per individual \$4,000 per family		\$4,000 per individual \$8,000 per family
Compounded Drugs (A minimum of one ingredient must be covered through the Plan)	Prescriptions exceeding \$300 require prior authorization		Not Covered
Convalescent or Nursing Home	Follows the above copay structure		50% of the cost of the medication
<p>¹ The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% co-insurance. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their specialty medication, the member will have a \$0 out-of-pocket responsibility for their prescriptions covered under the PrudentRx Solution</p> <p>² Specialty medications are limited to a 30-day supply. Copay applies only for medications that must be dispensed in 90-day supplies due to packaging</p>			
Limitations & Exceptions			
<p>Maximum of up to two 30-day supplies of the same medication, can be filled at any local in-network pharmacy before you are required to obtain a 90-day supply. If you are seeking a third refill, you must transition to a CVS retail pharmacy or CVS Caremark's Mail Service Pharmacy or pay 100% of the cost of the prescription drug. Please call CVS Caremark at (833) 252-6642 or visit www.caremark.com for more information.</p>			
<p>When available, generic drugs will be substituted for all brand name drugs or medications. If you request a brand name drug, or if the prescribing physician indicates "no substitutions," when a generic equivalent is available, you will be required to pay the brand name drug copay plus the difference in cost between the brand name drug and its generic equivalent unless determined medically necessary through the appeals process.</p>			



Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.



My claims

Look up detailed claims information for your dentist visits over the last 18 months.



My coverage

Review your dental policy coverage details such as deductibles, maximums, and other benefits.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact Delta Dental of Illinois.

BRINGING IT ALL INTO FOCUS

Time for a little Q&A

A LOOK AT THE BENEFITS

What exactly do my EyeMed benefits cover?

If you're thinking about EyeMed, you'll want to connect with your employer to learn about the benefit options. Already a member? The easiest way to find your benefit information is to create a member account at eyemed.com/member or grab the EyeMed App (App Store or Google Play).

Does EyeMed offer any extra discounts?

We sure do. At participating in-network providers, members get 40% off an extra pair of eyeglasses or 20% off a partial pair (lenses only or frames only).* You also get 20% off non-prescription sunglasses and accessories, and discounts on LASIK laser vision correction. Call 1.800.988.4221 to find a LASIK location near you.

Can I use EyeMed benefits online?

Instantly apply your in-network benefits at checkout, with free shipping, free returns and no paperwork at these participating providers: lenscrafters.com, targetoptical.com, ray-ban.com, glasses.com and contactsdirect.com.

Can I get the same kind of care with a retail provider as I can with an independent doctor?

Many optometrists share space with a retail optical store, but operate a separate practice. All of them, wherever they practice, must meet the same state licensing and credentialing requirements. One advantage of using a vision carrier, like EyeMed, is that credentials of every in-network eye doctor are thoroughly examined and verified, so you can feel confident you're getting access to qualified eye doctors.

MEMBER HOW-TO TIPS

How do I use my benefits?

At EyeMed, we're all about easy. Just choose an in-network eye doctor from our Provider Locator, schedule your visit and go in for care or eyewear. You don't even need your ID card—just give them your name and birthday. When you stay in-network, we'll handle all the paperwork.

How do I find an eye doctor in my network?

The Provider Locator on Member Web and the EyeMed App has thousands of in-network eye doctors to choose from. Filter your search to find ones near you with the brands, hours and services you want.



How do I get on-the-go access?

The EyeMed App can do almost everything that Member Web can. Find an eye doctor, set an appointment, review your benefits, check claims, find special offers, estimate costs, show your ID card—even store your vision prescriptions and set exam reminders. Download it through the App Store or Google Play.

How do I submit a claim?

When you see one of our in-network eye doctors, you won't have to; we take care of all the paperwork. By the way, you'll save money by staying in-network, too. If you need an out-of-network claim form, simply log into your Member Web account and go to the "Claims" tab.

How do I get an ID card replacement or extra cards?

If you lose your card or need extras for your family, log into your account at eyemed.com/member to print a replacement, or log into your account on the app to access your ID card digitally. Here's a tip: you don't even need the card when you visit your eye doctor.

