



## EMPLOYEE BENEFITS OVERVIEW

2025

# City of Foley

## 2025 Benefits at a Glance

The City of Foley offers a comprehensive benefit package with options that can help protect your health, finances and peace of mind. Just as the City of Foley is dedicated to the people in our community, we are also dedicated to providing employees with benefits that fit your diverse needs. Our benefit package includes health, dental, vision, life and disability insurance with many voluntary products you can take advantage of. Take time to understand how these benefits work and the different options available, that way you can be sure that you are electing the right benefit combination for you and your family's needs.

### Are my Dependents Eligible?

As a full-time employee, you can also enroll your spouse to whom you are legally married and eligible children, as described below:

- Children up to age 26 (coverage ends the last day of the child's birth month), including natural children, stepchildren and legally adopted children (a legally adopted child is considered eligible from the date the employee assumes a legal obligation for support in anticipation of adoption).
- Unmarried children of any age who are incapable of self-support and who became mentally or physically handicapped before the limiting age (26) and are dependent on you for more than half of their maintenance and support.

### Dependent Verification

To activate coverage for your dependents, you are required to submit the appropriate eligibility documentation to Human Resources. Please note, we cannot provide coverage for any dependents who are not verified.



# Medical Coverage

The City of Foley provides our employees with a Preferred Provider Plan (PPO) through BlueCross BlueShield of Alabama. This medical plan allows you to receive preventative, routine and emergency care from a network of doctors, hospitals, healthcare facilities and laboratories in the BCBS network. If you access care from an out-of-network provider, you will be responsible for higher deductibles and co-insurance amounts as in-network services have been pre-negotiated.

	PPO PLAN	
<b>Annual Deductible</b>	\$200 Individual / \$600 Family	
<b>Annual Out of Pocket Maximum</b>	\$400 Individual	
	In Network	Out of Network
<b>Coinsurance</b>	Covered at 80%	
<b>Preventive Services</b>	Most Covered at 100%	Generally Not Covered
Routine Well Child Care Exams <i>Nine visits during first 24 months of life and one visit per year thereafter through age six</i>	\$25 Copay then Covered at 100%	Not Covered
Routine Office Visit <i>When eligible for routine pap smear, routine mammogram, or routine PSA/Digital Rectal Exam</i>	\$25 Copay then Covered at 100%	Not Covered
<b>Physician Office Visits &amp; Consultations</b>	\$25 Copay then Covered at 100%	Deductible then Covered at 80%
<b>Urgent Care</b>	\$25 Copay then Covered at 100%	Deductible then Covered at 80%
<b>ER</b>	\$100 Copay then Covered at 100%	
<b>Inpatient Hospital</b>	\$100 Admission Deductible then Covered at 100%	
<b>Inpatient Physician Visits</b>	Covered at 100%	
<b>Rx</b>	\$10 / \$20 / \$35 Copay	
	Monthly Rates	
	<b>Employee Only</b>	FREE
	<b>Family</b>	\$134.94

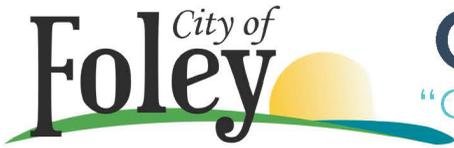
\*Certain restrictions may apply.

## PHARMACY

Pharmacy coverage is administered directly by CVS Caremark. There is a separate ID card for pharmacy coverage. Make sure to show this ID card to your pharmacy. Prescription drug benefits are outlined below:

<b>TIER 1</b>	<b>\$10 copay</b>
<b>TIER 2</b>	<b>\$20 copay</b>
<b>TIER 3</b>	<b>\$35 copay</b>
<b>TIER 4</b>	Call 1-800-237-2767 for CVS Specialty Pharmacy to obtain coverage information





# CITY OF FOLEY CLINICS

“Creating a Culture of Wellness at the Workplace”

