
2026 EMPLOYEE BENEFIT GUIDE



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**THIS GUIDE IS JUST AN ILLUSTRATION OF BENEFITS. THE CONTENT WAS TAKEN FROM VARIOUS PLAN DESCRIPTIONS. FOR FULL PLAN DESCRIPTIONS, VISIT ALIGHT WORKLIFE, CONTACT HUMAN RESOURCES AT 205-248-5230 OR EMAIL HRINFO@TUSCALOOSA.COM. YOU MAY ALSO VISIT THE BENEFIT SECTION AT WWW.TUSCALOOSA.COM FOR FULL PLAN DOCUMENTS. IF THERE IS A DISCREPANCY BETWEEN THIS GUIDE AND THE PLAN DOCUMENTS, THE PLAN DOCUMENTS SUPERSEDE.*

**BI-MONTHLY PREMIUMS ARE SUBJECT TO CHANGE EACH FISCAL YEAR ON OCTOBER 1.*

BENEFIT ELIGIBILITY:

FULL TIME EMPLOYEES WHO WORK AN AVERAGE OF 30 OR MORE HOURS PER WEEK (INCLUDING AVAIL AND CERTAIN LEAVES OF ABSENCE) IN ACCORDANCE WITH THE AFFORDABLE CARE ACT.

ENROLLMENT WAITING PERIODS:

NEW EMPLOYEES ARE ELIGIBLE TO ENROLL IN BENEFITS WITHIN 30 DAYS OF THEIR HIRE DATE. BENEFIT ELECTIONS WILL BE EFFECTIVE THE FIRST DAY OF THE MONTH FOLLOWING THE DATE OF HIRE.

IN ADDITION TO NEW HIRE ENROLLMENT, THE CITY HAS AN ANNUAL OPEN ENROLLMENT PERIOD IN WHICH EMPLOYEES WILL BE ELIGIBLE TO MAKE CHANGES TO THEIR CURRENT COVERAGE.

QUALIFYING EVENT SPECIAL ENROLLMENT:

THE CITY PARTICIPATES IN A SECTION 125 CAFETERIA PLAN WHICH ALLOWS EMPLOYEES TO DEDUCT QUALIFIED BENEFITS ON A PRE-TAX BASIS. THIS PLAN ALSO PROVIDES EMPLOYEES THE OPTION TO HAVE A SPECIAL ENROLLMENT PERIOD IF THEY EXPERIENCE A QUALIFYING EVENT.

SPECIAL ENROLLMENT NOTICE:

IF YOU ARE DECLINING ENROLLMENT FOR YOURSELF OR YOUR DEPENDENTS (INCLUDING YOUR SPOUSE) BECAUSE OF OTHER HEALTH INSURANCE OR GROUP HEALTH PLAN COVERAGE, YOU MAY BE ABLE TO ENROLL YOURSELF AND YOUR DEPENDENTS IN THIS PLAN IF YOU OR YOUR DEPENDENTS LOSE ELIGIBILITY FOR THAT OTHER COVERAGE (OR IF THE EMPLOYER STOPS CONTRIBUTING TOWARD YOU OR YOUR DEPENDENTS OTHER COVERAGE). HOWEVER, YOU MUST REQUEST ENROLLMENT WITHIN 30 DAYS AFTER YOU OR YOUR DEPENDENTS OTHER COVERAGE ENDS (OR AFTER THE EMPLOYER STOPS CONTRIBUTING TOWARD THE OTHER COVERAGE).

IN ADDITION, IF YOU HAVE A NEW DEPENDENT AS A RESULT OF MARRIAGE, BIRTH, ADOPTION, OR PLACEMENT FOR ADOPTION, YOU MAY BE ABLE TO ENROLL YOURSELF AND YOUR DEPENDENTS. HOWEVER, YOU MUST REQUEST ENROLLMENT WITHIN 30 DAYS AFTER THE EFFECTIVE DATE OF THE LIFE EVENT.

TO REQUEST SPECIAL ENROLLMENT, COMPLETE THE ENROLLMENT REQUEST IN ALIGHT VIA ONLINE OR PHONE.

WHO ARE MY ELIGIBLE DEPENDENTS?

