




FY2024 SPM Directors Benefits Enrollment Guide



This guide highlights the main features of many of the benefit plans sponsored by the City of Des Moines. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. The City of Des Moines reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.



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BENEFITS OVERVIEW

OUR BENEFITS PROGRAM HAS YOU COVERED

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work, and finishing dinner in time to enjoy a favorite hobby. But sometimes things don't always go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns he or she needs an extensive root canal. That's when the City of Des Moines benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. The City of Des Moines benefit plans allow you to choose the options that work best for your own needs—and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

BENEFITS AVAILABLE:

Medical and Prescription Drug

Dental Plan

Employee Assistance Program

Voluntary Life Insurance

Flexible Spending Accounts

Parental Leave

Volunteer Time Off

Basic Life Insurance

Long Term Disability

Deferred Compensation

Vision Plan

Retirement

Residency Incentive

Alternative Work Arrangement

Supplemental Health Insurance – Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance

WHO IS ELIGIBLE

You are eligible to enroll in the City of Des Moines benefit plans if you are a permanent, active full-time employee scheduled to work at least 40 hours per week, or $\frac{3}{4}$ time employee (30-39 hours). You are eligible for benefits on the first day of employment.

DEPENDENT ELIGIBILITY

You may also cover your eligible dependents, including:

- Your legal spouse.
- Your eligible children up to age 26 for medical and vision coverage; eligible children up to age 25 for dental coverage.
- Your eligible child who is an unmarried full-time student regardless of age.
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

WHEN COVERAGE BEGINS

INITIAL ENROLLMENT

When you first join the City of Des Moines, you have 30 days to enroll yourself and your dependents for benefits. Coverage begins on your first day of employment. If you do not enroll within 30 days of becoming eligible, you will automatically be enrolled in City-sponsored benefits, such as Basic Life Insurance, Long Term Disability, IPERS, and the Employee Assistance Program (EAP), but you must wait until the next annual Open Enrollment to enroll in other benefits or make changes to coverage.

ANNUAL OPEN ENROLLMENT

For most benefits, annual open enrollment takes place during the spring with coverage beginning on July 1. Flexible Spending Account (FSA) open enrollment occurs during the fall with coverage beginning January 1.



MAKING CHANGES TO COVERAGE

Once you make your benefit elections, these choices remain in effect until the next annual Open Enrollment unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have another allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 30 days of the event by submitting the request through Employee Self-Service (ESS). If you do not complete the benefit change within 30 days, you will have to wait until the next Open Enrollment to make new elections.

For birth or adoption of a child, you have 60 days to make changes to your benefits.

Qualified status changes include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes you or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

For a more complete list of qualified status changes, refer to the [Summary Plan Description](#).

SPECIAL ENROLLMENT RULES

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.



You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

MEDICAL PLAN

The City’s medical plan provides coverage such as doctor’s office visits, preventive care, prescription drugs, and hospitalization.

MEDICAL PLAN OPTION

When it comes to medical coverage the City offers the following plan through Wellmark Blue Cross & Blue Shield:

- Capital Health Plan - POS

POINT OF SERVICE PLAN (POS)

The POS plan offers in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network or an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because network providers discount their fees. And, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Coverage Level	Employee Bi-Weekly Contribution
Single	\$54.88
Family	\$144.43

DOCTORS ON DEMAND

Virtual visits are available through Doctors on Demand through your Wellmark health plan. Simply download the Doctors on Demand app on your camera enabled smart phone, tablet or computer and enter your health insurance card information and payment method (credit card, debit card or FSA debit card). When you’re ready to visit a doctor, pay your applicable co-pay (\$15) and enter the virtual waiting room through the app and a board-certified doctor will be with you in minutes. If necessary, the doctor will prescribe a medication and will send in the prescription to the pharmacy of your choice. Some examples of a virtual visit include cold, flu, strep throat, pink eye, allergies, mental health, etc.