City of Foley cares about employee health and wellness. That’s why we have partnered with Symbol Health Solutions to give our health insurance plan members:

- ✓ Zero Copays for Clinic Visits
- ✓ Zero Deductibles to Meet
- ✓ Zero Cost for Medications
- ✓ Zero Cost for Vaccines
- ✓ Zero Cost for Labs
- ✓ No Need to Clock Out  
(but do get permission from your supervisor)

## WITH 4 CONVENIENT LOCATIONS & APPOINTMENT OPTIONS:

**FOLEY**  
211 E. Rose Avenue  
Foley, AL 36535

**Mon thru Fri** 7:00 a.m. - 4:00 p.m.  
(closed 11:00 a.m. - 12:00 p.m. daily)

**ROBERTSDALE**  
22259-A Palmer St.  
Robertsdale, AL 36567

**Mon/Wed/Fri** 7:00 a.m. - 4:00 p.m.  
**Tue/Thur** 8:00 a.m. - 5:00 p.m.  
(closed 12:00 p.m. - 1:00 p.m. daily)

**BAY MINETTE**  
324 Courthouse Sq.  
Bay Minette, AL 36507

**Mon/Wed/Fri** 7:00 a.m. - 4:00 p.m.  
**Tue/Thur** 8:30 a.m. - 5:30 p.m.  
(closed 12:30 p.m. - 1:30 p.m. daily)

**GULF SHORES**  
204 West 19th Ave.  
Gulf Shores, AL 36542

**Mon/Wed/Fri** 7:00 a.m. - 11:00 a.m.  
**Tue/Thur** 1:00 p.m. - 5:00 p.m.

### Key Clinic Services

- Acute Primary Care
- Chronic Disease Management
- Urgent Care
- COVID-19 Vaccine, Testing & Treatment
- Onsite Laboratory Testing
- Onsite Prescription Medications
- Vaccinations
- Women's Health
- Pediatric Services (Ages 2+ on plan)
- Physicals (Work/Sports/School)
- Diabetic Strips, Monitors, and More
- Tobacco Cessation Aids & Coaching
- Biometric Screenings
- Return-to-Work Physical Exams
- Preventative Medications
- Private Health Coaching
- Diet & Exercise Planning

Visit [symbolhealth.com/medical-services](https://symbolhealth.com/medical-services) for a comprehensive service list.

### Here's How It Works

- Call 844-7-SYMBOL to become a new patient with access to records and more in a secure Patient Portal.
- Access to Symbol clinics is unrestricted: on/off the clock. Symbol treats patients ages 2 and older.
- Call, email, walk into the clinic, or use the Patient Portal to request an appointment.
- Your protected health information is **never** shared with your employer or anyone else without your written consent. Symbol complies with all HIPAA rules and regulations.
- Symbol cannot treat work-related injuries. Contact your supervisor immediately for instructions for urgent care of at-work injuries.

Call **844-7-SYMBOL** to learn more! 

# Employee Assistance Program

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away. EAP benefits are available to all employees and their families at NO COST to you. Help is just a phone call away. The EAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with a consultant.

Your EAP provides a wide range of work-life balance services to help you survive a variety of challenges.