VISION AND YOUR HEALTH

I don't wear glasses and can see fine. Do I still need an eye exam?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it can also help identify early signs of serious diseases, like high blood pressure, diabetes and high cholesterol—just to name a few.¹

How often should I get an eye exam?

Vision changes can happen slowly—you may not even notice it. Annual eye exams are a good rule of thumb unless your doctor suggests more frequent checks; we suggest making it part of your regular preventive care routine.

At what age should my child first visit the eye doctor?

The American Academy of Ophthalmology recommends having a newborn's eyes checked for basic indicators of eye health and a second screening between 6 and 12 months for healthy eye alignment and movement. They also recommend an exam between the ages of 3 and 5, and every year after that.²

My child gets a vision screening at school, so there's no need for an eye exam, right?

A vision screening does not take the place of a comprehensive eye exam. School screenings generally check for color blindness and your child's ability to see far away. A comprehensive exam will evaluate the entire structure of the eye.



LENSCRAFTERS



Thinking of becoming a member? Learn more at eyemed.com/enroll

Looking to stay healthy with vision? Learn how at eyesiteonwellness.com

Already a member? Manage benefits at eyemed.com/member

*Discounts are not insurance. Available at participating in-network providers. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Additional limitations and exclusions may apply. Log into your member account for full details.

¹ Mukamal, R.; "20 Surprising Health Problems an Eye Exam Can Catch"; American Academy of Ophthalmology; aao.org; April 29, 2022.

² Gudgel, D.; "Eye Screening for Children"; American Academy of Ophthalmology; aao.org; March 23, 2021.

This information is available broadly and is not plan or state specific. Offers are not valid in the state of Texas.



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Advantage Network)

- 888.203.7437
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

Midwest Operating Engineers

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$0 copay	Not covered
Retinal Imaging	Up to \$39	Not covered
FRAME		
Frame	35% off retail price	Not covered
STANDARD PLASTIC LENSES		
Single Vision	\$55 copay	Not covered
Bifocal	\$75 copay	Not covered
Trifocal	\$85 copay	Not covered
Lenticular	\$105 copay	Not covered
Progressive - Standard	\$135 copay	Not covered
LENS OPTIONS		
Anti Reflective Coating - Standard	\$40	Not covered
Polycarbonate - Standard	\$35	Not covered
Polycarbonate - Standard < 19 years of age	\$35	Not covered
Scratch Coating - Standard Plastic	\$12	Not covered
Tint - Solid and Gradient	\$12	Not covered
UV Treatment	\$12	Not covered
All Other Lens Options	30% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	15% off retail price	Not covered
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every 12 months	Once every 12 months
Frame	Unlimited	Unlimited
Lenses	Unlimited	Unlimited
Contact Lenses	Unlimited	Unlimited

(Plan allows member to receive either contacts and frame, or frames and lens services)

Frame, lens and lens options must be purchased in the same transaction to receive full discount. Items purchased separately will be discounted at 20% off the retail price.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: any Vision Materials; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination, services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Anisokonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; services rendered after the date an Insured Person ceases to be covered under the Policy. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