MEDICAL PLAN – WELLMARK BLUE CROSS AND BLUE SHIELD

Capital Plan		
Annual Deductible		
Individual	\$500	
Family	\$1,000	
Annual Out-of-Pocket Maximum		
Individual	\$1,000	
Family	\$2,000	
Lifetime Maximum	Unlimited	
	In-Network	Out-of-Network
Preventive Care	Covered at 100%	Not Covered
Primary Care Physician	\$25 Copayment	Deductible, 30% Coinsurance
Specialist	\$25 Copayment	Deductible, 30% Coinsurance
Virtual Visits (Doctors on Demand)	\$15 Copayment	Not Covered
Mental Health/Substance Abuse Services	\$25 Copayment	Deductible, 0% Coinsurance
Urgent Care	\$25 Copayment	Deductible, 30% Coinsurance
Emergency Room	\$50 Copayment, 10% Coinsurance	\$50 Copayment, 10% Coinsurance
Facility Services	Deductible, 0% Coinsurance	Deductible, 0% Coinsurance
Outpatient Services	Deductible, 10% Coinsurance	Deductible, 30% Coinsurance

*For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.

Please see [Summary of Benefits and Coverage](#) and the [Coverage Manual](#) for additional plan details.

PRESCRIPTION DRUG COVERAGE

If you enroll in the medical plan, you will automatically receive prescription drug coverage. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

RETAIL PRESCRIPTION PROGRAM

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

MAIL ORDER PROGRAM

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 3-month supply of medication for the cost of a 2-month supply. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available on the CVS/Caremark website at www.caremark.com.

SPECIALTY PRESCRIPTION PROGRAM

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy which provides the best available pricing and additional support. If you have a prescription that meets this requirement, Wellmark will contact you and provide you with the necessary information to fill your prescription.

PRESCRIPTION DRUG PLAN HIGHLIGHTS

Prescription Out-of-Pocket Maximum	
\$5,600 Single	
\$11,200 Family	
Retail Prescriptions (up to 30-day supply)	
Tier 1	\$5.00
Tier 2	\$25.00
Tier 3 & Tier 4	\$50.00
Mail Order Prescriptions (up to 90-day supply)	
Tier 1	\$10.00
Tier 2	\$50.00
Tier 3 & Tier 4	\$100.00

*When members purchase prescriptions from a non-participating pharmacy, they may be required to manually file the claim with the carrier; plus, may incur additional costs above the maximum allowed amount.

SUPPLEMENTAL HEALTH INSURANCE

Supplemental Health Insurance products provide benefits for specific covered events and illnesses and are offered by ReliaStar Life Insurance Company, part of the Voya Financial family of companies. The benefits can help cover out-of-pocket medical expenses, mortgage/rent expenses, medical deductibles, home health care costs, childcare costs or any expense you wish to cover. They are designed to complement your medical coverage but not replace your medical coverage. Benefits you receive are payable directly to you, regardless of your medical coverage.

ACCIDENT INSURANCE

When an injury happens, Accident Insurance can help. Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they *come in* – directly to you – to be used however you'd like.

Accident Insurance Rates	Semi-Monthly Contribution
Single	\$3.69
Employee + Spouse	\$7.37
Employee + Child(ren)	\$7.92
Family	\$11.61

If the accident happens while participating in an organized sporting activity mentioned in the certificate of coverage, the benefit payment will be increased by 25%, to a maximum additional benefit of \$1,000.

Wellness Benefit – available for Accident and Critical Illness Insurance enrollment

- Complete an eligible health screening test and receive a benefit payment
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

CRITICAL ILLNESS INSURANCE

The Critical Illness Insurance pays a lump-sum benefit if you or your covered dependents are diagnosed with a covered illness or condition on or after your coverage effective date. You can choose \$10,000, \$20,000 or \$30,000 in coverage for yourself and up to 50% of your election for spouse and/or child(ren) coverage.

Employee Coverage – Semi-Monthly Rates <i>Child Rate Embedded</i>			
Age	\$10,000	\$20,000	\$30,000
Under 30	\$1.55	\$3.10	\$4.65
30-39	\$2.45	\$4.90	\$7.35
40-49	\$4.95	\$9.90	\$14.85
50-59	\$9.10	\$18.20	\$27.30
60-69	\$12.80	\$25.60	\$38.40
70+	\$19.95	\$39.90	\$59.85

Spouse Coverage – Semi-Monthly Rates			
Age	\$5,000	\$10,000	\$15,000
Under 30	\$0.78	\$1.55	\$2.33
30-39	\$1.23	\$2.45	\$3.68
40-49	\$2.48	\$4.95	\$7.43
50-59	\$4.55	\$9.10	\$13.65
60-69	\$6.40	\$12.80	\$19.20
70+	\$9.98	\$19.95	\$29.93

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance pays a benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility on your after your coverage effective date. You and your covered dependents can receive \$1,000 for each hospital admission and \$100 per day (\$200 for critical care unit).