ELIGIBLE DEPENDENTS	PROOF OF DEPENDENCY
SPOUSE	MARRIAGE CERTIFICATE AND - A COPY OF THE FRONT PAGE OF YOUR 2025 FEDERAL TAX RETURN CONFIRMING THE DEPENDENT IS YOUR SPOUSE - A DOCUMENT DATED WITHIN THE LAST 60 DAYS SHOWING CURRENT RELATIONSHIP STATUS SUCH AS A RECURRING MONTHLY HOUSEHOLD BILL OR STATEMENT OF ACCOUNT. THE DOCUMENT MUST LIST YOUR SPOUSE'S NAME, THE DATE, AND YOUR MAILING ADDRESS. HEALTHCARE BILLS WILL NOT BE ACCEPTED AS PROOF OF ELIGIBILITY AS HEALTHCARE COVERAGE IS BEING VERIFIED.
A MARRIED OR UNMARRIED CHILD UP TO THE AGE OF 26	BIRTH CERTIFICATE OR ADOPTION CERTIFICATE NAMING YOU OR YOUR SPOUSE AS THE CHILD'S PARENT OR A COPY OF THE COURT ORDER NAMING YOU OR YOUR SPOUSE AS THE CHILD'S LEGAL GUARDIAN
AN UNMARRIED, INCAPACITATED CHILD WHO (1) IS AGE 26 OR OVER; (2) IS NOT ABLE TO SUPPORT HIM/HERSELF; AND (3) DEPENDS ON YOU FOR SUPPORT, IF THE INCAPACITY OCCURRED BEFORE AGE 26	BIRTH CERTIFICATE OR ADOPTION CERTIFICATE NAMING YOU OR YOUR SPOUSE AS THE CHILD'S PARENT PLUS FEDERAL TAX RETURN CLAIMING THE CHILD AS A DEPENDENT

***YOU WILL SUBMIT PROOF OF DEPENDENCY THROUGH ALIGHT. DETAILED INSTRUCTIONS WILL BE PROVIDED UPON AN ENROLLMENT ELECTION. *FAILURE TO PROVIDE PROOF OF DEPENDENCY IN THE ALLOTTED TIMEFRAME WILL RESULT IN DENIAL OF DEPENDENT COVERAGE.**

REMINDERS:

-ALWAYS KEEP YOUR PHYSICAL ADDRESS AND EMAIL ADDRESS CURRENT WITH HUMAN RESOURCES.

-WHEN COMPLETING AN ENROLLMENT REMEMBER TO HAVE THE FOLLOWING INFORMATION AVAILABLE:

- PROOF OF DEPENDENCY
- SOCIAL SECURITY NUMBERS FOR YOUR DEPENDENTS & BENEFICIARIES
- BIRTH DATES FOR YOUR DEPENDENTS & BENEFICIARIES

HOW TO ENROLL IN BENEFITS THOUGH ALIGHT:

ALIGHT IS A BENEFITS ENROLLMENT PLATFORM THAT ALLOWS YOU TO ACCESS CURRENT BENEFIT INFORMATION, MAKE ANNUAL FORCED OPEN ENROLLMENT AND LIFE EVENT CHANGES, UPLOAD DOCUMENTS, AND PRINT DOCUMENTS AT YOUR CONVENIENCE.

WEBSITE: <https://worklife.alight.com/tuscaloosa>

USERNAME: COT+ 5 DIGIT MUNIS EMPLOYEE ID NUMBER, NO DASHES

PASSWORD: EIGHT-DIGIT DATE OF BIRTH, MMDDYYYY FORMAT (EXAMPLE: 06101975)

ALIGHT ASSIST TEAM: 855-210-1938

HOURS OF OPERATION: 8 A.M. TO 8 P.M. ET

EMAIL ADDRESS: cityoftuscaloosa@alight.com

**MEDICAL & PRESCRIPTION DRUG:**

BLUE CROSS/BLUE SHIELD OF ALABAMA

www.bcbsal.com



COMPLETE PLAN DESCRIPTIONS FOR OPTION 1 AND OPTION 2 ARE AVAILABLE UPON REQUEST IN THE HUMAN RESOURCE OFFICE, POSTED ON THE BENEFITS WEBSITE AT www.tuscaloosa.com AND IN ALIGHT

OPTION 1 PLAN BENEFIT**IN NETWORK COVERAGE**

CALENDAR YEAR DEDUCTIBLE	\$450 INDIVIDUAL \$1,350 FAMILY
CALENDAR YEAR OUT OF POCKET LIMIT	\$600 INDIVIDUAL \$600 PER PERSON IN FAMILY
PRIMARY CARE VISIT SPECIALIST VISIT PRESCRIPTION DRUG COVERAGE <i>*PRIOR AUTHORIZATION REQUIRED FOR SPECIFIC DRUGS; SUBJECT TO DRUG DEDUCTIBLE; GENERIC, PREFERRED BRAND, NON-PREFERRED BRAND AND SPECIALTY DRUGS MAY BE EITHER TIER1, TIER2, OR TIER 3 DRUGS; MAIL ORDER IS AVAILABLE THROUGH PRIME MAIL.</i>	0% COINSURANCE & \$35 CO-PAY 0% COINSURANCE & \$40 CO-PAY 100% OF THE ALLOWED AMOUNT, SUBJECT TO THE FOLLOWING COPAYMENTS FOR A 30-DAY SUPPLY FOR EACH PRESCRIPTION: \$15 COPAYMENT FOR TIER 1 DRUGS \$45 COPAYMENT FOR TIER 2 DRUGS \$65 COPAYMENT FOR TIER 3 DRUGS NOT COVERED – TIER 4 DRUGS SUBJECT TO A \$100 DEDUCTIBLE PER PERSON

