

MANAGE YOUR BENEFITS | EMPLOYEE BENEFITS SECTION

Benefit	Vendor	Enrollment Deadline	Bi-Weekly Deduction	Changes	Termination
Medical	Anthem Blue Cross and Blue Shield https://www.anthem.com 1-800-843-6447	Within 31 days from date of hire; open enrollment or qualifying event	First pay period following 30 days of active employment	1-Annual Open Enrollment 2-Within 31 days of qualifying event date	On the last day of the pay period in which employment terminates Continuation of coverage available
Pharmacy	Express Scripts https://www.express-scripts.com 1-866-595-7317	Within 31 days from date of hire; open enrollment or qualifying event	First pay period following 30 days of active employment	Same as changes in Medical Insurance	Same as termination of Medical Insurance
Dental	Delta Dental of Missouri https://www.deltadental.com 314-656-3001 1-800-335-8266	Within 31 days from date of hire; open enrollment or qualifying event	First pay period following 30 days of active employment	1-Annual Open Enrollment 2-Within 31 days of qualifying event date	On the last day of the pay period in which employment terminates Continuation of coverage available
Dental	FCL Dental Source http://www.densource.com 1-877-493-6282 Fax: 281-313-7155	Within 31 days from date of hire; open enrollment or qualifying event	First pay period following 30 days of employment	1-Annual Open Enrollment 2-Within 31 days of qualifying event date	On the last day of the pay period in which employment terminates Continuation of coverage available
Life Insurance	Securian Financial (Minnesota Life) https://www.securian.com 1-800-843-8358	Auto enrollment, 31 days from date of hire	Employer-paid premium; imputed interest assessed on life insurance amounts over 50K annually, taxable benefit	No enrollment changes are applicable	On the last day of the pay period in which employment terminates Option to port policy to an individual, direct-pay policy by contacting the carrier. The employee may be eligible for a Waiver of Premium if the individual has a record of permanent impairment
Optional Life Insurance	Securian Financial (Minnesota Life) https://www.securian.com 1-800-843-8358	Additional Life Insurance, 1-3X salary as a guaranteed issue initially; 4-5X salary, requires evidence of insurability	First pay period following 30 days of active employment	Anytime upon completed Evidence of Insurability + consolidated enrollment form	On the last day of the pay period in which employment terminates Option to port policy to an individual, direct-pay policy by contacting the carrier

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		Late enrollment also requires evidence of insurability; the insurance Carrier reserves the right to accept or decline the request			
Dependent Life Insurance	Securian Financial (Minnesota Life) https://www.securian.com 1-800-843-8358	Within 31 days from date of hire Late enrollment requires evidence of insurability; the insurance Carrier reserves the right to accept or decline the request	First pay period following 30 days of active employment	Anytime upon completed Evidence of Insurability + consolidated enrollment form	On the last day of the pay period in which employment terminates Option to port policy to an individual, direct-pay policy by contacting the carrier. The employee may be eligible for a Waiver of Premium if the individual has a record of permanent impairment
Optional Dependent Life Insurance	Securian Financial (Minnesota Life) https://www.securian.com 1-800-843-8358	Within 31 days from date of hire Late enrollment requires evidence of insurability; the insurance Carrier reserves the right to accept or decline the request	First pay period following 30 days of active employment	Anytime upon completed Evidence of Insurability + consolidated enrollment form	On the last day of the pay period in which employment terminates Option to port policy to an individual, direct-pay policy by contacting the carrier
Accidental Death & Dismemberment	Securian Financial (Minnesota Life) https://www.securian.com 1-800-843-8358	Within 31 days from the date of hire Enrollments are acceptable anytime upon completed paperwork	First pay period following 30 days of active employment	Anytime upon completed consolidated enrollment form	On the last day of the pay period in which employment terminates Option to port policy to an individual, direct-pay policy by contacting the carrier
Long-Term Disability (Core Benefit)	The Hartford https://www.thehartford.com 1-800-523-2233	Auto enrollment, 31 days from date of hire	The Employer subsidizes the cost for the basic core benefit only	No changes are applicable	On the last day of the pay period in which employment terminates There is no option to port policy over to an individual policy

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Long-Term Disability Buy Up (Option to buy up an additional 10%)	The Hartford https://www.thehartford.com 1-800-523-2233	Within 31 days from date of hire Late enrollment is subject to approval; the insurance Carrier reserves the right to accept or decline the request	First pay period following 30 days of active employment Buy up premium will be based on employee salary	Anytime upon completed consolidated enrollment	On the last day of the pay period in which employment terminates There is no option to port policy over to an individual policy
Legal & Identity Theft Insurance	MetLife Legal Plans https://www.legalplans.com 1-800-821-6400	Within 31 days from date of hire or during the annual open enrollment	First pay period following 30 days of active employment	Annual Open Enrollment ONLY	On the last day of the pay period in which employment terminates Contact vendor for a 12-month policy port over.
Additional Voluntary Benefits: Intensive Care, Cancer, Short-Term Disability, Accident	Aflac https://www.aflac.com 314-441-0458 Fax, 314-200-9703	Anytime by contacting the vendor directly	First pay period following completed enrollment	1-Anytime upon completed paperwork 2- Policy cancellation upon printed, signed request submitted to Employee Benefits	On the last day of the pay period in which employment terminates Contact the vendor for policy conversion
Additional Voluntary Benefits: Intensive Care, Cancer, Accident	Washington National http://www.washingtonnational.com 803-622-7767 1-800-628-5428 217-607-9378 Fax, 800-861-9682	Anytime by contacting the vendor directly	First pay period following completed enrollment	1-Anytime upon completed paperwork 2- Policy cancellation upon printed, signed request submitted to Employee Benefits	On the last day of the pay period in which employment terminates Contact the vendor for policy conversion

- Eligible dependent enrollment REQUIRES relationship supporting documentation; i.e., birth certificate, marriage certificate, social security number, recent tax returns, etc.
- INCOMPLETE enrollments are not processed.
- City employees are responsible for meeting enrollment requirements.
- Examples of qualifying life-changing events are: Marriage, birth, adoption, divorce, spouse job change, loss of coverage.
- Employee address changes to the Vendors, start with making the change with the Payroll Staff at each Department.