Hospital Indemnity Insurance Rates	Semi-Monthly Contribution
Single	\$7.60
Employee + Spouse	\$16.98
Employee + Child(ren)	\$15.04
Family	\$24.42



DENTAL PLAN

The City Dental Plan is administered through Delta Dental and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia.

DENTAL PLAN OPTION

You can choose the plan below:

- Dental PPO

DENTAL PPO PLAN

The Dental PPO allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of Delta’s participating dentists, you’ll pay less for your care. If you choose a non-participating dentist, your share of costs will generally be higher and you may need to file your own claims.

For a list of Delta’s participating dentists, go to <http://www.deltadentalia.com/>.

Please see your [Summary Plan Description](#) for additional plan details.

Coverage Level	Employee Bi-Weekly Contribution
Single	\$0.46
Family	\$0.46

DENTAL PLAN HIGHLIGHTS

Plan Feature	
Annual Deductible	
Individual	\$25
Family	\$75
Annual Benefit Maximum	\$1,250
Preventive Services (Exams, routine cleanings, fluoride treatments, space maintainers)	100% Covered
Basic Services (X-rays, fillings, sealants, denture repairs)	Deductible, then 20% Coinsurance
Major Services (Crowns, inlays, onlays,)	
Prosthetics (Dentures, bridges)	Deductible, then 50% Coinsurance
Orthodontia	Deductible, then 50% Coinsurance

VISION PLAN

The City’s Health Insurance Plan promotes preventive care through regular eye exams (applicable co-pay applies). Should you or your dependents need corrective materials, such as glasses and contact lenses, the City offers a “materials only” vision plan administered through [Avesis](#).

If you enroll in vision coverage, you can go to any Avesis participating provider. To find a network provider, go to www.avesis.com.

Vision Rates	EE Bi-Weekly Contribution
Single	\$2.25
Employee + Spouse	\$3.93
Employee + Child(ren)	\$4.72
Family	\$5.84

LIFE INSURANCE

The City offers life insurance coverage to provide financial protection in the event you or your dependents pass away while you are still working. This coverage is administered through [Voya](#).

BASIC LIFE INSURANCE

The City automatically provides Basic Life Insurance for all eligible employees at no cost. Basic Life Insurance is equal to 2 times your annual base salary, up to a maximum benefit of \$700,000. The benefit is paid to your beneficiaries in the event of your death.

IRS RULES ABOUT BASIC LIFE COVERAGE

If your Basic Life Insurance coverage is more than \$50,000, your income taxes may be affected. IRS regulations require that the value of life insurance benefits over \$50,000 be reported as "imputed income," which is non-cash income that you receive from an employer-provided benefit. The value of any coverage that exceeds \$50,000 will be reported to the IRS as imputed income on your W-2 form.

VOLUNTARY LIFE INSURANCE

In addition to Basic Life Insurance, you may also purchase Voluntary Life Insurance for yourself, your spouse, and your dependent children. However, you may only elect coverage for your dependents if you enroll for Voluntary Life coverage for yourself. The amount of spouse and/or dependent life insurance cannot be more than your supplemental coverage. You pay for the cost of [Voluntary Life Insurance](#) on an after-tax basis through payroll deductions.

BENEFICIARY DESIGNATION

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your Life coverage in the event of your death. You are always the beneficiary of any Dependent Life Insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, or if your beneficiary dies before you, your Life benefits will be paid to your estate.

BENEFITS REDUCE AT AGE 65

When you or a covered dependent reaches age 65, Basic and Voluntary Life Insurance benefits are reduced. For more information, refer to your Group Life Insurance booklet.