OPTION 1 COVERAGE OPTIONS:**DEDUCTION PER PAY PERIOD (*TWICE A MONTH)**

EMPLOYEE ONLY	\$149.10
EMPLOYEE & CHILD(REN)	\$266.59
EMPLOYEE & SPOUSE	\$280.41
FAMILY	\$301.15

OPTION 2 PLAN BENEFIT	IN NETWORK COVERAGE
CALENDAR YEAR DEDUCTIBLE	\$2000 INDIVIDUAL \$4000 FAMILY
CALENDAR YEAR OUT OF POCKET LIMIT	\$6350 INDIVIDUAL \$12,700 PER PERSON IN FAMILY
PRIMARY CARE VISIT	0% COINSURANCE & \$40 CO-PAY
SPECIALIST VISIT	0% COINSURANCE & \$60 CO-PAY
PRESCRIPTION DRUG COVERAGE	SUBJECT TO THE FOLLOWING COINSURANCE & COPAYMENTS FOR A 30-DAY SUPPLY FOR EACH PRESCRIPTION: 0% COINSURANCE & \$20 COPAYMENT FOR TIER 1 DRUGS 0% COINSURANCE & \$60 COPAYMENT FOR TIER 2 DRUGS 0% COINSURANCE & \$100 COPAYMENT FOR TIER 3 DRUGS 50% COINSURANCE OR \$395 COPAYMENT FOR TIER 4 DRUGS
<i>*PRIOR AUTHORIZATION REQUIRED FOR SPECIFIC DRUGS; SUBJECT TO DRUG DEDUCTIBLE; GENERIC, PREFERRED BRAND, NON-PREFERRED BRAND AND SPECIALTY DRUGS MAY BE EITHER TIER1, TIER2, OR TIER 3 DRUGS; MAIL ORDER IS AVAILABLE THROUGH PRIME MAIL.</i>	

OPTION 2 COVERAGE OPTIONS:	DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
EMPLOYEE ONLY	\$99.75
EMPLOYEE & CHILD(REN)	\$221.83
EMPLOYEE & SPOUSE	\$247.14
FAMILY	\$250.26

RETIREES HEALTH INSURANCE SUBSIDY SUMMARY: REFERENCE CITY CODE SEC. 19-15

IF AGE 55 WITH 25 YEARS OF SERVICE WITH THE CITY, THE CITY PAYS A 50% SUBSIDY TOWARDS THE TOTAL PREMIUM. IF AGE 55 WITH AT LEAST 10 YEARS OF SERVICE WITH THE CITY, THE CITY PAYS A 25% SUBSIDY TOWARDS THE TOTAL PREMIUM. RETIREES WHO MEET SERVICE REQUIREMENTS BUT ARE LESS THAN AGE 55 MUST PAY THE FULL MONTHLY RATE UNTIL AGE 55.

RETIREES FROM FULL TIME EMPLOYMENT (EFFECTIVE OCTOBER 1, 2009) MUST CHECK WITH THE HUMAN RESOURCE DEPARTMENT FOR ELIGIBILITY.

ACCESS 2DAY HEALTH CLINIC

WWW.ACCESS2DAYHEALTH.COM

VISIT THE WEBSITE FOR A LIST OF LOCATIONS

-ELIGIBLE TO ALL EMPLOYEES, DEPENDENTS, & RETIREES ENROLLED IN THE CITY'S MEDICAL INSURANCE AT NO COST.
-PROVIDES TREATMENT FOR MINOR ILLNESS AND INJURIES AND BASIC PREVENTATIVE CARE.
-EMPLOYEES, RETIREES, & DEPENDENTS WHO VISIT THE ACCESS HEALTH CLINICS ARE ABLE TO TAKE ADVANTAGE OF ACUTE MEDICAL SERVICES WITH:

- NO CO-PAYMENT
- NO OUT OF POCKET
- NO DEDUCTIBLE
- MINIMAL WAITING TIME, FRONT OF THE LINE PRIVILEGES

COMMON CONDITIONS TREATED UNDER ACCESS HEALTH

Acute / Episodic Minor Care

Respiratory Conditions

- Allergies
- Bronchitis
- Colds
- Coughs
- Flu
- Sinus Infections
- Sore Throat
- Strep Throat

Head, Eye & Ear

- Ear Aches
- Ear Infections
- Fluorescein Eye Stain
- Pink Eye
- Styes

Skin, Hair & Nail

- Acne
- Insect Bites
- Lice
- Cold Sore
- Minor Skin Infections and Rashes
- Poison Ivy
- Sunburn
- Wart Removal

Fractures

- Orthopaedic Referral for Treatment
- X-ray On-Site or Near-site
- Simple Splinting

Digestive & Urinary

- Bladder Infection
- Diarrhea
- Nausea
- Urinary Tract Infection
- Vomiting

Lacerations & Cuts

- Minor Laceration Closure
- Incision & Drainage of Abscess



Preventive Health Care

Office Visit

- Annual Exam & Testing (No GYN Exams)
- Age Specific

Lab – General Health Panel

- CBC
- Glucose & Electrolytes
- Kidney Function
- Liver Function
- Thyroid (TSH)