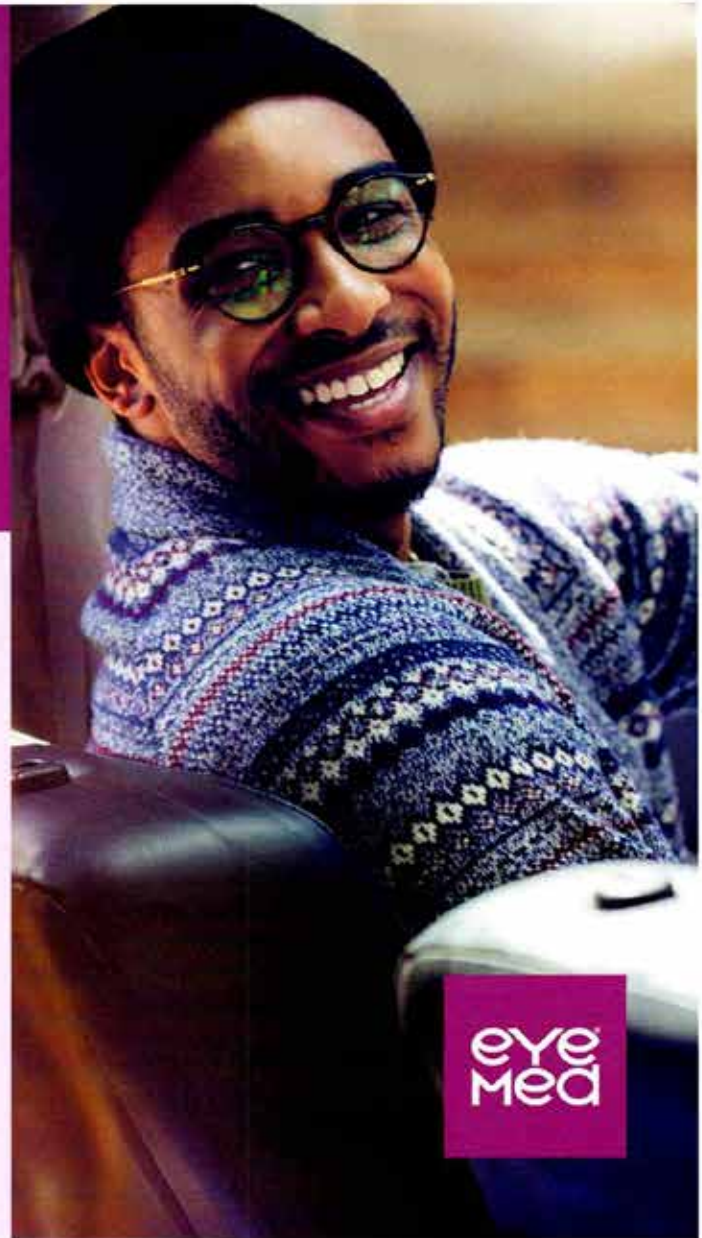
Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions: EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).


INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL



How to file a group annual term life insurance death claim

For certificate holders of life insurance and their beneficiaries

- 1 Contact the sponsoring employer for the necessary claim forms and documents. Beneficiaries may also go to the Voya Claims Center at www.voya.com/claims for forms and/or to submit a claim online. For group term life insurance claims, the sponsoring employer has to provide certain types of documentation.
- 2 Complete the required paperwork and obtain a copy of the death certificate; a photo-copy of the death certificate is acceptable. Death benefits up to \$100,000 do not need a death certificate if the death occurred due to natural causes. We reserve the right to require a certified death certificate for all claims at our discretion.
- 3 The sponsoring employer is responsible for:
 - Providing a copy of the insured's enrollment documentation.
 - Maintaining and providing beneficiary information.
 - Completing the "Death Claim for Group Life Plans" form.
- 4 Once completed, signed and dated forms can be submitted along with a death certificate (if applicable) by visiting www.voya.com/claims or via U.S. mail at:
Voya Life Claims
PO Box 1548
Minneapolis, MN 55440
Note: The sponsoring employer may assist you with submitting this claim.
- 5 Our goal is to process life insurance claims within 10 days from the date we receive all the necessary completed documents in good order (all documents received, questions answered, and forms dated and necessary signatures furnished.) We reserve the right to require or to obtain further proof or information should it be deemed necessary.
- 6 You can monitor your claim's status anywhere, any time by entering the claim number on the Online Claims Center at voya.com/claims. If your claim is approved, your benefit will be paid the day following approval. For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



If you have any questions about the claim process, call 1-888-238-4840 or visit www.voya.com/claims

Group Term Life Insurance is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Voya Employee Benefits is a division of both companies. Product availability and specific provisions may vary by state.

©2025 Voya Services Company. All rights reserved. CN4127056_0327

172016 172016_031525

Long-Term Disability Income Insurance

American Fidelity Assurance Company

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity Assurance Company's Long-Term Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

How the Plan Works

If you become disabled due to a covered accident or sickness, Long-Term Disability Income Insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
- **Accident Only Spousal Rider**
- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

Coverage Feature	What It Means To You
Accidental Injury and Sickness Coverage	You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled.
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
Waiver of Premium	Premiums are not required while you are disabled based on the length of your disability.
Age at Entry	Your premiums will be based on the date your policy becomes effective.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions, and waiting periods apply. Refer to your policy for complete details.