VOLUNTARY LIFE INSURANCE COVERAGE

Coverage For	Coverage Available
Employee	\$10,000 increments, up to \$500,000
Spouse	\$5,000 increments, up to \$100,000
Child(ren)	Option of \$5,000 or \$10,000

Employee and Spouse Voluntary Life insurance rates

Age	Monthly Rate per \$1,000
Under 25	\$0.09
25-29	\$0.09
30-34	\$0.11
35-39	\$0.11
40-44	\$0.19
45-49	\$0.24
50-54	\$0.40
55-59	\$0.63
60-64	\$0.92
65-69	\$1.82
70+	\$3.03

**Children Life Insurance Rates
Monthly cost for ALL eligible children**

Coverage Levels	Monthly Cost
\$5,000	\$1.81
\$10,000	\$3.63

DISABILITY COVERAGE

The City offers you Long Term Disability to help keep part of your paycheck coming if you cannot work because of illness or injury. Disability benefits are administered through Voya.

LONG-TERM DISABILITY

If you remain totally disabled and unable to work for more than 90 days, you may be eligible for Long-Term Disability (LTD) benefits. The City automatically provides you LTD benefits that replace up to 66 2/3% of your monthly salary, up to a maximum of \$6,000 (\$15,000 for SPM employees). Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers’

Compensation). Employees receiving LTD benefits will continue to receive health and dental insurance benefits at the same contribution rate and coverage as if fully employed during the first two-years of LTD benefits.

WHEN ARE YOU DISABLED?

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do the material and substantial duties of your occupation at the City, and
- You must have lost 20% or more of your pre-disability income due to your illness or injury.

“Base pay” means your annual base salary in effect at the time you become disabled, excluding bonuses, commissions or any other incentive payments.



FLEXIBLE SPENDING ACCOUNTS

The City allows you to contribute to one or both Flexible Spending Accounts (FSAs), which allow you to save taxes on certain out-of-pocket health care and dependent care expenses. The FSA plan is administered by iSolved Benefit Services.

HOW THE FSAs WORK

The City offers two types of FSAs:

- Health Care FSA
- Dependent Care FSA

If you elect to contribute to one or both FSAs, you choose an annual amount to be taken from each biweekly paycheck and deposited into your account throughout the year. Your contributions are taken out of your paycheck before you pay taxes, so you save money. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself, up to the amount you have elected to contribute to your account for the year.

HEALTH CARE FSA

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by another health plan. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays
- Coinsurance amounts
- Amounts you pay for prescription drugs
- Amounts you pay for certain over-the-counter items and menstrual products
- Eyeglasses, contacts, and other vision-related expenses not covered by the vision plan
- Orthodontia expenses not covered by the dental plan

A full list of eligible and ineligible expenses can be found [here](#).

ANNUAL CONTRIBUTION AMOUNT

You can contribute \$3,050 per year to the Health Care FSA.

DEADLINE TO SUBMIT CLAIMS

In most cases, claims need to be incurred prior to the end of the year. However, the City offers a 2 ½ month grace period to incur expenses for your medical FSA. Requests for reimbursement must be submitted to iSolved Business Services by April 30 for claims incurred in the prior year.

Claims can be submitted via a debit card, mobile app or by logging in to your iSolved Benefit Services account.



DEPENDENT CARE FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be employed, a full-time student at least five months during the plan year, or mentally or physically disabled and unable to provide care for himself or herself.

ELIGIBLE DEPENDENT CARE EXPENSES

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes.
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care

ANNUAL CONTRIBUTION AMOUNT

You can contribute \$5,000 per year to the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

DEADLINE TO SUBMIT CLAIMS

Dependent care expenses must be incurred during the calendar year. Requests for reimbursement must be submitted to Kabel Business Services by March 1 for claims incurred in the prior year.

IMPORTANT FSA CONSIDERATIONS

- Any money left in your FSAs at the end of the plan year may not be rolled over to pay for future expenses in another plan year. Any unused funds will be forfeited, per IRS rules.
- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit. (For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year — even if you have not yet contributed that much to your account.)
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

DEFERRED COMPENSATION

You are eligible to defer a portion of your income into a 457 and/or 401(a) Deferred Compensation Plan with Nationwide Retirement Solutions. Participation in the Deferred Compensation program is voluntary. Participation in this plan allows you to set income aside for retirement and shelters the deferred income from federal and state income tax. The Plan can help bridge the gap between what you have in your pension and Social Security, and how much you'll need in retirement.

Employees are eligible for a matching contribution by the City of 100% of the employee's first 2.5% contribution from the employee's gross salary. Matching contributions are deferred to the 401(a) plan.