Vaccinations & Shots

- Flu Shots
- Injectable Antibiotics
- Tetanus
- Hepatitis A Vaccine
- Cortisone - Steroid Shots
- Upper Respiratory Infections(URI)

Routine Primary Care

Routine Physicals

- Sports, Camp, Basic, College
- X-ray / Lab Testing
- Blood Pressure, BMI

Referrals

- Specialty Services
- Diagnostic Testing

Lab & Testing

Screening Panels

- Comprehensive Assessment
 - » Lipid Profile, Glucose, Kidney Function, Liver Function, Electrolytes, CBC, TSH (Thyroid)
 - » Additional Age Specific Wellness Testing
 - » Quick Strep Profile
 - » Quick Flu Profile

DENTAL

BLUE CROSS BLUE SHIELD OF ALABAMA

WWW.BCBSAL.COM

A COMPLETE PLAN DESCRIPTION IS AVAILABLE UPON REQUEST IN THE HUMAN RESOURCE OFFICE, POSTED ON THE BENEFITS WEBSITE AT WWW.TUSCALOOSA.COM AND IN ALIGHT

PLAN BENEFIT	IN NETWORK COVERAGE
CALENDAR YEAR DEDUCTIBLE	\$25 PER MEMBER PER CALENDAR YEAR (A MAXIMUM OF 3 DEDUCTIBLES PER FAMILY PER CALENDAR YEAR)
CALENDAR YEAR MAXIMUM BENEFITS	\$1000 PER MEMBER
BASIC – DIAGNOSTIC AND PREVENTATIVE SERVICES -ROUTINE CLEANINGS- TWICE PER CALENDAR YEAR	100%, SUBJECT TO THE DEDUCTIBLE
BASIC – RESTORATIVE SERVICES – FILLINGS & ROOT CANALS	100%, SUBJECT TO THE DEDUCTIBLE
SUPPLEMENTAL SERVICES – ORAL SURGERY & ANESTHESIA	100%, SUBJECT TO THE DEDUCTIBLE
PROSTHETIC SERVICES – CROWNS & DENTURES	50%, SUBJECT TO THE DEDUCTIBLE
PERIODONTIC SERVICES – GUM DISEASE	80%, SUBJECT TO THE DEDUCTIBLE

COVERAGE OPTIONS:**DEDUCTION PER PAY PERIOD (*TWICE A MONTH)**

EMPLOYEE ONLY	\$11.87
FAMILY	\$31.44

VISION

VSP

WWW.VSP.COM

A COMPLETE PLAN DESCRIPTION IS AVAILABLE UPON REQUEST IN THE HUMAN RESOURCE OFFICE, POSTED ON THE BENEFITS WEBSITE AT WWW.TUSCALOOSA.COM AND IN ALIGHT.

*IF ENROLLED, YOU WILL NOT RECEIVE A BENEFIT CARD. YOUR MEMBER ID IS YOUR SOCIAL SECURITY NUMBER.

PLAN BENEFIT – IN-NETWORK	IN NETWORK	FREQUENCY
EXAM	\$10 EXAM CO-PAY	EVERY CALENDAR YEAR
PRESCRIPTION GLASSES	\$20 MATERIALS CO-PAY* \$200 FRAME ALLOWANCE	SEE PLAN DESCRIPTION FOR DETAILS
CONTACTS (INSTEAD OF GLASSES)	UP TO \$60 FOR FIT & FOLLOW UP EXAM ELECTIVE - UP TO \$200 IN ALLOWANCE	EVERY CALENDAR YEAR

***REFER TO THE PLAN DESCRIPTION FOR DETAILS AND EXTRA SAVINGS**

COVERAGE OPTION	DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
EMPLOYEE ONLY	\$3.61
EMPLOYEE & CHILD(REN)	\$7.22
EMPLOYEE & SPOUSE	\$7.72
FAMILY	\$12.34

FLEXIBLE SPENDING ACCOUNTS (FSA) & DEPENDENT CARE ACCOUNTS (DCA)

HEALTH EQUITY

WWW.MYHEALTHEQUITY.COM

A COMPLETE PLAN DESCRIPTION IS AVAILABLE IN THE HUMAN RESOURCE OFFICE, POSTED ON THE BENEFITS WEBSITE AT

WWW.TUSCALOOSA.COM AND IN ALIGHT

HealthEquity
Building Health Savings™

HEALTH FLEXIBLE SPENDING ACCOUNT	DEPENDENT CARE ACCOUNT (DCA)
MINIMUM CONTRIBUTION - \$300/YEAR, PRE-TAX MAXIMUM CONTRIBUTION - \$3,400/ YEAR, PRE-TAX	MINIMUM CONTRIBUTION - \$300/YEAR, PRE-TAX MAXIMUM CONTRIBUTION - \$7500/YEAR, PRE-TAX (\$2500 IF MARRIED AND FILING SEPARATE TAX RETURNS)
<i>EXAMPLE ELIGIBLE EXPENSES: DOCTOR'S FEES, EYEGLASSES, PRESCRIPTION DRUGS</i>	<i>EXAMPLE ELIGIBLE EXPENSES: DEPENDENT DAY CARE, DEPENDENT CARE SERVICES IN OR OUTSIDE YOUR HOME, COSTS FOR HOUSEHOLD SERVICES WHICH ARE IN PART ATTRIBUTABLE TO THE CARE OF THE DEPENDENT</i>
* FOR A COMPLETE LIST, REVIEW THE IRS PUBLICATION 502	* FOR A COMPLETE LIST, REVIEW THE IRS PUBLICATION 503