Success is not final, failure is not fatal: it is the courage to continue that counts - Winston Churchill

Accident Only Insurance

Limited Benefit Accident Only Insurance

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

Limited Benefit Accident Only Insurance may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

Features

- **Benefits paid directly to you**
- **A policy you own—take the policy with you if you leave your employer or retire**
- **Coverage for you, your spouse and children under age 26**

American Fidelity Assurance Company

Coverage Feature	What It Means For You
Plan Options: Levels 1, 2, 3, 4	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Benefits for many types of covered injuries.
Accident Screening Benefit	The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more.
Initial Treatment Benefit	Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.
- **Hospital Intensive Care Unit Rider**

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

Whether you think you can, or you think you can't – you're right — Henry Ford

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's Limited Benefit Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance. You may also have the option to add an infectious disease rider to this policy in select states.

How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.**

**Attitude is a little thing that makes a big difference
Winston Churchill**

Group Hospital Indemnity Insurance

Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

How the Plan Works

Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like an inpatient stay, while also allowing the tax benefit and potential savings from an HSA.

This plan includes a health screening benefit and provides benefits paid directly to you for hospitalization, unexpected accidents, and certain high-dollar critical illnesses.

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The insurer has the right to increase premiums.

People rarely succeed unless they have fun in what they are doing
Dale Carnegie

Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers a Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.¹

Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed as long as the policy is active.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. ¹
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. ²
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

You don't have to be perfect to be amazing." — Unknown



CITY OF PORTAGE + PORTAGE YMCA + YOU = HEALTHY!

FREE MEMBERSHIP FOR FULLTIME EMPLOYEES

- **Group Exercise Classes**
- **Pickleball, Basketball & more**
- **Free Weights**
- **Cycling Alcove**
- **Selectorized Strength Room**
- **Cardio Center**
- **Indoor Running Track**
- **Reduced Family Rates**
- **Smart Start Program**



FACILITY INFORMATION VISIT US!

3100 Willowcreek Rd.
Portage, IN 46368
219 762 YMCA (9622)
www.ymcaofportage.org
facebook.com/PortageYMCA

HOURS OF OPERATION

Mon - Fri 4am - 9pm
Sat & Sun 6am - 6pm
24-hours with purchase of key fob

FUN ZONE

Supervised activity room for children 3 months through Age 12. Infants, those children not yet walking, require a reservation. Please call the welcome center at (219) 762-9622.

MON-THURS 8AM-Noon & 4PM-8PM
FRIDAY 8AM-Noon & 4PM-7PM
SAT 8AM-Noon

DROP & GO CHILD CARE

Convenient hourly child care at affordable rates in a safe space. Requires 24-hour advance reservation. See website or call for details.

YMCA MEMBERSHIPS ARE OPEN TO ALL PEOPLE WITHOUT REGARD TO RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY OR GENDER.

It is the policy of the Portage Township YMCA that no one shall be denied membership or program participation for financial reasons. Financial assistance is available to qualified applicants.

BE A PART OF A COMMUNITY OF PEOPLE WHO CARE ABOUT THE HEALTH AND WELL-BEING OF OTHERS.

Where people are accepted for what they are and challenged to become something better. Where moms and dads can get in shape. Where kids can make new friends, and gain new skills. Where you can nurture your spirit, mind and body in ways you never imagined.

Drop in anytime for a tour to see how you can make meaningful, lifelong changes in yourself, your family and your community.

12 GREAT REASONS TO TAKE ADVANTAGE OF YOUR FREE MEMBERSHIP:

- **FREE** membership for full time employees courtesy of the City of Portage
- Discounted membership available to part time employees
- Free group exercise classes
- Free Smart Start Orientation
- Indoor walking track & full gymnasium
- Racquetball courts
- Cardio equipment, free weights, and selectorized strength machines
- Reduced rates on most programming and activities.
- Fun Zone Child Watch while you workout
- Hyrdo massage tables & infrared sauna
- Access to YMCAs Nationwide

MEMBERSHIP FEES

CITY OF PORTAGE FULL TIME EMPLOYEE RATES

JOINER FEE

All Membership Types **\$0**

MONTHLY FEE

FT Employee	\$0.00
Couple	\$21.00
Family 1 (Employee + children)	\$10.00
Family 2 (Employee, 1 adult, children)	\$25.00
Family 3 (Employee, 2 adults, children)	\$35.00

*According to the U.S. Census Bureau, the definition of a household is one or more persons living in a shared residence that is not a dormitory, prison military base or other group quarters.

