



2025 Benefit Guide

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Mission Statement

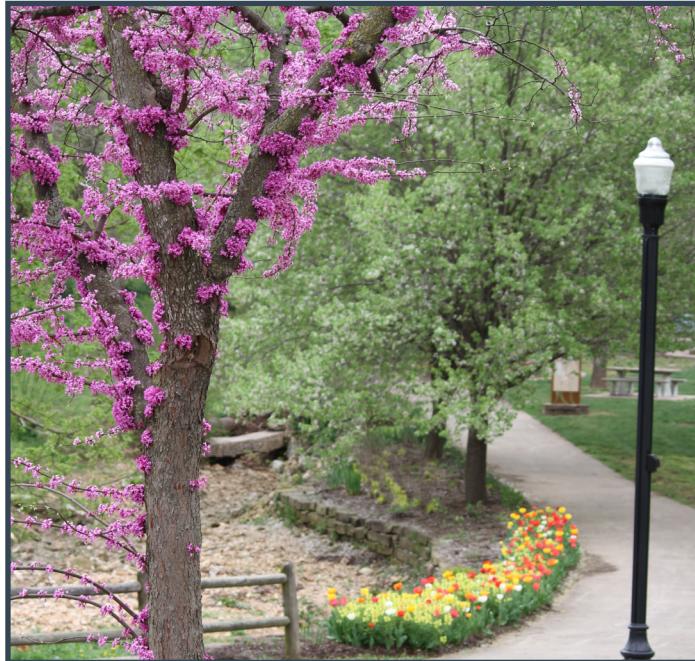
The mission of Bentonville City Government is to preserve, promote and sustain an excellent quality of life within our city. In partnership with the community, we pledge to deliver municipal services in a professional, personal, responsive manner.

Values

- » Citizens as customers, deserving the highest quality of services delivered by a local government.
- » An open, accessible government, where citizen involvement, individually and collectively, is vital.
- » People as our most important resource.
- » Public Safety for all citizens.
- » A community that strives for beauty and cleanliness.
- » Fairness, integrity and trust as essential qualities of ethical governance.
- » Responsibility and accountability.
- » Taking pride and achieving the highest quality in all we do.
- » Encouragement of progressive thinking through employee involvement and teamwork.
- » Positive liaisons with local government organizations.
- » Achievement of a positive solution to every problem.

Human Resource Values

- » Promote honesty, integrity, and trust in all we do.
- » Celebrate diversity of thoughts, experiences and backgrounds.
- » Encourage open communication and strive for transparency and inclusiveness.
- » Focus on our customers, anticipating their needs and exceeding expectations.
- » Embrace change and innovation to support continuous improvement.
- » Champion employee development to maximize potential and support career growth and advancement.
- » Lead by example and advocate equitable treatment in our policies and practices.



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefit Overview

City of Bentonville is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (Medical, Dental, Vision), and City of Bentonville provides other benefits at no cost to you (Group Life, AD&D, Long-Term Disability). In addition, there are voluntary benefits with reasonable group rates that you can purchase through City of Bentonville payroll deductions.

Benefit Plans Offered

- » Medical
- » Health Savings Account (HSA)
- » Limited Purpose FSA
- » Dependent Daycare Accou
- » Dental
- » Vision
- » Group Life and Accidental Death & Dismemberment (AD&D)
- » Voluntary Life Accidental Death & Dismemberment (AD&D)
- » Long-Term Disability
- » Short-Term Disability
- » Accident
- » Critical Illness
- » Hospital Indemnity
- » Pet Insurance
- » Employee Assistance Program (EAP)
- » 457(b) Plan

Eligibility

You and your dependents are eligible for City of Bentonville benefits on the first of the month following 30 days of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or City of Bentonville eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources within 30 days.



Making Changes to your Benefits

Current employees are able to change their benefits during the City's annual Open Enrollment or if they experience a qualifying event as defined by the IRS.

Annual Benefits Enrollment

The City has an annual enrollment period in the fall. This is the time in which all employees may review and make changes to their benefits. You may add, change or terminate coverage under any particular plan at that time. The changes will go into effect during the next plan year, which runs 1/1 through 12/31.

Qualifying Events

The IRS imposes regulations on group plans that govern the circumstances under which coverage to your benefit elections can be made. These events are referred to as a "Qualifying Event."

Each of the status changes listed below can be a qualifying event that will allow or require you to make changes to your benefits. Please remember, it is important for you to immediately notify your HR Department if you have a change in family status such as:

- » You become married or divorced.
- » You have a new child either by birth or adoption.
- » Your spouse experiences a job change (gain or loss of employment or increase or reduction in hours).
- » You have a dependent no longer eligible for benefits due to age or other eligibility status.
- » You or your dependent experiences a loss of coverage under a Medicaid plan under Title XIX of the Social Security Act.
- » Your dependent experiences a loss of coverage under State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act (ARKids First).
- » You or your dependent becomes eligible for group health plan premium assistance under Medicaid or SCHIP (ARKids First).