IMPORTANT INFORMATION:

USE IT OR LOSE IT RULE. BEFORE DECIDING HOW MUCH TO CONTRIBUTE TO YOUR ACCOUNT, IT'S IMPORTANT TO CAREFULLY CONSIDER YOUR HEALTH CARE NEEDS AND ESTIMATE YOUR EXPENSES FOR THE YEAR. YOU NEED TO PLAN CAREFULLY BECAUSE UNDER CURRENT IRS REGULATIONS, YOU FORFEIT ANY MONEY LEFT IN YOUR ACCOUNT AFTER ALL ELIGIBLE EXPENSES HAVE BEEN REIMBURSED.

*** YOU MUST RE-ELECT YOUR CONTRIBUTIONS EACH ANNUAL ENROLLMENT PERIOD.**



SUPPLEMENTAL BENEFITS WITH

UNUM WWW.UNUM.COM

COMPLETE PLAN DESCRIPTIONS ARE AVAILABLE IN THE HUMAN RESOURCE OFFICE, POSTED ON THE BENEFITS WEBSITE AT WWW.TUSCALOOSA.COM AND IN ALIGHT.

COVERAGE	DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
ACCIDENT INSURANCE YOU YOUR SPOUSE (AGES 17 AND UP) YOUR CHILDREN (FROM BIRTH UNTIL THEIR 26 TH BIRTHDAY)	EMPLOYEE: \$13.18 EMPLOYEE & SPOUSE: \$21.52 EMPLOYEE & CHILDREN: \$23.53 FAMILY: \$31.87
CRITICAL ILLNESS INSURANCE -EMPLOYEE CAN CHOOSE \$10,000, \$20,000 OR \$30,000 -SPOUSES CAN GET 50% OF THE EMPLOYEE COVERAGE AMOUNT AS LONG AS YOU HAVE PURCHASED COVERAGE FOR YOURSELF. -CHILDREN FROM LIVE BIRTH TO AGE 26 ARE AUTOMATICALLY COVERED AT NO EXTRA COST. THEIR COVERAGE AMOUNT IS 50% OF YOURS. THEY ARE COVERED FOR ALL THE SAME ILLNESSES PLUS THESE SPECIFIC CHILDHOOD CONDITIONS: CEREBRAL PALSY, CLEFT LIP OR PALATE, CYSTIC FIBROSIS, DOWN SYNDROME AND SPINA BIFIDA. THE DIAGNOSIS MUST OCCUR AFTER THE CHILD'S COVERAGE EFFECTIVE DATE.	RATES VARY BASED ON AGE AND COVERAGE AMOUNT. VIEW PLAN SUMMARY FOR MORE DETAILS LOCATED IN ALIGHT



SUPPLEMENTAL BENEFITS WITH

MUTUAL OF OMAHA WWW.MUTUALOFOMAHA.COM

*NO EVIDENCE OF INSURABILITY (EOI) REQUIRED FOR BASIC LIFE, AD&D, VOLUNTARY LIFE, LTD OR STD AT NEW HIRE ENROLLMENT.

COMPLETE PLAN DESCRIPTIONS ARE AVAILABLE IN THE HUMAN RESOURCE OFFICE, POSTED ON THE BENEFITS WEBSITE AT WWW.TUSCALOOSA.COM AND IN ALIGHT.

COVERAGE		DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
BASIC LIFE INSURANCE	\$25,000 BENEFIT	\$1.08 DEDUCTION (TWICE A MONTH)
BASIC AD&D INSURANCE	\$25,000 ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT	NO COST TO THE EMPLOYEE. 100% EMPLOYER PAID.

VOLUNTARY TERM

LIFE INSURANCE	COVERAGE	DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
LIFE INSURANCE <i>*SUBJECT TO EOI</i>	MINIMUM \$20,000 MAXIMUM 7X ANNUAL SALARY UP TO \$500,000 <i>*INITIAL ENROLLMENT AT HIRE HAS A GI AMOUNT OF \$250,000 *IF YOU BUY UP \$10,000 AT OPEN ENROLLMENT, EOI IS NOT REQUIRED. ANY BUY UP IN EXCESS OF \$10,000 OR ABOVE \$250,000 IS SUBJECT TO EOI.</i>	RATE IS BASED ON AGE AND COVERAGE AMOUNT.
SPOUSE LIFE INSURANCE	MINIMUM \$20,000 MAXIMUM 100% OF EMPLOYEES BENEFIT UP TO \$50,000	RATE IS BASED ON EMPLOYEES AGE AND COVERAGE AMOUNT
CHILD LIFE INSURANCE	\$10,000 PER CHILD <i>*INCLUDES CHILDREN WHO ARE 14 DAYS OLD UP TO AGE 21 (25 IF A FULL TIME STUDENT)</i>	\$1.00 TWICE A MONTH REGARDLESS OF HOW MANY CHILDREN YOU HAVE