PART TIME EMPLOYEES

City of Portage part time employees are eligible for a 10% corporate discount on regular membership rates.

PAYMENT OPTIONS

Monthly membership fees are on a bank draft basis through a checking account, Visa, MasterCard, Discover, or American Express.

Pre-payments for 3 months, 6 months or one year are also accepted. A pre-payment of one year is rewarded with the 13th month being free.

REGULATIONS

The qualifying employee must be an active member on the household membership in order for the +1 or household to qualify for the discounted fees.



People visited the Y
32,173
 times to get **HEALTHY & CONNECTED** in 2022

The Y serves
6,000+
 MEMBERS
 a total of

109 HOURS
 each week

The Y has been
 SERVING THE
 PORTAGE COMMUNITY
 FOR **45 YEARS**

EXERCISE CLASSES
 provide 2,340
 opportunities
 for people to
**CONNECT, GET FIT
 & HAVE FUN**

45

168 children
 prepared for
SCHOOL SUCCESS






174 GIRLS & BOYS
 In 2022 had the
#BESTSUMMEREVE
 R at YMCA Summer
 Day Camps!

289 kids
 learned to **PLAY SPORTS,**
MET NEW FRIENDS &
DISCOVERED
NEW
TALENTS in
 2022

219 students
 received **ACADEMIC**
SUPPORT &
ENRICHMENT
 In 2022.

124 VOLUNTEERS
 served 3,100 hours in 2022.

MORE THAN \$430,000
 was given in Financial Assistance
 Scholarship in 2022 to families of
 all shapes and sizes.

WHY THE Y?

It's not a secret that healthy employees are typically happier, more energetic & in return, more productive for their employer. The City of Portage finds great value in investing in their employees for the long haul and they want YOU to be healthy & happy for a long time.

Partnering with the Y allows the City of Portage to offer YMCA memberships to its staff while giving back to and supporting it's people & community.



the **Y**
 YMCA

PORTAGE TOWNSHIP MCA
 3100 Willowcreek Rd.
 Portage, IN 46368
219-762-9622

www.ymcaofportage.org



Introducing your Member Portal and App

Browse benefits.
Request services.
Enjoy 24/7/365 access.

ALLONE
HEALTH

Life comes with challenges.
Your Assistance Program
is here to help.

Providing anytime access to the following:

- **Video, chat, and telephonic access** to request mental health sessions and life management referrals.
- **Helpful resources**, including articles, videos, provider locators, assessments, calculators, and tools.
- **Events calendar** to sign up for free webinars and online training sessions.
- **Exclusive discounts** on entertainment, gifts, travel, and consumer goods.

Call: 855-374-1674
Visit: www.ers-eap.com
Code: moemap

ALLONE
HEALTH

**Everybody could
use a little help
sometimes.**

By connecting you to the right information, resources, and referrals, your Assistance Program can help you overcome challenges and improve your total well-being.

The following services are free, confidential, and accessible 24/7/365 by phone, online member portal, or mobile app.

Call: 855-374-1674
Visit: www.ers-eap.com
Code: moemap



Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.

Wellness

Build holistic well-being with health coaching, wellness courses, fitness videos, mindfulness exercises, and a variety of fun, engaging tools, challenges, and activities.

Reach out to your assistance program today.

We are here to help improve mental health, build financial wellness and help people in all areas of life.



PERF HYBRID AT A GLANCE

PUBLIC EMPLOYEES' RETIREMENT FUND
HYBRID PLAN

Defined Benefit

Defined Contribution (DC) Account

Vesting

10 years of PERF and/or TRF-covered service
8 years for specified elected positions

Immediate

Contributions

- The employer pays 100%.
- The INPRS Board of Trustees determines the employer contribution rate annually.
- No member contributions.

Mandatory 3% of gross wages paid by:

- Employer, or
- Employee, or
- Shared by both employee and employer.

Voluntary Contributions¹

The employee can elect to make additional post-tax contributions.

Investment Options

Members do not direct the investment of the Defined Benefit.