When you give notice of a qualifying event to your Benefits Administrator, your situation is evaluated to determine what changes, if any, can or should be made.

Enrollment changes are possible only within a limited time frame after the event. Failure to provide timely notification of status changes can leave you or your family members ineligible for our group benefits and may create unnecessary financial hardships on you. Therefore, please report these qualifying events as soon as you have knowledge of them and Human Resources will assist you.

All changes to benefits are effective the first of the month following the date of the event, unless the date falls on the first of the month. In that case benefits are effective that day. Newborns' benefits are effective on the date of birth.



Medical Benefits

Administered by BlueCross BlueShield | arkansasbluecross.com | 800.238.8379

Cost shared with City of Bentonville

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through City of Bentonville.

City of Bentonville offers you a HDHP w/HSA plan.

| 2025 BCBS of AR \$3500 HSA | |
|----------------------------------------------------------------|------------------------------------|
| In-Network | |
| Medical Calendar Year Deductible | \$3,500 per person; \$7,000 family |
| Coinsurance (amount you pay after annual deductible is met) | 0% In-Network |
| Medical Calendar Year Out-Of-Pocket Maximum | \$3,500 individual; \$7,000 family |
| PHYSICIAN VISITS | |
| Primary Care | 0% coinsurance after deductible |
| Specialist | 0% coinsurance after deductible |
| Urgent Care | 0% coinsurance after deductible |
| Emergency Room | 0% coinsurance after deductible |
| Preventive Care | No charge |

| Service Type** | Your Cost In-Network Coinsurance | Your Cost Out-of-Network Coinsurance |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| PROFESSIONAL SERVICES | | |
| Primary Care Physician Visit | 0% | 20% |
| Specialty Physician Visit (Coinsurance may apply to additional services) | 0% | 20% |
| Adult Wellness (deductible does not apply in network) | 0% | 20% |
| Children's Preventive Health Services (deductible does not apply in-network) immunizations covered 100% | 0% | 20% |
| Professional Fees for Inpatient Surgical and Medical Services | 0% | 20% |
| Professional Fees for Outpatient Surgical and Medical Services | 0% | 20% |
| HOSPITAL AND OTHER MEDICAL FACILITY SERVICES | | |
| Hospital Visit (Inpatient) | 0% | 20% |
| Hospital (Outpatient) Includes Surgery, Diagnostics and Therapeutic Care | 0% | 20% |
| Emergency Room Visit | 0% | 0% |
| Maternity And Obstetrics | 0% | 20% |
| OTHER SERVICES | | |
| Durable Medical Equipment | 0% | 20% |
| Diabetic Supplies | 0% | 20% |

| Service Type** | Your Cost In-Network Coinsurance | Your Cost Out-of-Network Coinsurance |
|-------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| Mental Health** | 0% | 20% |
| Therapeutic Services Physical and Occupational** Chiropractic | 0% | 20% |
| Speech** | 0% | 20% |
| Ambulance Services Ground: Up to \$1,000 Per Trip Air: Up to \$5,000 Per Trip | 0% | 0% |
| Retail Pharmacy Standard with Step w/Prev Rx Subject to Deductible | 0% | Non-covered |

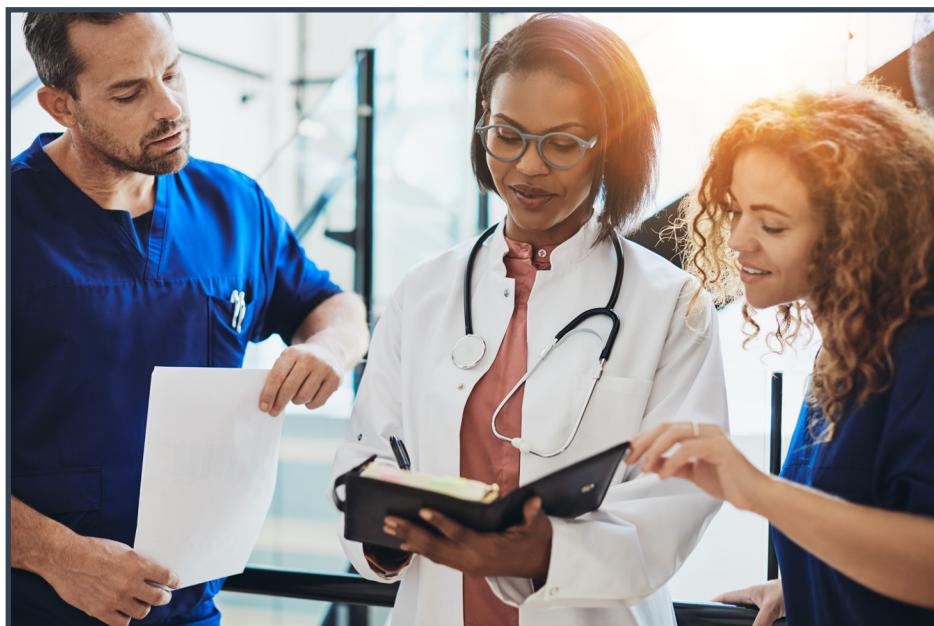
**Additional fees may apply. Please check your Benefit Certificate.