<p><b>Confidential Counseling</b> Unlimited face-to-face, video or telephonic counseling sessions for relationship and family issues, stress, anxiety, and other common challenges.</p>	<p><b>24-hour Crisis Help</b> Toll-free access for you or a family member experiencing a crisis.</p>	<p><b>Peer Support Groups</b> Online support groups for addiction, depression, bipolar, anxiety, parenting, LGBTQ+, and frontline workers.</p>
<p><b>Childcare Services</b> Childcare professionals provide information and support on parenting, school issues, adoption, college planning, teenager challenges, summer camps, daycare, and other important issues for parents.</p>	<p><b>Legal Services</b> Access a free, half-hour consultation, by phone or in person, for any non-work related issue, followed with a 25% discount in legal fees.</p>	<p><b>College Planning Program</b> Access a free 15-minute consultation with a college planning specialist to assist with SAT/ACT prep, scholarships, grants, financial aid and other college related issues followed by a 30% discount in program fees.</p>
<p><b>Adult and Eldercare Services</b> Specialists assist in finding quality information and services including transportation, meals, exercise, activities, prescription drug information, in-home care, daytime care, and housing.</p>	<p><b>Financial Help</b> 30 consecutive days of free phone consultations for debt counseling, budgeting, college/retirement planning, and taxes, including 25% off certified public accountant services for tax preparation.</p>	<p><b>Identity Theft Services</b> Access support in planning the recovery process or restoring your identity and credit after an incident.</p>
<p><b>Online Legal Forms</b> Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.</p>	<p><b>Mediation Services</b> Request free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes, or real estate.</p>	<p><b>UpriseHealth</b> 1-800-925-5EAP <a href="http://www.uprisehealth.com">www.uprisehealth.com</a></p>

## Dental Coverage

Both Dental coverage options are offered through BlueCross BlueShield of Alabama. These dental plans help you with the cost of preventative, basic, and major dental services for yourself and your eligible dependents. These plans give you the freedom to select any dentist, but you will pay less out-of-pocket when you choose a provider in the carrier network.

CARRIER	MONTHLY COST	BENEFIT HIGHLIGHTS		
<b>BCBS of AL OPTION 1</b>	<b>Paid by Employer &amp; Employee</b>	<ul style="list-style-type: none"> <li>• Calendar Year Deductible: \$25 (three per family)</li> <li>• Calendar Year Maximum Benefits: \$1,000 per member</li> <li>• Dental exams, up to twice per calendar year</li> <li>• Basic (Diagnostic and Preventative Services); 100%</li> <li>• Restorative (Fillings and Root Canals); 100%</li> <li>• Periodontics: 80%</li> <li>• Prosthetics (Inlays/Onlays/Crowns, Dentures, Fixed Partial Dentures): 50%</li> <li>• Ortho: \$500 per member lifetime maximum. Covered at 50%, subject to a per member lifetime deductible of \$25</li> </ul>		
<b>Monthly Rates</b>	<b>Single</b>	\$0.00	<b>Family</b>	\$20.00

CARRIER	MONTHLY COST	BENEFIT HIGHLIGHTS		
<b>BCBS of AL OPTION 2</b>	<b>Paid by Employer &amp; Employee</b>	<ul style="list-style-type: none"> <li>• Calendar Year Deductible: \$25 (three per family)</li> <li>• Calendar Year Maximum Benefits: <b>\$1,500 per member</b></li> <li>• Dental exams, up to twice per calendar year</li> <li>• Basic (Diagnostic and Preventative Services); 100%</li> <li>• Restorative (Fillings and Root Canals); 100%</li> <li>• Periodontics: 80%</li> <li>• Prosthetics (Inlays/Onlays/Crowns, Dentures, Fixed Partial Dentures): 50%</li> <li>• Ortho: <b>\$1,000 per member</b> lifetime maximum. Covered at 50%, subject to a per member lifetime deductible of \$25</li> </ul>		
<b>Monthly Rates</b>	<b>Single</b>	\$30.23	<b>Family</b>	\$82.46

## Vision Coverage

Vision coverage is offered through your BCBS Medical Plan. Your routine vision exams, eyeglasses or contact lenses are available through BCBS's national network of vision care providers. In addition to the benefits outlined below, you may have access to other discounts and vision options.