COVERAGE		DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
VOLUNTARY LONG TERM DISABILITY	BENEFITS BEGIN 90 DAYS AFTER APPROVED ONSET OF DISABLING INJURY/ILLNESS. BENEFIT IS EQUAL UP TO 60% OF YOUR BEFORE-TAX MONTHLY EARNINGS, NOT TO EXCEED THE PLAN'S MAXIMUM MONTHLY BENEFIT AMOUNT	BASED ON AGE AND ANNUAL SALARY. 100% EMPLOYEE PAID.

COVERAGE		DEDUCTION PER PAY PERIOD (*TWICE A MONTH)
VOLUNTARY SHORT TERM DISABILITY	BENEFITS BEGIN 15 DAYS AFTER APPROVED ONSET OF DISABLING INJURY/ILLNESS. BENEFIT IS EQUAL UP TO 60% OF YOUR BEFORE-TAX MONTHLY EARNINGS, NOT TO EXCEED THE PLAN'S MAXIMUM MONTHLY BENEFIT AMOUNT	BASED ON ANNUAL SALARY. 100% EMPLOYEE PAID

***CONTACT HUMAN RESOURCES, ALIGHT AND/OR THE FULL PLAN DOCUMENTS FOR MORE DETAILED INFORMATION ON COVERAGE
AMOUNTS.**

Employee Assistance Program



RIVER OAKS
EMPLOYEE ASSISTANCE PROGRAM (EAP)

FREE FOR ALL EMPLOYEES AND THEIR DEPENDENTS

THE EMPLOYEE ASSISTANCE PROGRAM PROVIDES 24/7 SERVICES, ON-SITE MANAGEMENT TRAINING, EDUCATION AND CONSULTATION SERVICES AND SUPPORT, AND REFERRAL TO AN IN-HOUSE COMPREHENSIVE ARRAY OF BEHAVIORAL HEALTH SERVICES FOR ADULTS AND CHILDREN (PSYCHIATRY, THERAPY, SUBSTANCE ABUSE TREATMENT).

HOW CAN EAP ASSIST YOU IN BEING PRODUCTIVE IN YOUR DAILY LIFESTYLE?

YOU RELY ON, THE RIVER OAKS EMPLOYEE ASSISTANCE PROGRAM. WE WILL BECOME YOUR PARTNER, HELPING YOU WORK THROUGH WHATEVER IS TROUBLING YOU, WHETHER IT IS MARITAL ISSUES OR HOW TO DEAL WITH AGING PARENTS. HERE ARE EXAMPLES OF ISSUES COVERED BY EAP:

-MARITAL/RELATIONSHIP	- PARENT/CHILD
- EMOTIONAL DISTRESS	- HEALTH CARE CONCERNS
-STRESS	- JOB RELATED ISSUES
-ANGER MANAGEMENT	- SUBSTANCE ABUSE
-AGING PARENT ISSUES	
-MAJOR LIFE EVENTS LIKE BIRTHS, ACCIDENTS, AND DEATHS	

WEBSITE: WWW.RIVEROAKSHEALTH.ORG

ADDRESS: 2209 9TH ST APT 201

PHONE: 205-650-0576 OR 1-877-221-6651

TUSCALOOSA, AL 35401

RETIREMENT OPTIONS

RETIREMENT SYSTEMS OF ALABAMA (RSA) – EMPLOYEES RETIREMENT SYSTEM (ERS)

MANDATORY FOR FULL TIME EMPLOYEES WWW.RSA-AL.GOV

TIER 1 – A MEMBER BEFORE 1/1/13	EMPLOYEE CONTRIBUTES 5% OF ELIGIBLE GROSS PAY. EMPLOYER CONTRIBUTES 11.32%.	MAY RETIRE AFTER 25 YEARS OF SERVICE OR AT AGE 60 WITH 10 YEARS OF SERVICE.
TIER 2 - A MEMBER ON OR AFTER 1/1/13	EMPLOYEE CONTRIBUTES 7.5% OF ELIGIBLE GROSS PAY. EMPLOYER CONTRIBUTES 9.73%.	MAY RETIRE AFTER 25 YEARS OF SERVICE OR AT AGE 60 WITH 10 YEARS OF SERVICE.