Contributions into the 457 Plan cannot exceed an amount allowed by the IRS. The deferral reduces your amount of gross taxable income. Federal and state income tax on the contribution, and the interest earned on its investment, will be deferred until the time benefits are paid. The amount deferred is subject to IPERS, Social Security and Medicare tax at the time the deferred income is earned.



The City also offers a Roth 457 option so that you pay the taxes upfront when your money goes into the plan. You'll then enjoy tax-free withdrawals – as long as you are at least age 59 ½ and do not take withdrawals for at least five years after your first Roth contribution.

In addition to the 457 plan, the City also offers a 401(a) plan. The decision to participate and the contribution rate of the 401(a) plan are irrevocable and cannot be changed in the future.

457 and 401(a) Plan assets are typically only payable upon your retirement, termination of employment, or death. The only exception is for an unforeseeable, severe financial hardship or loan.

To enroll or for more information, please contact Human Resources at (515) 283-4213 or visit <http://www.desmoinesdcp.org>.

A summary of the 457 and 401(a) plans is included on the following page.



	457	401(a)
Participation	Participation in 401(a) plan does not restrict participation in the 457 plan.	
Annual Limit (determined annually by IRS)	\$22,500 – all employees \$30,000 – employees age 50 and over \$45,000 – employees within 3 years of an unreduced retirement benefit (can only participate for 3 consecutive years)	\$66,000
Election Period	Can enroll any time	90-day election period when first eligible
Employee Contribution Percentages	Any percentage up to 2 decimal places	2.5% 5.0% 7.5% 10.0% 15.0% 20.0%
Contribution Changes	Contribution changes can be made at any time at www.desmoinesdcp.org .	Decision to participate and contribution rate are irrevocable once elected
Roth and Pre-tax Options	Roth and Pre-tax options	Pre-tax only
Investment Options	City/Nationwide fund line-up	Same as 457
City Match	Employees contributing to the 457 plan or 401(a) plan receive a City match (100% up to the first 2.5%) to the 401(a) plan	
Loan Options	1 total loan permitted between 457 and 401(a)	
Unforeseen Emergency Withdrawal	Yes	No
Age Requirement for Penalty Free Withdrawal Upon Separation	None	Age 59 1/2

RETIREMENT

Planning for the future is just as important as making certain that you have benefits that will serve your needs today. All permanent City employees are required to participate in plans which have been designed to provide you with the financial base for a comfortable retirement when you complete your career. The Iowa Public Employee Retirement System (IPERS) is a plan administered by the IPERS board (a State Agency).

Participation is mandatory for eligible employees. Through payroll deduction, employees are required to contribute 6.29% of covered wages to IPERS and the City contributes 9.44% of covered wages to the fund. Covered wages are the amount of your wages in each calendar year from which both employer and employee contributions to IPERS are made. You are vested in the plan after seven years of service. Upon separation, other than at retirement, you can apply to receive your contribution plus interest or you can leave your contribution in the system, earning additional interest and dividends until you apply for retirement benefits.

The IPERS plan is a defined benefit pension plan. The lifetime monthly benefit you receive is predictable and stable because it is calculated using a formula. Your benefits grow with you throughout your IPERS-covered employment. As your years of service and salary increase, your IPERS benefits grow too.

Retirement benefits will not begin until a completed benefit application has been reviewed and approved by IPERS. Applications should be submitted to IPERS at least 2-3 months in advance of retirement to allow sufficient processing time. Contact IPERS for more complete and detailed information, (515) 281-0020 or <https://www.ipers.org>.

OTHER BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You and your covered dependents have free access to the City's Employee Assistance Program (EAP) provided by Employee and Family Resources (EFR). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides a certain number of free face-to-face counseling sessions for both you and your covered dependents. Counselors can help with concerns about things like:

- Emotional well-being and mental health
- Relationships and parenting
- Addiction and recovery
- Marital and family problems
- Legal and financial issues

To contact EFR, call (515) 244-6090, 24 hours a day, seven days a week, to talk to a professional counselor. You can also get more information online at www.efr.org. An online chat is also available at www.efr.org/chat.