CARRIER	MONTHLY COST	BENEFIT HIGHLIGHTS		
<b>BCBS of AL</b>	<b>Paid by Employer &amp; Employee</b>	<ul style="list-style-type: none"> <li>• Includes vision exam, refraction, corrective prescription lenses, frame for corrective prescription lenses, corrective prescription contact lenses.</li> <li>• Limited to \$200.00 per member each calendar year for members age 19 and older</li> <li>• Pediatric vision services for members under the age of 19 are not subject to the \$200 maximum</li> <li>• Plan pays 100% of the allowed amount, no deductible or copays</li> </ul>		
<b>Monthly Rates</b>	<b>Single</b>	Included in Medical Premium	<b>Family</b>	Included in Medical Premium

# Life Coverage

Group Term Life Insurance benefits provide income to your beneficiary(ies) to help meet expenses in the event of your death. Accidental Death and Dismemberment (AD&D) insurance can provide income for you in the event of an accidental loss of limb or sight or for your family in the event of accidental death. Supplemental Life coverage is also available for your spouse and dependents.

CARRIER	MONTHLY COST	BENEFIT HIGHLIGHTS
Basic Life and AD&D Prudential	Paid by Employer	<ul style="list-style-type: none"> <li>\$10,000 Employee Death Benefit</li> <li>\$5,000 Spouse/Domestic Partner Death Benefit</li> <li>\$2,000 Child Death Benefit</li> <li>\$10,000 AD&amp;D Employee Benefit</li> </ul>
Supplemental Life and AD&D Prudential	Paid by Employee	<p><b>Employee</b></p> <ul style="list-style-type: none"> <li>\$10,000 to a max of (lesser of 1 and 2)</li> <li>700% of annual earnings</li> <li>\$500,000</li> <li>Purchased in increments of \$10,000</li> <li>Optional AD&amp;D equal to the amount of employee's coverage</li> </ul> <p><b>Spouse / Domestic Partner</b></p> <ul style="list-style-type: none"> <li>Min. \$5,000 to a max of \$250,000</li> <li>Purchased in increments of \$5,000</li> </ul>

## OPTIONAL LIFE RATES:

(Employee and Spouse rate per 1,000 of coverage)

