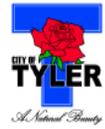
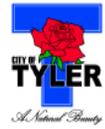
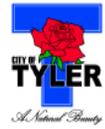




2017 Benefits at a Glance

Type of Benefit	Amount Paid by City	Amount Paid by Employee	Eligibility	Description of Benefit
Ten Paid Holidays per year	100%		Immediate	<ul style="list-style-type: none"> •New Year's Day •MLK Day •Good Friday •Memorial Day •Independence Day •Labor Day •Thanksgiving Day and •Friday after •Christmas Eve •Christmas Day
PTO Paid Time Off	100%		Accrues bi-weekly Up to 5 years From 5 to 10 Years From 10 to 20 Years Over 20 Years	Based on length of service 18 days per year 21 days per year 24 days per year 26 days per year
TMRS- Texas Municipal Retirement System	2 to 1 match at time of retirement	7% of earnings	Immediate	5 year vesting period; Can retire with at least 5 year of service at age 60 or 20 year of service at any age. 1 times annual salary upon death of active employee. \$7,500 death benefit to beneficiary of retiree.
Stability Pay	100%		The purpose of stability pay is to reward regular full time and regular part time employees for their continuous service to City.	Stability pay shall be paid up to twenty-five (25) years of service. The amount of stability pay shall be set annually by City Council with the adoption of the budget. Currently \$2.00 per month per period.
Longevity Pay	100%		After 12 months of employment in the Police or Fire Department employee will be paid longevity pay	Four dollars (\$4.00) per month for all years of continuous employment with the Tyler Police or Fire Department up to a maximum of twenty-five (25) years of employment.

EAP - Employee Assistance Program	100%		Immediate	Confidential and free counseling service for employees and dependents.
Short Term Disability	100%			The City provides self-funded Short Term Disability benefits for employees subject to certain conditions. In cases of extended illnesses, over seven (7) days including weekends, short-term disability will provide sixty percent (60%) of an employee's base weekly pay up to \$1,200 per week for twenty-six (26) weeks.
Long Term Disability	100%			The City provides a Long Term Disability program for employees subject to certain conditions. In cases of total disability, after six (6) months (180 days) including weekends, long-term disability will provide sixty percent (60%) of an employee's base monthly pay up to \$6,500 per month before reduction by Benefit Offsets, up to the age of 65.
Life Insurance	100%		Immediate	Group Life - \$10,000
Supplemental Life Insurance		The rate for the employee and spouse is based on the employee's age at the beginning of the current policy year. Dependent child rate is \$.80 monthly for \$5,000 or \$1.60 Monthly for \$10,000	You have the option to purchase supplemental insurance for yourself, your spouse and/or children	Supplemental Life available beginning at \$40,000 to \$300,000 Must complete Evidence of Insurability for amounts in excess of 3 times you annual salary or \$130,000 whichever is less.
Worker's Compensation Insurance	Statutory Benefit		Beginning on the 8th day after injury	Medical care and weekly disability payments to employees injured on the job.
On-The-Job Injury Pay Civil Service	100%		Civil Service Employees	Civil Service employees who qualify for injury leave shall receive it for one (1) year, as set out in State law.