**CONTACT HUMAN RESOURCES FOR MORE INFORMATION.*

POLICE & FIRE PENSION PLAN <https://www.tuscopfplan.com>

MANDATORY FOR FULL TIME SWORN POLICE & FIRE EMPLOYEES ONLY

EMPLOYEE CONTRIBUTES 13.00% OF GROSS PAY. CITY CONTRIBUTES 16.50% OF GROSS PAY.	EMPLOYEES HIRED BEFORE 9/1/15 MAY RETIRE AFTER 20 YEARS OF SERVICE (YOS) (25 YOS OR ATTAINED AGE 60 WITH 20 YOS) OR ATTAINED AGE 65. EMPLOYEES HIRED AFTER 9/1/15 MAY RETIRE AFTER 20 YEARS OF SERVICE (YOS) (25 YOS OR ATTAINED AGE 60 WITH 20 YOS) OR ATTAINED AGE 65 BUT CANNOT DRAW ON THEIR PENSION BENEFITS UNTIL REACHING AGE 52.
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**CONTACT THE POLICE & FIRE PENSION BOARD, HUMAN RESOURCES OR WWW.TUSCALOOSA.COM FOR MORE INFORMATION.*

ADDITIONAL VOLUNTARY RETIREMENT OPTIONS

PROVIDER	CONTACT
RSA – 1 AND RSA1 ROTH	WWW.RSA-AL.GOV
457 DEFERRED COMPENSATION PLAN	1-877-517-0020 OR 334-517-7000
COREBRIDGE	www.corebridgefinancial.com/retire
457(B) DEFERRED COMPENSATION PLAN	AI Perry 205-967-8974 or al.perry@corebridgefinancial.com
PLAN MEMBER SECURITIES	Geoff Haynes
457(B) DEFERRED COMPENSATION PLAN	205-722-9146 or ghaynes@planmembersec.com

***CONTACT HUMAN RESOURCES FOR MORE INFORMATION.**

TOBACCO FREE WORKPLACE

THE USE OF TOBACCO PRODUCTS BY CITY STAFF & VISITORS IS PROHIBITED AT ALL TIMES ON CITY PROPERTY. TOBACCO PRODUCTS INCLUDE BUT ARE NOT LIMITED TO CIGARETTES, ELECTRONIC CIGARETTES, CIGARS, PIPES AND SMOKELESS TOBACCO. THERE WILL BE NO DESIGNATED SMOKING OR TOBACCO USE AREAS.

FREE TOBACCO CESSATION RESOURCES (*CONTACT HR FOR ADDITIONAL RESOURCES*):
1-800-QUIT-Now (784-8669) OR VISIT WWW.QUITNOWALABAMA.COM
 DOWNLOAD THE QUIT FOR LIFE APP – AMERICAN CANCER SOCIETY



LEGAL SHIELD - *DIRECT PAY ONLY. PAYROLL DEDUCTION IS NOT AVAILABLE. CONTACT JIMMY PARRISH AT 205-585-8595 OR VISIT WWW.LEGALSHIELD.COM/INFO/TUSCALOOSA TO ENROLL.*

	LEGALSHIELD GIVES YOU THE ABILITY TO TALK TO AN ATTORNEY ABOUT ANY PERSONAL LEGAL MATTER WITHOUT WORRYING ABOUT THE HIGH HOURLY COSTS. FROM WILL PREPARATION TO SPEEDING TICKETS TO FAMILY/DOMESTIC MATTERS TO IRS AUDIT PROTECTION AND CIVIL TRIAL DEFENSE ALONG WITH 24/7 EMERGENCY ACCESS. FREE MOBILE APP. LEGALSHIELD. WORRY LESS. LIVE MORE.
	VICTIMS OF ID THEFT CAN FACE CREDIT CARD FRAUD, CRIMINAL CHARTER FRAUD, TAX RETURN FRAUD, AND MORE. IDSHIELD PROVIDES FREE CREDIT SCORE, CREDIT MONITORING AND ALERTS, UNLIMITED IDENTITY THEFT CONSULTATION, COMPREHENSIVE IDENTITY RESTORATION BY LICENSED PRIVATE INVESTIGATORS, FREE MOBILE APP, AND A \$5 MILLION SERVICE GUARANTEE ALONG WITH 24/7 EMERGENCY ACCESS.

INDIVIDUAL: **LEGALSHIELD: \$16.95/MONTH** ID SHIELD: **\$8.95/MONTH** COMBINED: **\$25.90/MONTH**
 FAMILY: **LEGALSHIELD: \$18.95/MONTH** ID SHIELD: **\$18.95/MONTH** COMBINED: **\$33.90/MONTH**

CONTACT INFORMATION

PLEASE USE THIS LIST WHEN THERE IS A NEED TO CONTACT THE BENEFIT CARRIER DIRECTLY.