RESIDENCY INCENTIVE

The purpose of this [program](#) is to incentivize City of Des Moines employees to live where they work – in the City of Des Moines – by providing financial assistance for down payment and related home purchase costs and/or rent related expenses for employees to reside in the City of Des Moines. This program applies to full-time employees.

The City will provide assistance in the form of a \$15,000 one-time forgivable loan to qualified employees who agree to purchase a home in the City of Des Moines and to maintain the home as their primary residence for at least five (5) years. For rental agreements, the City will provide two (2)

separate incentive payments of \$1,000 each, to qualified employees entering into, or currently under, a 12-month (or greater) lease agreement for a residence in the City of Des Moines.

TIME OFF

The City of Des Moines recognizes that employees cannot be at their best on the job unless they have time away from work to relax, recover from illness, or tend to personal business. Accordingly, the City has developed several leave policies addressing these various needs. For more information regarding time away from work, please reference the [Employee Handbook](#) or [Bargaining Unit Agreement](#).

The City's Paid Parental Leave Policy provides 100% of covered base pay for 8 weeks for the birthing parent and 6 weeks for the non-birthing parent. This applies to employees eligible to take leave under the City's Family and Medical Leave Policy or state law as applicable.

TRANSIT SUBSIDY

Active employees and retirees may ride the Des Moines Area Regional Transit Authority (DART) busses without charge using DART's mobile app. This includes essentially all DART services with the exception of carpools/vanpools and special event shuttles (State Fair, Arts Festival, etc.).

TUITION REIMBURSEMENT

Refer to the Employee Handbook for more information regarding tuition reimbursement.

ALTERNATIVE WORK ARRANGEMENT (AWA)

The City recognizes the value to promote work schedules and environments that are cohesive to employees' lives and promote flexibility that will benefit both the employee and the organization. This policy applies to all regular full-time and regular part-time employees who are approved to work an AWA by their supervisor and department director.

Listed below are the four (4) types of AWAs covered by this policy.

- Flex-Time: Arrangements that maintain the number of weekly work hours based on the employee's employment status but allows for a unique start and end time of a workday for an employee while maintaining required core hours of operation.
- Compressed Work Week: Arrangements in which an employee works the number of weekly work hours based on their employment status but may work fewer than five (5) days within a work week, or fewer than 10 days within a two-week work period. "Exempt" employees are ineligible to work a compressed schedule.
- Remote Work: Arrangements permitting employees to perform their duties at work sites other than the employee's City facility work site, generally at the employee's home or at approved satellite work sites. No more than 16 hours in a work week can be performed by working remotely, unless a shared work space arrangement has been made.
- Emergency Event and/or Inclement Weather: Arrangements that allow for the occasional variation of a schedule and/or change in the location where work is performed because of an emergency event and/or inclement weather that causes the employee's work site to close or in which schools or other care arrangements may be impacted by an emergency event and/or weather conditions and the City offices remain open.

VOLUNTEER PAID TIME OFF

This policy encourages a culture of employee community involvement by supporting employee engagement in activities that serve the community in which employees live and work. This is accomplished by providing employee paid time to volunteer for non-profit organizations or causes within the City of Des Moines that enhance the community and enrich the lives of employees.

Up to eight (8) hours of paid leave per calendar year used in no less than 1-hour increments.



IMPORTANT CONTACTS

Resource	Carrier	Phone Number	Website/E-mail
Medical and Prescription	Wellmark Blue Cross Blue Shield	(800) 524-9242	http://www.wellmark.com
Dental	Delta Dental	(800) 544-0718	http://www.deltadentalia.com
Employee Assistance	Employee and Family Resources	(515) 244-6090	http://www.efr.org
Life Insurance Supplemental Health Insurance	Voya	(888) 238-4840	http://www.voya.com/claims
Disability Coverage	Voya	(888) 305-0602	http://www.voya.com/claims
Flexible Spending Accounts	iSolved Business Services	(515) 224-9400	https://www.isolvedbenefitservices.com/wdm
Deferred Compensation	Nationwide	(877) 677-3678	http://www.desmoinesdcp.org
Vision	Avesis	(800) 828-9341	http://www.avesis.com

For more information regarding the above benefits, contact Lisa Pederson, Employee Benefits Officer, at (515) 237-1331 or lpederson@dmgov.org.

City of Des Moines
 Human Resources Department
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