<p>On-The-Job Injury Pay Non-Civil Service</p>	<p>100%</p>		<p>A regular non-civil service full time or regular part-time employee who has successfully completed the entry-level orientation.</p>	<p>If injured on the job will be granted injury leave pay for the time missed from work until Workers' Compensation benefits begin (this will be up to seven (7) days as calculated under the State law Texas Labor Code Section 408.082 or successor) if the employee complies with the conditions of this policy and the State Worker's Compensation law.</p>																																																																																																																			
<p>Health Insurance •Plan C (Core Plan)</p>	<p>Contribution depends on selection chosen</p>	<p>Bi-Weekly Amounts - Plan C:</p> <ul style="list-style-type: none"> •Employee Only- \$20.15 •Employee/Spouse- \$109.21 •Employee/Children \$87.72 (Cost for up to 3 children. Add \$15.15 for each additional child) •Employee/Family- \$140.93 (Cost for up to 3 children. Add \$15.15 for each additional child) 	<p>Immediate</p>	<table border="1"> <thead> <tr> <th rowspan="2">  </th> <th colspan="3">BENEFIT BY TYPE OF NETWORK</th> </tr> <tr> <th>IN-NETWORK ACCESS DIRECT PLATINUM</th> <th>IN-NETWORK OTHER NETWORKS</th> <th>OUT-OF-NETWORK</th> </tr> </thead> <tbody> <tr> <td>Maximum Benefit</td> <td>Unlimited</td> <td>Unlimited</td> <td>Not Covered</td> </tr> <tr> <td>Coinsurance</td> <td>20%</td> <td>30%</td> <td>Not Covered</td> </tr> <tr> <td>Annual Deductible</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Individual</td> <td>\$500</td> <td>\$1,100</td> <td>Not Covered</td> </tr> <tr> <td> Family</td> <td>\$1,500</td> <td>\$3,300</td> <td>Not Covered</td> </tr> <tr> <td>Out of Pocket Maximum (1)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Individual</td> <td>\$5,500</td> <td>\$6,200</td> <td>Not Covered</td> </tr> <tr> <td> Family</td> <td>\$11,000</td> <td>\$12,400</td> <td>Not Covered</td> </tr> <tr> <td>Physician's Office Visit</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Physician Visit</td> <td>\$30 Copay</td> <td>30% After Deductible</td> <td>Not Covered</td> </tr> <tr> <td> Other Services</td> <td>20% After Deductible</td> <td></td> <td>Not Covered</td> </tr> <tr> <td>Preventive Care</td> <td>Plan Pays 100%</td> <td>Not Covered</td> <td>Not Covered</td> </tr> <tr> <td>Lab Services - DRL</td> <td>Plan Pays 100%</td> <td>N/A</td> <td>Not Covered</td> </tr> <tr> <td>Other Labs</td> <td>20% After Deductible</td> <td>30% After Deductible</td> <td>Not Covered</td> </tr> <tr> <td>Emergency Room & Physician</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Accidental Injury & Emergency Care</td> <td>\$200 Copay</td> <td>\$200 Copay</td> <td>\$200 Copay</td> </tr> <tr> <td> Non Emergency Care</td> <td>\$200 Copay</td> <td>30% After Deductible</td> <td>Not Covered</td> </tr> <tr> <td>Urgent Care</td> <td>\$30 Copay</td> <td>30% After Deductible</td> <td>Not Covered</td> </tr> <tr> <td>In-Patient Hospital & Physician Services</td> <td>20% After Deductible</td> <td>30% After Deductible</td> <td>Not Covered</td> </tr> <tr> <td>Out-Patient Facility & Physician Services</td> <td>20% After Deductible</td> <td>30% After Deductible</td> <td>Not Covered</td> </tr> <tr> <td>Prescription Drug Benefits</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Retail Copays</td> <td>IN-NETWORK</td> <td></td> <td></td> </tr> <tr> <td> Specialty</td> <td>\$70 Copay</td> <td></td> <td>Not Covered</td> </tr> <tr> <td> Name Brand</td> <td>\$60 Copay</td> <td></td> <td>Not Covered</td> </tr> <tr> <td> Preferred Brand</td> <td>\$45 Copay</td> <td></td> <td>Not Covered</td> </tr> <tr> <td> Generic</td> <td>\$8 Copay</td> <td></td> <td>Not Covered</td> </tr> <tr> <td> Mail Order - Up to 90 Day Supply Max</td> <td>2 Copays</td> <td></td> <td></td> </tr> </tbody> </table>		BENEFIT BY TYPE OF NETWORK			IN-NETWORK ACCESS DIRECT PLATINUM	IN-NETWORK OTHER NETWORKS	OUT-OF-NETWORK	Maximum Benefit	Unlimited	Unlimited	Not Covered	Coinsurance	20%	30%	Not Covered	Annual Deductible				Individual	\$500	\$1,100	Not Covered	Family	\$1,500	\$3,300	Not Covered	Out of Pocket Maximum (1)				Individual	\$5,500	\$6,200	Not Covered	Family	\$11,000	\$12,400	Not Covered	Physician's Office Visit				Physician Visit	\$30 Copay	30% After Deductible	Not Covered	Other Services	20% After Deductible		Not Covered	Preventive Care	Plan Pays 100%	Not Covered	Not Covered	Lab Services - DRL	Plan Pays 100%	N/A	Not Covered	Other Labs	20% After Deductible	30% After Deductible	Not Covered	Emergency Room & Physician				Accidental Injury & Emergency Care	\$200 Copay	\$200 Copay	\$200 Copay	Non Emergency Care	\$200 Copay	30% After Deductible	Not Covered	Urgent Care	\$30 Copay	30% After Deductible	Not Covered	In-Patient Hospital & Physician Services	20% After Deductible	30% After Deductible	Not Covered	Out-Patient Facility & Physician Services	20% After Deductible	30% After Deductible	Not Covered	Prescription Drug Benefits				Retail Copays	IN-NETWORK			Specialty	\$70 Copay		Not Covered	Name Brand	\$60 Copay		Not Covered	Preferred Brand	\$45 Copay		Not Covered	Generic	\$8 Copay		Not Covered	Mail Order - Up to 90 Day Supply Max	2 Copays		
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Tuition Reimbursement	Benefit dependent upon grade acquired		Regular full-time employees who have been employed by City for at least six (6) months	Financial assistance will be considered for employees who complete educational courses which will benefit both the employee and City by improving current job skills, if approved according to city policy.																																																																																																																				
Deferred Compensation Plans • ICMA •Hartford/Mass Mutual		100%		Contact Individual Companies for Plan Information																																																																																																																				
Time Off for Service Awards	100%		Employees receiving service awards for twenty (20) years or more of service.	Will receive the day off, with pay, for the day upon which they officially receive their awards.																																																																																																																				
Superior Vision		100%	Immediate	<p style="text-align: center;">SUPERIOR VISION See yourself healthy. Vision Plan Benefits for City of Tyler</p> <p style="text-align: center;">You may choose from two plans: Gold \$150 Full Service Plan, or Gold \$100 Full Service Plan</p> <div style="display: flex; justify-content: space-around;"> <table border="1" style="width: 45%;"> <thead> <tr> <th colspan="2">Plan 1 Gold \$150 Full Service</th> </tr> </thead> <tbody> <tr><td>Co-pays</td><td></td></tr> <tr><td>Exam</td><td>\$10</td></tr> <tr><td>Materials</td><td>\$25</td></tr> <tr><td>Monthly Premiums</td><td></td></tr> <tr><td>Emp. 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This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.</p> <div style="text-align: center; margin-top: 10px;">  </div>	Plan 1 Gold \$150 Full Service		Co-pays		Exam	\$10	Materials	\$25	Monthly Premiums		Emp. Only	\$6.15	Emp. + spouse	\$10.50	Emp. + child(ren)	\$11.15	Emp. + family	\$16.70	Services/Frequency		Exam	12 months	Frames	24 months	Lenses	12 months	Contact Lenses	12 months	Plan 2 Gold \$100 Full Service		Co-pays		Exam	\$10	Materials	\$25	Monthly Premiums		Emp. 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