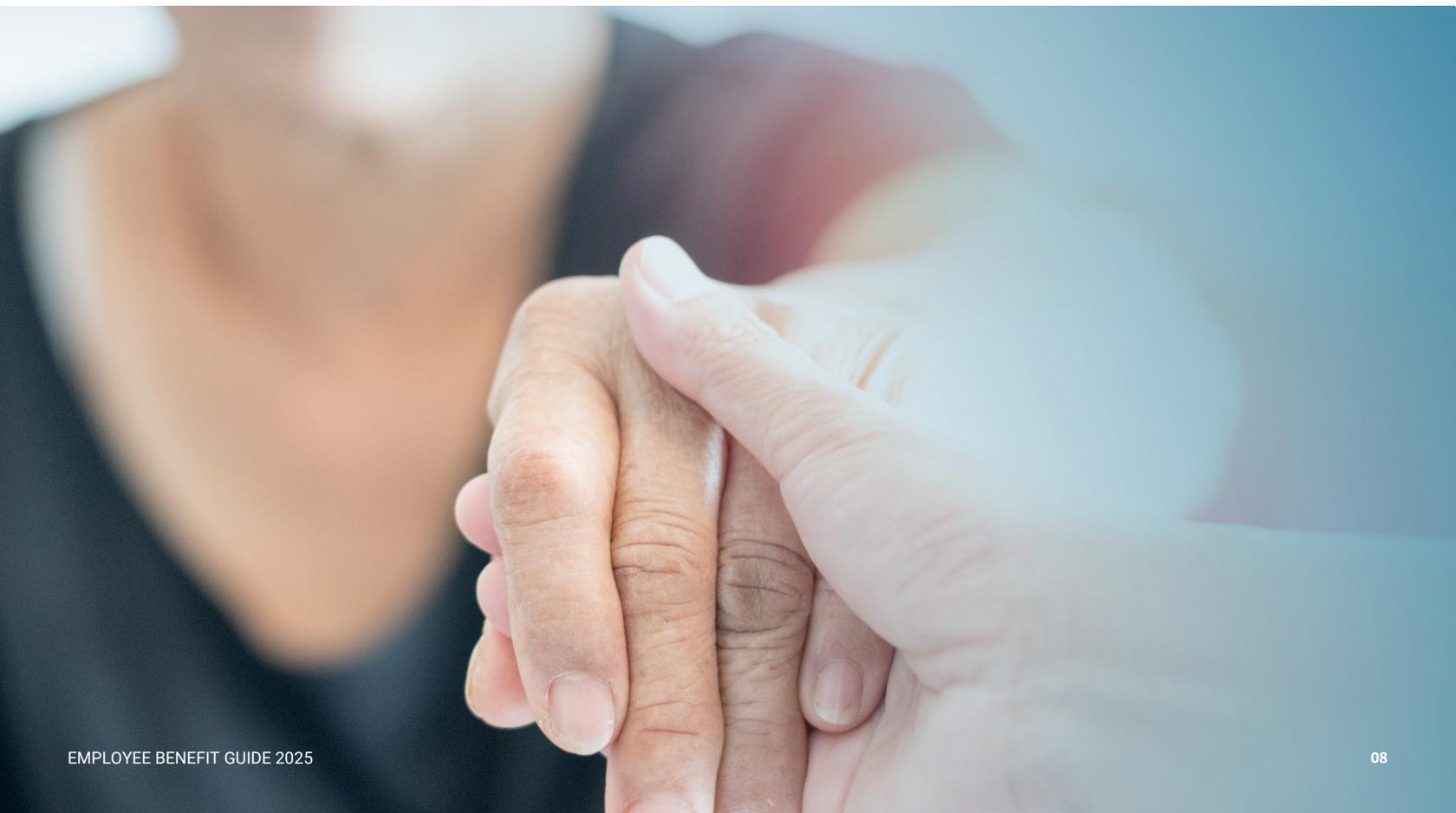
0 - 19:	\$0.090
20 - 24:	\$0.090
25 - 29:	\$0.090
30 - 34:	\$0.100
35 - 39:	\$0.140
40 - 44:	\$0.220
45 - 49:	\$0.370
50 - 54:	\$0.570
55 - 59:	\$0.960
60 - 64:	\$1.090
65 - 69:	\$2.030
70 - 74:	\$3.330
75 +	\$5.400
Child	\$0.016 per \$1,000

Employee	\$0.040
Spouse	\$0.040
Child	\$0.040

# Disability Coverage

Disability insurance is designed to replace a portion of your income if you become disabled. The City of Foley provides Short-Term and Long-Term Disability for all eligible employees through Prudential at no cost to you.

CARRIER	MONTHLY COST	BENEFIT HIGHLIGHTS
Short-Term Disability Prudential	Paid by Employer	<ul style="list-style-type: none"> <li>Weekly Benefit: 66 2/3% of your weekly earnings up to \$1,900.00 Your benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.</li> <li>Maximum Weekly Benefit: \$1,900.00</li> <li>Maximum Benefit Duration: 22 weeks</li> <li>Elimination Period: 29 days for accident and/or sickness</li> </ul>
Long-Term Disability Prudential	Paid by Employer	<ul style="list-style-type: none"> <li>Monthly Benefit: 66 2/3% of your monthly earnings up to \$8,000.00 Your benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.</li> <li>Maximum Monthly Benefit: \$8,000.00</li> <li>Elimination Period: 180 days</li> </ul> <p>You have a pre-existing condition if both 1 and 2 are true:</p> <ol style="list-style-type: none"> <li>You received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendation in the 3 months just prior to your effective date of coverage or the date an increase in benefits would otherwise be available.</li> <li>Your disability begins within 12 months of the date your coverage under the plan becomes effective.</li> </ol>



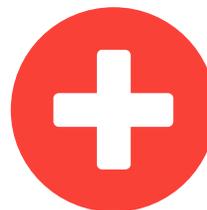


# CHECK THE MAIL!

Following open enrollment or date of eligibility, make sure you are checking your home mailbox regularly. Insurance carriers will be sending you ID cards as well as your complete summary of benefits and other important documentation. If you have any questions or have not received your ID cards, please reach out to your HR Team.