***Prior approval required for durable medical equipment that exceeds \$5,000.

Embedded Deductible: All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

| Prescriptions | |
|-----------------------------|------------------------------------------------------------------------------------------------------|
| Retail (30-day supply) | All tiers: 0% coinsurance after deductible |
| Mail Order (100-day supply) | Covered; After deductible covers up to a 30-day supply (retail subscription); Mail order is covered. |

| Bi-Weekly Cost | | |
|-----------------------|----------|---------------------|
| | Employee | City of Bentonville |
| Employee | \$23.87 | \$193.11 |
| Employee + Spouse | \$54.18 | \$438.37 |
| Employee + Child(ren) | \$42.49 | \$343.74 |
| Family | \$69.42 | \$561.64 |



Medical Benefits

Administered by BlueCross BlueShield | arkansasbluecross.com | 800.238.8379

| Cost shared with City of Bentonville | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|
| 2025 BCBS of AR \$1650 HSA | | |
| In-Network | | |
| Medical Calendar Year Deductible | \$1,650 per person; \$3,300 family | |
| Coinsurance (amount you pay after annual deductible is met) | 0% In-Network | |
| Medical Calendar Year Out-Of-Pocket Maximum | \$1,650 individual; \$3,300 family | |
| PHYSICIAN VISITS | | |
| Primary Care | 0% coinsurance after deductible | |
| Specialist | 0% coinsurance after deductible | |
| Urgent Care | 0% coinsurance after deductible | |
| Emergency Room | 0% coinsurance after deductible | |
| Preventive Care | No charge | |
| Service Type** | | Your Cost In-Network Coinsurance |
| PROFESSIONAL SERVICES | | |
| Primary Care Physician Visit | 0% | |
| Specialty Physician Visit (Coinsurance may apply to additional services) | 0% | |
| Adult Wellness (deductible does not apply in network) | 0% | |
| Children's Preventive Health Services (deductible does not apply in-network) immunizations covered 100% | 0% | |
| Professional Fees for Inpatient Surgical and Medical Services | 0% | |
| Professional Fees for Outpatient Surgical and Medical Services | 0% | |
| HOSPITAL AND OTHER MEDICAL FACILITY SERVICES | | |
| Hospital Visit (Inpatient) | 0% | |
| Hospital (Outpatient) Includes Surgery, Diagnostics and Therapeutic Care | 0% | |
| Emergency Room Visit | 0% | |
| Maternity And Obstetrics | 0% | |
| OTHER SERVICES | | |
| Durable Medical Equipment | 0% | |
| Diabetic Supplies | 0% | |
| Service Type** | | Your Cost In-Network Coinsurance |
| Your Cost Out-of-Network Coinsurance | | |
| Mental Health** | 0% | |
| Therapeutic Services Physical and Occupational** Chiropractic | 0% | |
| Speech** | 0% | |
| Ambulance Services Ground: Up to \$1,000 Per Trip Air: Up to \$5,000 Per Trip | 0% | |
| Retail Pharmacy Standard with Step w/Prev Rx Subject to Deductible | 0% | |
| | Non-covered | |