BENEFIT	CARRIER	CONTACT INFORMATION	GROUP NUMBER
MEDICAL	BLUE CROSS BLUE SHIELD OF ALABAMA	WWW.BCBSAL.COM 1-800-292-8868	74893
ACCESS 2DAY HEALTH CLINIC	ACCESS 2DAY HEALTH/ BCBS	www.access2dayhealth.com 1-800-292-8868	-
DENTAL	BLUE CROSS BLUE SHIELD OF ALABAMA	WWW.BCBSAL.COM 1-800-292-8868	74893
VISION	VSP	WWW.VSP.COM 1-800-877-7195	30066415 *WHEN GOING TO THE DOCTOR, REFERENCE YOUR SSN. VISION DOES NOT REQUIRE AN ID CARD.
FLEXIBLE SPENDING ACCOUNT DEPENDENT CARE ACCOUNT	HEALTH EQUITY	WWW.MYHEALTHEQUITY.COM 1-877-288-0719	-
LIFE, AD&D, LTD, STD	MUTUAL OF OMAHA	1-800-769-7159	G000AE3M
ACCIDENT AND CRITICAL ILLNESS INSURANCE	UNUM	WEBSITE: WWW.UNUM.COM UNUM CUSTOMER SERVICE 866-679-3054	ACCIDENT R0788349 CRITICAL ILLNESS 474029
EMPLOYEE ASSISTANCE PROGRAM	RIVER OAKS	WEBSITE: WWW.RIVEROAKSHEALTH.ORG PHONE: 205-650-0576 OR 1-877-221-6651	-
RETIREMENT	RETIREMENT SYSTEMS OF ALABAMA	WWW.RSA-AL.GOV 1-877-517-0020 OR 334-517-7000	-
RETIREMENT	POLICE & FIRE PENSION	https://www.tuscopfplan.com BOARD CHAIRMAN: TONY KLOSTERMANN tklostermann@TUSCALOOSA.COM	-
RETIREMENT	RSA – 1 / RSA1 Roth	WWW.RSA-AL.GOV 1-877-517-0020 OR 334-517-7000	-
RETIREMENT	Corebridge Retirement Services/VALIC	www.corebridgefinancial.com/retire Al Perry 205-967-8974 or al.perry@corebridgefinancial.com	-
RETIREMENT	PLAN MEMBER SECURITIES	GEOFF HAYNES 205-722-9146 OR GHAYNES@PLANMEMBERSEC.COM	-
LEGAL & IDENTITY THEFT PROTECTION	LEGAL SHIELD	JIMMY PARRISH AT 205-585-8595 WWW.LEGALSHIELD.COM/INFO/TUSCALOOSA	-

EMPLOYEE SELF SERVICE - MUNIS

ALLOWS YOU TO ACCESS YOUR PAYCHECKS STUBS AND W-2'S AT ANY TIME.

WEBSITE: [HTTP://TUSCALOOSA.MUNISSELFERVICE.COM](http://TUSCALOOSA.MUNISSELFERVICE.COM)

USERNAME: FIRST INITIAL, LAST INITIAL, AND THE LAST 4 DIGITS OF YOUR SSN

INITIAL PASSWORD: LAST 4 OF YOUR SSN

EXAMPLE: IF YOUR NAME IS JANE DOE AND THE LAST 4 DIGITS OF YOUR SSN ARE 1234

USERNAME= JD1234

PASSWORD = 1234

IF YOU NEED YOUR PASSWORD RESET, CONTACT HUMAN RESOURCES.

ALIGHT WORKLIFE – BENEFIT ENROLLMENT PLATFORM

A BENEFITS PLATFORM THAT ALLOWS YOU TO ACCESS CURRENT BENEFIT INFORMATION, MAKE ANNUAL OPEN ENROLLMENT AND LIFE EVENT CHANGES, UPLOAD DOCUMENTS, AND PRINT DOCUMENTS AT YOUR CONVENIENCE.

WEBSITE: [HTTPS://WORKLIFE.ALIGHT.COM/TUSCALOOSA](https://WORKLIFE.ALIGHT.COM/TUSCALOOSA)

USERNAME: COT+ 5 DIGIT MUNIS EMPLOYEE ID NUMBER, NO DASHES

PASSWORD: EIGHT-DIGIT DATE OF BIRTH, MMDDYYYY FORMAT (EXAMPLE: 06101975)

ALIGHT WORKLIFE ASSIST TEAM: 855-210-1938

HOURS OF OPERATION: 8 A.M. TO 8 P.M. ET

EMAIL ADDRESS: CITYOFTUSCALOOSA@ALIGHT.COM



DOWNLOAD THE SMARTBEN NOW APP!

SMARTBEN NOW ALLOWS YOU TO ACCESS UP TO DATE INFORMATION ABOUT YOUR EMPLOYER-PROVIDED BENEFITS, KEEPING YOU PLUGGED INTO YOUR BENEFITS WHEN AND WHERE YOU NEED IT! SMARTBEN NOW IS AVAILABLE FOR BOTH APPLE AND ANDROID DEVICES IN THE APP STORE AND GOOGLE PLAY.

HUMAN RESOURCE DEPARTMENT

BUSINESS HOURS: MONDAY – FRIDAY 7:00AM TO 5:00PM

PHONE: 205-248-5230 **FAX:** 205-248-5795

ADDRESS: 2201 UNIVERSITY BLVD. TUSCALOOSA, AL 35401

EMAIL: HRINFO@TUSCALOOSA.COM