Questions About  
Your Benefits?

*HR Contact*  
**Kate Embry Ray**  
kray@cityoffoley.org



## Tips for Filing an Insurance Claim

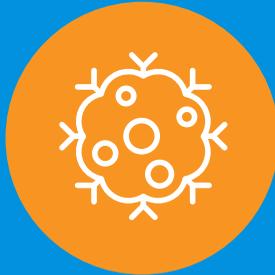
- 1 Review this guide for carrier contact information.**  
Your group/policy number will also be listed here.
- 2** Have the following information ready for you and/or the dependent or spouse associated with the claim
  - **Name**
  - **Address**
  - **Date of Birth**
  - **Social Security Number**
  - **Treating Physician's Name, address and phone / fax number**
- 3 Additional paperwork will likely be required.**  
Please contact your **HR Representative listed above** if you have any questions.



Additional Voluntary Products are offered through Aflac.



**Disability**



**Cancer**



**Critical Illness**



**Term Life &  
Whole Life**



**Accident**



**Hospital  
Indemnity**



**Dental**



**Vision**

# SUMMARY OF NOTICES

Full versions of the below notices along with Summary Plan Descriptions (SPD) and Summary of Benefits and Coverage (SBC) can be found by logging into the Incode ESS platform. If you are unable to access these for any reason, contact Benefits for a printed copy.

## **HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES**

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

## **HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS**

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

## **COBRA – FIRST NOTICE OF COBRA RIGHTS**

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

## **CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)**

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)**

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

## **PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

## **HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE**

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

## **MEDICAL PRE-TAX PREMIUMS PLAN**

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

# IMPORTANT CONTACT INFORMATION

<b>MEDICAL</b>	BCBS of AL	77667	1-800-292-8868	<a href="http://www.AlabamaBlue.com">www.AlabamaBlue.com</a>
<b>RX</b>	CVS Caremark		1-866-818-6911	<a href="http://www.caremark.com">www.caremark.com</a>
<b>HEALTH CLINIC</b>	Symbol Health Clinic		844-779-6265	<a href="http://www.symbolhealth.com">www.symbolhealth.com</a>
<b>DENTAL</b>	BCBS of AL	77667	1-800-292-8868	<a href="http://www.AlabamaBlue.com">www.AlabamaBlue.com</a>
<b>VISION</b>	BCBS of AL	77667	1-800-292-8868	<a href="http://www.AlabamaBlue.com">www.AlabamaBlue.com</a>
<b>FSA</b>	American Benefit Administrators		1-866-742-8900	<a href="http://www.americanbenefitadministrators.com">www.americanbenefitadministrators.com</a>
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	UpriseHealth		1-800-925-5EAP	<a href="http://www.upriseheath.com">www.upriseheath.com</a>
<b>LIFE AND AD&amp;D</b>	Prudential	52494	1-800-524-0542	<a href="http://www.prudential.com">www.prudential.com</a>
<b>DISABILITY</b>	Prudential	52494	1-800-524-0542	<a href="http://www.prudential.com">www.prudential.com</a>
<b>VOLUNTARY PRODUCTS</b>	Aflac		1-800-992-3522	<a href="http://ww.aflac.com">ww.aflac.com</a>
<b>RETIREMENT</b>	RSA		1-877-517-0020	<a href="http://www.rsa-al.gov">www.rsa-al.gov</a>

**HR CONTACT: KATE EMBRY RAY (KRAY@CITYOFFOLEY.ORG)**



*The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefits information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources. Actual plan documents, certificates of coverage, benefits summaries and compliance materials related to the previously mentioned welfare benefits can be obtained by contacting Human Resources.*