| Prescriptions | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Retail (30-day supply) | All tiers: 0% coinsurance after deductible | |
| Mail Order (100-day supply) | Covered; After deductible covers up to a 30-day supply (retail subscription); Mail order is covered. | |
| Bi-Weekly Cost | | |
| | Employee | City of Bentonville |
| Employee | \$64.33 | \$192.99 |
| Employee + Spouse | \$146.03 | \$438.08 |
| Employee + Child(ren) | \$114.51 | \$343.51 |
| Family | \$187.09 | \$561.27 |
| Cost shared with City of Bentonville | | |
| 2025 BCBS of AR \$4,000 HDHP | | |
| In-Network | | |
| Medical Calendar Year Deductible | \$4,000 per person; \$8,000 family | |
| Coinurance (amount you pay after annual deductible is met) | 20% In-Network | |
| Medical Calendar Year Out-Of-Pocket Maximum | \$6,650 individual; \$13,300 family | |
| PHYSICIAN VISITS | | |
| Primary Care | 20% coinsurance after deductible | |
| Specialist | 20% coinsurance after deductible | |
| Urgent Care | 20% coinsurance after deductible | |
| Emergency Room | 20% coinsurance after deductible | |
| Preventive Care | No charge | |
| Service Type** | Your Cost In-Network Coinsurance | Your Cost Out-of-Network Coinsurance |
| PROFESSIONAL SERVICES | | |
| Primary Care Physician Visit | 20% | 40% |
| Specialty Physician Visit (Coinsurance may apply to additional services) | 20% | 40% |
| Adult Wellness (deductible does not apply in network) | 100% Covered | 40% |
| Children's Preventive Health Services (deductible does not apply in-network) immunizations covered 100% | 100% Covered | 40% |
| Professional Fees for Inpatient Surgical and Medical Services | 20% | 40% |
| Professional Fees for Outpatient Surgical and Medical Services | 20% | 40% |
| HOSPITAL AND OTHER MEDICAL FACILITY SERVICES | | |
| Hospital Visit (Inpatient) | 20% | 20% |
| Hospital (Outpatient) Includes Surgery, Diagnostics and Therapeutic Care | 20% | 40% |
| Emergency Room Visit | 20% | 20% |
| Maternity And Obstetrics | 20% | 40% |
| OTHER SERVICES | | |
| Durable Medical Equipment | 20% | 40% |
| Diabetic Supplies | 20% | 40% |

Cost shared with City of Bentonville

2025 BCBS of AR \$4,000 HDHP

| Service Type** | Your Cost In-Network Coinsurance | Your Cost Out-of-Network Coinsurance |
|-------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|
| Mental Health** | 20% | 40% |
| Therapeutic Services Physical and Occupational** Chiropractic | 0% | 20% |
| Speech** | 0% | 20% |
| Ambulance Services Ground: Up to \$1,000 Per Trip Air: Up to \$5,000 Per Trip | 0% | 0% |
| Retail Pharmacy Standard with Step w/Prev Rx Subject to Deductible | 0% | Non-covered |

Prescriptions

| | |
|-----------------------------|------------------------------------------------------------------------------------------------------|
| Retail (30-day supply) | All tiers: 20% coinsurance after deductible |
| Mail Order (100-day supply) | Covered; After deductible covers up to a 30-day supply (retail subscription); Mail order is covered. |

Bi-Weekly Cost

| | Employee | City of Bentonville |
|-----------------------|----------|---------------------|
| Employee | \$0 | \$184.82 |
| Employee + Spouse | \$46.15 | \$373.40 |
| Employee + Child(ren) | \$36.19 | \$292.80 |
| Family | \$59.13 | \$478.40 |

Health Savings Account (HSA)

Administered by CAS | consolidatedadmin.com | 877.941.5956

Employee elects pre-tax contributions

- » Account for defraying the cost of medical, dental, and vision expenses not covered by your insurance with “pre-tax” dollars
- » A savings account that you can keep into retirement
- » Annual maximum contribution \$4,300 individual; \$8,550 family

| City of Bentonville Contributions** | Employee Only | Family |
|-------------------------------------|---------------|---------|
| \$1650 HDHP | \$600 | \$1,000 |
| \$3500 HDHP | \$1,200 | \$2,000 |
| \$4000 HDHP | \$1,350 | \$2,200 |

**Amount prorated if added later in year

[Download the CAS mobile app](#)

Search for [Consolidated Admin Services](#) in the App Store or Google Play. Click “Forgot Password” – Complete Setup and Security Question process.

User ID: First name initial, last name, and last four digits of your Social Security Number. Example: jdoe1234

Limited Purpose FSA

Administered by CAS | consolidatedadmin.com | 877.941.5956

- Available with Health Savings Account
- \$3,300 Annual Maximum Contribution Limit
- Dental and Vision Expenses Only

Dependent Care Account

Administered by CAS | consolidatedadmin.com | 877.941.5956

- \$5,000 Annual Contribution Limit



Dental Benefits

Administered by Delta Dental | deltadentalalar.com | 800.462.5410

Cost shared with City of Bentonville

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Bentonville dental benefit plan.

| Benefit Summary | |
|---------------------------------------------------------|---------------------------------------------|
| In-Network | |
| Calendar year deductible | \$50 per person |
| Calendar year maximum benefit | \$2,000 per person |
| Preventive services | No charge |
| Minor / Basic services | 20% coinsurance |
| Major services | 50% coinsurance |
| Orthodontic services (children through 19 years of age) | 50% coinsurance \$1,000 lifetime maximum |

Carryover Benefit: If at least one covered service is applied toward your maximum benefit in a benefit year and the total benefit paid does not exceed \$499 in that benefit year, up to \$250 will carry over to the next benefit year's maximum payment. This carryover amount will accumulate from one benefit Year to the next, but will not exceed \$1,000.