Member can choose from 8 funds:

- ❖ Stable Value Fund
- ❖ Money Market Fund
- ❖ Fixed Income Fund
- ❖ Inflation-Linked Fixed Income Fund
- ❖ Large Cap Equity Index Fund
- ❖ Small/Mid Cap Equity Fund
- ❖ International Equity Fund
- ❖ Target Date Funds

Eligibility for Retirement Benefit

- Age 65 with 10 years of service.
- Age 60 with 15 years of service.
- At age 55 if age and creditable service total at least 85 ("Rule of 85").
- Early retirement with reduced benefits between ages 50-59 with 15 years of service.
- Age 65 with 20 years of service.²
- Special provisions for certain elected officials.

Automatic eligibility to withdraw DC balance once member separates from service.³

Members separated from service may retire with the PERF Hybrid Plan and continue to work in a non-INPRS covered position if they meet age and service requirements.

Eligibility for Disability Benefit

- Qualified for Social Security disability benefits and provided proof of qualification.
- Received a salary from a PERF-covered position within 30 days of the termination date.
- Minimum of 5 years of service.

Automatic eligibility to withdraw DC balance if receiving a disability benefit.

Account Statements

Members receive PERF Annual Member Statements (AMS) by mail. The AMS includes an estimated annual defined benefit amount, years of service, and DC account investment information. Members can choose to have the AMS sent via email every year. Copies are also available from the member's online account at myINPRSretirement.org.

Quarterly member statements are provided online and/or mailed by INPRS.

¹Go to the PERF Hybrid Member Handbook for more on voluntary contributions.

²Actively employed members who have completed at least 20 years of service may apply for retirement benefits at age 65, remain actively employed, and receive monthly benefits.

³Certain restrictions may apply if the member is vested in a pension benefit.



PERF HYBRID AT A GLANCE

7/1/2024

Defined Benefit

Defined Contribution (DC) Account

Withdrawals

None – members are not eligible for the Defined Benefit until they reach age and service requirements and separate from employment.

Members who are NOT separated from service may take a DC withdrawal if:

- the member is at least age 59½ AND age & service eligible for full retirement benefits; or the member is working in non PERF Hybrid position, is at least age 59½, AND age & service eligible for full retirement benefits.

Members who are disabled or separated from service:

- may leave the DC account invested in INPRS or receive a distribution, or
- may roll over the DC account to a qualified plan or other eligible retirement accounts.

Income and Options at Retirement

The monthly lifetime benefit amount is determined by:

1. Age
2. Years of service
3. Average annual compensation (Final Average Salary) based on 20 quarters
4. Multiplier of 1.1 percent (.011)
 - ❖ Benefit amount is taxable as ordinary income
 - ❖ Survivor options are available

The monthly benefit amount is affected by the payment option election made at retirement.

- Any Cost of Living Adjustment (COLA) must first be approved by the Indiana General Assembly.

Member chooses the form of payment.

- May choose monthly payment for the lifetime benefit
- May defer payment until RMD (required minimum distribution) age
- May choose direct payment or rollover distribution
- The amount of distribution is determined by account balance, taxes withheld, and distribution option chosen.

Beneficiaries

Monthly payment

- Following the death of a retired member under applicable payment options.
- Following the death of an active member based on eligibility.

Balance payment

- Receives the total accumulated amount after the death of an active member or retired member who elected to defer payment.
- Receives remainder of the accumulated amount per retirement payment options chosen by the member.

FOR YOUR BENEFIT

This handout is an overview of the PERF Hybrid plan provisions. Complete details are available in the PERF Hybrid plan member handbook. You may read it or print your copy from the INPRS website. You may also request a copy in writing or by calling our toll-free number, (844) GO-INPRS or 844-464-6777.

Keep your name, address, and beneficiary choices current. Visit your online account at myINPRSretirement.org to make changes. Without a current address, INPRS can't reach you when you may be retirement eligible. INPRS can pay 6 months of retroactive pension benefits only. INPRS can pay death benefits to designated beneficiaries on file. Don't let death benefits go to the wrong person.

Every attempt has been made to verify that the information in this publication is correct and up-to-date. Published content does not constitute legal advice. If a conflict arises between the information contained in this publication and the law, the applicable law shall apply.