Bi-Weekly Cost (Shared with City of Bentonville)

| | Employee | City of Bentonville |
|-----------------------|----------|---------------------|
| Employee | \$2.69 | \$15.22 |
| Employee + Spouse | \$5.37 | \$30.46 |
| Employee + Child(ren) | \$6.18 | \$35.01 |
| Family | \$7.40 | \$41.93 |



Vision BenefitsAdministered by VSP | www.vsp.com | 800.877.7195**Paid by Employee**

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

| Benefit Summary | |
|-------------------------------------|------------------------------------|
| In-Network | |
| Annual Eye Exam | \$10 copay |
| MATERIALS | |
| Other In-Network Providers | \$15 copay |
| FRAMES (EVERY 12 MONTHS) | |
| Other In-Network Providers | Up to \$130 allowance |
| LENSES (EVERY 12 MONTHS) | |
| Other In-Network Providers | \$15 copay |
| Contact Lenses (every 12 months) | \$130 allowance in lieu of glasses |

Bi-Weekly Cost

| | Employee | City of Bentonville |
|-----------------------|----------|---------------------|
| Employee | \$3.64 | \$0.64 |
| Employee + Spouse | \$7.28 | \$1.28 |
| Employee + Child(ren) | \$7.79 | \$1.38 |
| Family | \$12.45 | \$2.20 |



Group Life and Accidental Death & Dismemberment (AD&D) Insurance

Insured by MetLife | www.metlife.com | 800.638.5433

Paid by City of Bentonville

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by City of Bentonville.

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident.

» Employee benefit is \$25,000

» Benefit amount reduces to 65% at age 65 and to 50% at age 70

» Benefit will terminate upon retirement

| Coverage Details | Benefit Amount |
|---------------------------|----------------|
| Basic Life | \$25,000 |
| Guaranteed Issue Amount | \$25,000 |
| LIFE AGE REDUCTION | |
| Age 65, but less than 70 | 65% |
| Age 70 and over | 50% |

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

| | |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Principal Sum Accidental Death Accidental Dismemberment | 100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|

AD&D AGE REDUCTION

| | |
|--------------------------|-----|
| Age 65, but less than 70 | 65% |
| Age 70 and over | 50% |

| Basic Life Features | Benefit Amount |
|---------------------------------|----------------------------------------------------------------------------------------------------------|
| Accelerated Death Benefit | 80% up to \$500,000 |
| Waiver of Premium on Disability | Total Disability Prior to Age 60 Any Occupation 6 Month Elimination Period Terminates at age 70 |

| AD&D Features | Benefit Amount |
|------------------------|----------------------------------------------------|
| Common Carrier Benefit | 100% of Full Amount |
| Seatbelt | Benefit can be increased by 10% of the full amount |
| Airbag | 5% up to \$10,000 |



Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance

Insured by MetLife | www.metlife.com | 800.638.5433

Paid by Employee

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself.

» Benefit varies for the employee, spouse, and child(ren). Spouse rates based on employee's age.

- **Employee:** \$10,000-\$500,000 in increments of \$10,000; cannot exceed 5 times your basic annual earnings; \$150,000 guaranteed issue
- **Spouse:** \$5,000-\$250,000 in increments of \$5,000; cannot exceed 50% of employee's benefit amount; \$50,000 guaranteed issue
- **Child(ren)**
 - » Child Under 15 days: \$100
 - » Child 15 days to 6 months old: \$1,000
 - » Child more than 6 months old: Options of \$1,000, \$2,000, \$4,000,\$5,000 or \$10,000.

» AD&D is not available without Life enrollment

Guarantee Issue (GI) GI is only available to new hires. If you choose above the GI (\$150,000 for employee), you will be required to complete an Evidence of Insurability (EOI) form. EOI is also required to increase or add coverage.

| Coverage Details | Benefit Amount |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Employee | |
| Voluntary Life | \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5x Basic Annual Earnings |
| Life Plan Maximum | \$500,000 |
| Guaranteed Issue Amount | \$150,000 |
| ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) | |
| Principal Sum Accidental Death Accidental Dismemberment | 100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate |
| AD&D Plan Maximum | \$500,000 |
| Spouse | |
| Voluntary Spouse Life Insurance Benefit Amount | \$5,000 to \$250,000 in increments of \$5,000 not to exceed 50% of employee amount |
| Spouse Guaranteed Issue Amount | \$50,000 |
| SPOUSE LIFE AGE REDUCTION | |
| Age 65, but less than 70 | 65% |
| Age 70 and over | 50% |
| <i>Reduction follows insured employee's age</i> | |
| Dependent Child up to 26 years | |
| VOLUNTARY CHILD LIFE INSURANCE BENEFIT AMOUNT | |
| Child Under 15 days | \$100 |
| Child 15 days to 6 months old | \$1,000 |
| Child more than 6 months old | Options of \$1,000, \$2,000, \$4,000,\$5,000 or \$10,000 |
| CHILD ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) | |
| Principal Sum | 100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate. |

| Voluntary Life Features | Benefit Amount |
|---------------------------------|----------------------------------------------------------------------------------------------------------|
| Accelerated Death Benefit | 80% to \$500,000 |
| Waiver of Premium on Disability | Total Disability Prior to Age 60 Any Occupation 6 Month Elimination Period Terminates at age 70 |

| AD&D Features | Benefit Amount |
|------------------------|----------------------------------------------------|
| Common Carrier Benefit | 100% of Full Amount |
| Seatbelt | Benefit can be increased by 10% of the full amount |
| Airbag | 5% up to \$10,000 |

| Cost Summary for Voluntary Life and AD&D | Monthly Rate per \$1,000 |
|------------------------------------------|--------------------------|
| <30 | \$0.099 |
| 30-34 | \$0.115 |
| 35-39 | \$0.123 |
| 40-44 | \$0.157 |
| 45-49 | \$0.218 |
| 50-54 | \$0.309 |
| 55-59 | \$0.455 |
| 60-64 | \$0.608 |
| 65-69 | \$1.094 |
| 70+ | \$1.745 |

| Cost Summary for Dependent Life and AD&D | Monthly Rate per \$1,000 |
|------------------------------------------|--------------------------|
| Child(ren) | \$0.143 |
| Spouse | |
| <30 | \$0.099 |
| 30-34 | \$0.115 |
| 35-39 | \$0.123 |
| 40-44 | \$0.157 |
| 45-49 | \$0.218 |
| 50-54 | \$0.309 |
| 55-59 | \$0.455 |
| 60-64 | \$0.608 |
| 65-69 | \$1.094 |
| 70+ | \$1.745 |

Long-Term Disability (LTD)

Insured by MetLife | www.metlife.com | 800.638.5433

Paid by City of Bentonville

- » Plan pays 60% of your monthly earnings in the event of a disability
- » \$5,000 maximum monthly benefit
- » Benefit payments begin on the 181st day of disability

Class 1 and 2

Class Definition:

- » Class 1: All Active Full-Time Fire Chiefs, Assistant Fire Chiefs, Fire Captains, Fire Inspectors, Firefighters and Firefighter or Engineers working at least 30 hours per week.
- » Class 2: All Active Full-Time Captains, Police Chiefs, Police Corporals, Police Lieutenants, Police Sergeants and Police Officers working at least 30 hours per week.

| Benefit Plan and Features | Benefit Amount |
|--------------------------------------|---------------------------------------------|
| Monthly Benefit ² | 60% of pre-disability earnings ¹ |
| Maximum Monthly Benefit ² | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period ³ | 180 days |
| Maximum Benefit Duration | Lesser of RBD or 5 yrs |

¹Pre-disability Earnings means Your regular monthly rate of pay, not counting Commissions, Bonuses, Tips and Tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the date You became Disabled.

²Reduced by other income benefits.

³Time must be continuous

Class 3

Class Definition:

- » Class 3: All Full-Time Employees Excluding Public Safety Employees working at least 30 hours per week.

| Benefit Plan and Features | Benefit Amount |
|--------------------------------------|---------------------------------------------|
| Monthly Benefit ² | 60% of pre-disability earnings ¹ |
| Maximum Monthly Benefit ² | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period ³ | 180 days |
| Maximum Benefit Duration | Lesser of RBD or 5 yrs |

¹Pre-disability Earnings means Your regular monthly rate of pay, not counting Commissions, Bonuses, Tips and Tokens, overtime pay or any other fringe benefits or extra compensation, in effect on the date immediately prior to the date You became Disabled.

²Reduced by other income benefits.

³Time must be continuous.