Pay Schedule

2026 Pay Periods	2026 Paydates	Payroll #	Crossing Guards	KELLY START	KELLY END
12/7/2025-12/20/2025	12/26/2025	26			
12/21/2025-1/3/2026	1/9/2026	1		12/6/2025	1/1/2026
1/4/2026-1/17/2026	1/23/2026	2	CG Pay #1		
1/18/2026-1/31/2026	2/6/2026	3		1/2/2026	1/28/2026
2/1/2026-2/14/2026	2/20/2026	4	CG Pay #2		
2/15/2026-2/28/2026	3/6/2026	5		1/29/2026	2/24/2026
3/1/2026-3/14/2026	3/20/2026	6	CG Pay #3		
3/15/2026-3/28/2026	4/2/2026	7		2/25/2026	3/23/2026
3/29/2026-4/11/2026	4/17/2026	8	CG Pay #4		
4/12/2026-4/25/2026	5/1/2026	9		3/24/2026	4/19/2026
4/26/2026-5/9/2026	5/15/2026	10	CG Pay #5		
5/10/2026-5/23/2026	*5/29/2026	11		4/20/2026	5/16/2026
CLOTHING ALLOWANCE	5/29/2026				
5/24/2026-6/6/2026	6/12/2026	12			
6/7/2026-6/20/2026	6/26/2026	13		5/17/2026	6/12/2026
6/21/2026-7/4/2026	7/10/2026	14			
7/5/2026-7/18/2026	7/24/2026	15		6/13/2026	7/9/2026
7/19/2026-8/1/2026	8/7/2026	16			
8/2/2026-8/15/2026	8/21/2026	17	CG Pay #6	7/10/2026	8/5/2026
8/16/2026-8/29/2026	9/4/2026	18			
8/30/2026-9/12/2026	9/18/2026	19	CG Pay #7	8/6/2026	9/1/2026
9/13/2026-9/26/2026	10/2/2026	20			
9/27/2026-10/10/2026	10/16/2026	21	CG Pay #8	9/2/2026	9/28/2026
10/11/2026-10/24/2026	*10/30/2026	22			
10/25/2026-11/7/2026	11/13/2026	23		9/29/2026	10/25/2026
11/8/2026-11/21/2026	11/27/2026	24	CG Pay #9		
11/22/2026-12/5/2026	12/11/2026	25		10/26/2026	11/21/2026
CLOTHING ALLOWANCE	12/11/2026				
12/6/2026-12/19/2026	12/24/2026	26	CG Pay #10	11/22/2026	12/18/2026
12/20/2026-1/2/2027	1/8/2027	1			
1/3/2027-1/17/27	1/22/2027	2	CG Pay #1	12/19/2026	1/14/2027

* 3rd Pay of Month



Holiday Schedule

New Year's Day

Martin Luther King Jr. Day

President's Day

Good Friday

Memorial Day

Independence Day

Labor Day

Veterans Day

Thanksgiving Day

Day After Thanksgiving

Christmas Day

Thank you for all you do throughout the year — enjoy your time off

Benefits Directory

Medical Benefits

Midwest Operating Engineers Fringe Benefit Funds

Phone Number

www.local150.org/moe/

Prescription Drug Coverage

CVS Caremark 833-252-6642

Minute Clinic 1-866-389-2727

www.caremark.com

Group Term Life Insurance

Voya

Reliance Standard 866-692-6907

Policy # GLP13971/01

www.voya.com

Dental Insurance

Delta Dental

800-323-1743

www.deltadentalil.com

Vision Insurance

EyeMed

866-393-3401

www.eyemed.com

Voluntary Insurance Benefits

American Fidelity

Assurance Company

Disability Income, Cancer, Accident,

Hospital Indemnity, Critical

Illness and Life Insurance

Mon - Fri, 7 a.m. - 6 p.m. CST

800-662-1113

www.americanfidelity.com

Other Contact Information

City of Portage – Human Resources

6070 Central Ave

Portage, IN 46368

(219) 246-4507

Portagein.gov

City of Portage

Portage City Hall Clerk-Treasurer: 219-762-2016

Portage Parks: 219-762-1675

Portage Street and Sanitation: 219-762-2016

Portage Utilities: 219-762-2016

ALLONE HEALTH EAP

1-855-374-1674

PERF/INPRS

1-844-464-6777

Operators Health Center

219-525-1150

YMCA

219-762-9622

Photos provided by:



This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefit's Office for further guidance.