Voluntary Short-Term Disability (STD)

Insured by MetLife | www.metlife.com | 800.638.5433

| | |
|----------------------------------------|--------------------------------------|
| Weekly Benefit Amount | 60% of pre-disability basic earnings |
| Maximum Benefit | \$1,500 |
| Elimination Period Accident / Sickness | 14 days |
| Benefit Duration | 24 weeks |

| Cost Summary for Voluntary Short-Term Disability | Monthly Rate per \$1,000 |
|--------------------------------------------------|--------------------------|
| Less than 30 | \$0.440 |
| 30-34 | \$0.459 |
| 35-39 | \$0.420 |
| 40-44 | \$0.448 |
| 45-49 | \$0.547 |
| 50-54 | \$0.674 |
| 55-59 | \$0.829 |
| 60-64 | \$0.985 |
| 65+ | \$1.182 |



Voluntary Benefits Available

Insured by MetLife | www.metlife.com | 800.638.5433

Accident Insurance

Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

- » Provides a 24 hour coverage for accidents that occur off the job
- » Employees are paid a lump-sum benefit that they can use as they feel necessary

Please see MetLife's plan descriptions to learn the differences between the low and high plan.

| Bi-Weekly Rates | Low Plan | High Plan |
|--------------------------------|----------|-----------|
| Employee Only | \$5.41 | \$7.39 |
| Employee + Spouse | \$10.65 | \$14.44 |
| Employee + Children | \$12.80 | \$17.28 |
| Employee + Spouse and Children | \$15.10 | \$20.41 |

Critical Illness Insurance

Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when employees or their family members are diagnosed with a covered illness. The Benefit is based on the amount of coverage inforce, the illness diagnosed and all other terms and provisions of the policy.

- » Employees may elect one of the following benefit amount options: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000 or \$50,000.
- » Spouse / Domestic partners will be offered 50% and Dependant Child(ren) will be offered 50% of the employee benefit amount.
- » Rates vary by coverage and age.

Hospital Indemnity Insurance

Hospital insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur.

- » In addition to other benefits this benefit provides a \$1,000 lump sum towards hospital admission.
- » Benefits include; hospital admission, hospital confinement, inpatient rehabilitation

| Bi-Weekly Rates | |
|--------------------------------|---------|
| Employee Only | \$8.67 |
| Employee + Spouse | \$24.28 |
| Employee + Children | \$15.60 |
| Employee + Spouse and Children | \$31.20 |

457(b) Plan

The City of Bentonville partners with The Standard to offer employees the option to invest in a 457(b) DC Plan.

When Can I Start Saving?

All employees are eligible to participate in the plan on the first entry date. Entry date is the first day of any month.

Your Contributions

Participants may contribute to the plan on a pre-tax basis.

Your plan also offers a Roth feature, which allows you to contribute to your retirement account on an after-tax basis. Your contributions will be deducted from your paycheck after-tax and earnings on Roth contributions will be tax-free upon withdrawal (if certain conditions are satisfied).

These contributions, known as elective deferrals, must fall within the following range:

Minimum 0 percent of compensation. Maximum \$23,000 in 2024 or 100 percent of allowable compensation, whichever is less. In addition, you can also contribute an additional \$7,500 if age 50 or older; or if you are within 3 years of retirement, you may be able to make contributions to "catch up" previously missed contributions.

How Will My Money Be Invested?

You can choose how your contributions are invested among the plan's available investment options. If you do nothing, they will be invested in your plan's default investment.

Rolling Over Retirement Accounts

Combining assets from several accounts is easier than ever before. Plans may now accept rollovers from:

- » 401(k) and other qualified retirement plans
- » Governmental deferred compensation 457(b) plans
- » Tax-sheltered annuities (TSAs) and IRAs

How Do I Enroll?

To enroll in your plan, please contact:

Ed Tritschler
Financial Advisor
1 Mid Rivers Mall Drive, Suite 358
St. Peters, MO 63376
312.701.1100 x268
etrtschler@retirementplanadvisors.com



Employee Assistance Plan (EAP)

The City of Bentonville offers two EAP options for employees:

Ozark Guidance / Arisa Health

Each Employee and their family (Spouse and Dependents) qualify for 6 Therapy Sessions (medical services are not covered) each calendar year (January – December).

To schedule your sessions please call:

800.725.0340 or 479.725.1600

You must let them know you are using your EAP through the City of Bentonville when scheduling your appointment.

MetLife

Each Employee and their family (Spouse and Dependents) qualify for 5 phone or video consultations (medical services are not covered) each calendar year (January – December).

To schedule a consultation please use one of the following:

888.319.7819

www.metlife.lifeworkscocom

Mobile App: Search “Lifeworks”

Username: metlifeeap

Password: eap



Pet Insurance

We are excited to introduce a new benefit to our comprehensive employee wellness program: Pet Insurance by MetLife. As part of our commitment to supporting your overall wellbeing, we understand that your pets are an important part of your family. MetLife Pet Insurance offers tailored coverage to help manage the costs of veterinary care, ensuring your furry friends receive the best possible treatment without the financial stress.

With MetLife Pet Insurance, you can enjoy peace of mind knowing that you have access to a range of benefits, including coverage for accidents, illnesses, routine care, and more. This insurance plan is designed to be flexible and affordable, allowing you to choose the coverage that best fits your needs and budget.

We believe that by providing this additional layer of support, we can help you focus on what matters most—both at work and at home.



MetLife Pet Insurance can help take the worry out of covering the cost of unexpected pet care.

| | | | | | | | | | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|-------------------------|-----------------|-------------------------|------------------|----------------------|-------------------------------|
| Product overview | Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with optional Preventive Care Coverage. | | | | | | | | |
| Why needed | <ul style="list-style-type: none">Pet parents are spending more than \$4,500 annually on pet care, according to 2021 Pet Wellness Month Survey DataA small monthly payment can help plan for these expenses | | | | | | | | |
| Flexible coverage | Choose the plan that works for you and your pet. Options include: <ul style="list-style-type: none">Levels of coverage from \$500–unlimited⁵\$0–\$2,500 deductible options⁶Reimbursement percentages from 50%–90%² | | | | | | | | |
| What is Covered | <table><tbody><tr><td>• accidental injuries</td><td>• medications</td></tr><tr><td>• illnesses</td><td>• ultrasounds</td></tr><tr><td>• exam fees</td><td>• hospital stays</td></tr><tr><td>• surgeries</td><td>• X-rays and diagnostic tests</td></tr></tbody></table> | • accidental injuries | • medications | • illnesses | • ultrasounds | • exam fees | • hospital stays | • surgeries | • X-rays and diagnostic tests |
| • accidental injuries | • medications | | | | | | | | |
| • illnesses | • ultrasounds | | | | | | | | |
| • exam fees | • hospital stays | | | | | | | | |
| • surgeries | • X-rays and diagnostic tests | | | | | | | | |
| Coverage also includes | <table><tbody><tr><td>• hip dysplasia</td><td>• alternative therapies</td></tr><tr><td>• hereditary conditions</td><td>• holistic care</td></tr><tr><td>• congenital conditions</td><td>• and much more</td></tr><tr><td>• chronic conditions</td><td></td></tr></tbody></table> | • hip dysplasia | • alternative therapies | • hereditary conditions | • holistic care | • congenital conditions | • and much more | • chronic conditions | |
| • hip dysplasia | • alternative therapies | | | | | | | | |
| • hereditary conditions | • holistic care | | | | | | | | |
| • congenital conditions | • and much more | | | | | | | | |
| • chronic conditions | | | | | | | | | |
| Additional value | <ul style="list-style-type: none">Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S.If you're claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50⁷Group discounts are available⁸ | | | | | | | | |

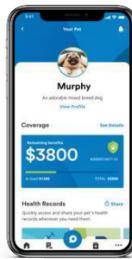
The MetLife Pet Mobile App

Designed by pet parents for pet parents.

With the MetLife Pet mobile app, pet parents can manage their furry family member's health and wellness all in one location.

The MetLife Pet App makes these things easier for you:

- Access your pet insurance policy: submit and track claims.
- Manage your pet's health records: Upload and view health records and documents all in one location.
- Receive reminders and notifications about upcoming appointments
- Find nearby pet services: emergency rooms or groomers
- Live 24/7 Telehealth Concierge Services: Get answers and tips by licensed vets from your own home.
- Access personalized articles on topics recommended for you.



Get a quote or enroll today.

Visit www.metlife.com/getpetquote

Call 1-800-GET-MET8

Scan the QR code



Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

| Benefit | Administrator | Phone | Website |
|--------------------------------------------------------------|-------------------------------|------------------------------|------------------------------------------------------------------------------------------------------|
| Medical | BlueCross BlueShield of AR | 800.238.8379 | arkansasbluecross.com |
| Health Savings Account (HSA) | CAS | 877.941.5956 | consolidatedadmin.com |
| Dental | Delta Dental | 800.462.5410 | deltadentalar.com |
| Vision | VSP | 800.877.7195 | www.vsp.com |
| Group Life and AD&D | MetLife | 800.638.5433 | www.metlife.com |
| Voluntary Life and AD&D | MetLife | 800.638.5433 | www.metlife.com |
| Long-Term Disability | MetLife | 800.638.5433 | www.metlife.com |
| Voluntary Short-Term Disability | MetLife | 800.638.5433 | www.metlife.com |
| Voluntary Accident, Critical Illness, and Hospital Indemnity | MetLife | 800.638.5433 | www.metlife.com |
| Pet Insurance | MetLife | 800.638.5433 | www.metlife.com |
| 457(b) | The Standard | 312.701.1100 x268 | ertritschler@retirementplanadvisors.com |
| Employee Assistance Program (EAP) | Ozark Guidance / Arisa Health | 800.725.0340 or 479.725.1600 | |





This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting