

DUN  DIN

Home of Honeymoon Island



2015 | 2016

*Employee Benefit Highlights*

## IMPORTANT CONTACT INFORMATION

| City of Dunedin   | Contact Name                  | Contact Information  |
|---|-------------------------------|--|
| <b>Human Resources</b>  | Paula McLemore                | Phone: (727) 298-3044<br>Email: pmclemore@dunedinfl.net  |
| Service   | Provider                      | Contact Information  |
| <b>Online Benefit Enrollment</b>                                      | BenTek                        | Customer Service: (888) 5-BenTek (523-6835)<br>www.mybentek.com/dunedin  |
| <b>Employee Health Center</b>   | Cigna On-Site                 | Contact Human Resources: (727) 298-3040  |
| <b>Medical Insurance</b>  | Humana                        | Customer Service: (800) 448-6262<br>www.humana.com   |
| <b>Prescription Mail-Order Program</b>                                | Right Source Rx               | Customer Service: (800) 379-0092<br>www.rightsourcerx.com  |
| <b>Health Reimbursement Account</b>                                   | Benefits Workshop             | Customer Service: (888) 537-3539<br>www.benefitsworkshop.com/dunedin   |
| <b>Dental Insurance</b>   | Humana                        | Customer Service: (800) 979-4760<br>www.humanadental.com   |
| <b>Vision Insurance</b>   | Humana                        | Customer Service: (866) 537-0229<br>www.humanavisioncare.com   |
| <b>Flexible Spending Accounts</b>                                     | Benefits Workshop             | Customer Service: (888) 537-3539<br>www.benefitsworkshop.com/dunedin   |
| <b>Basic Life and AD&amp;D Insurance and Voluntary Life Insurance</b> | Cigna                         | Customer Service: (800) 362-4462 Opt. 5<br>www.cigna.com   |
| <b>Short Term Disability Insurance</b>                                | Cigna                         | Customer Service: (800) 732-1603<br>www.cigna.com  |
| <b>Voluntary Long Term Disability Insurance</b>                       | Cigna                         | Customer Service: (800) 732-1603<br>www.cigna.com  |
| <b>Employee Assistance Program</b>                                    | Health Advocate               | Customer Service: (877) 240-6863<br>www.healthadvocate.com/members<br>Email: answers@healthadvocate.com                                    |
| <b>Life Assistance Program</b>  | Cigna                         | Customer Service: (800) 538-3543<br>www.cignabehavioral.com/CGI  |
| <b>Supplemental Insurance</b>   | Aflac                         | Agent: William H. "Bud" Carr Jr.<br>Phone: (727) 744-9160<br>Email: william_carrjr@us.aflac.com<br>www.aflac.com                           |
|   | Colonial                      | Agent: Barbara Powell<br>Phone: (727) 538-2960<br>Customer Service: (800) 325-4368   |
| <b>Legal Insurance</b>  | LegalShield                   | Agent: Don Thompson<br>Customer Service: (800) 654-7757<br>www.legalshield.com   |
| <b>Pet Insurance</b>  | Voluntary Pet Insurance (VPI) | Customer Service: (877) 738-7874<br>www.petsvpi.com  |
| <b>Retirement Plans</b>   | FRS                           | Customer Service: (888) 738-2252<br>http://frs.myflorida.com   |
|   | Empower Retirement            | Agent: Christina Constantine<br>Phone: (727) 282-7048<br>Email: christina.constantine@empower-retirement.com<br>www.empower-retirement.com |

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# Introduction

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The City of Dunedin offers a comprehensive benefit package for all eligible employees. A variety of these employee benefit programs have been highlighted in this booklet as a general reference. Please refer to the City's Handbook and group insurance Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. Questions and further clarifications regarding this booklet's contents may be directed to Human Resources.

## Notices

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### **COBRA Continuation of Medical Coverage Benefits**

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), employees and/or dependents may be able to continue their enrollment in certain health plans such as medical, dental and vision; if such coverage is terminated or changed due to a qualifying event.

### **Medicare Part D Creditable Coverage**

The City's prescription drug coverage(s) are considered Creditable Coverage under Medicare Part D. If you or your dependents are or will be eligible for Medicare, you may obtain more information by requesting a Medicare Part D Disclosure of Creditable Coverage Notice.

### **Notice of Privacy Practice of the City of Dunedin**

The City's Privacy Notice is available and you can obtain a copy by contacting Human Resources.

*More information is available on the above Notices by contacting Human Resources.*

## Online Benefit Enrollment

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### **BenTek**

**Technical Support - Email: [support@mybentek.com](mailto:support@mybentek.com)**

**Technical Support - Phone: (888) 5-BenTek (523-6835)**

The City will continue to provide an electronic enrollment option through BenTek's Employee Benefits Center (EBC). The EBC provides benefit eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events module.

Open enrollment has never been easier. Accessible 24 hours a day during the open enrollment process, information about all of your employee benefits election options, including premiums and carrier contact information, are also available to help you make informed decisions. You can also log on to the EBC at any time to review your benefits, access carrier links, update life insurance beneficiaries, and report qualifying events.



Accessing BenTek:

- Log on to **[www.mybentek.com/dunedin](http://www.mybentek.com/dunedin)**
- Sign in by using your previously created username and password or follow the instructions to set up your own username and password. You may contact BenTek support at (888) 5-BenTek (523-6835) for assistance.
- Enter BenTek to review current elections, learn about your benefit options, and make any elections or changes.
- You may also update your life insurance beneficiary designation(s).
- You have the option to print out your enrollment summary statement containing all your benefit elections for you and your family including your life insurance beneficiary designations.

If any technical questions arise while visiting the EBC, please email BenTek Support at **[support@mybentek.com](mailto:support@mybentek.com)** or call **(888) 5-BenTek (523-6835)**, Monday through Friday, during regular business hours.

***To access your group insurance benefits online, log on to [www.mybentek.com/dunedin](http://www.mybentek.com/dunedin)***

## Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for each medical plan option is **provided as a supplement** to this booklet which is being distributed to new hires and existing employees during open enrollment. The summaries are an important item in understanding your benefit options. A free paper copy of the SBC document may be requested or is available as follows:

From: Human Resources  
Address: 750 Milwaukee Ave.  
Dunedin, FL 34698  
Phone: (727) 298-3044  
Email: [pmclemore@dunedinfl.net](mailto:pmclemore@dunedinfl.net)  
Through the enrollment software - BenTek: [www.mybentek.com/dunedin](http://www.mybentek.com/dunedin)

The SBC is only a summary of the plan's coverage. A copy of the plan document, policy, or certificate of coverage should be consulted to determine the governing contractual provisions of the coverage. A copy of the actual group certificate of coverage can be reviewed and obtained by contacting Human Resources or on the following web address: [www.mybentek.com/dunedin](http://www.mybentek.com/dunedin).

If you have any questions about the plan offerings or coverage options, please contact Human Resources at (727) 298-3044.

# Group Insurance Eligibility

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The City's group insurance plan year is October 1st through September 30th.

## Employee Eligibility

Employees are eligible to participate in any of the City's insurance plans if they are benefit eligible employees working a minimum of 35 or more hours per week. Employees working more than 30 hours, but less than 35 hours, per week on a year round basis, may elect to participate in the City's Base HMO medical plan option only.

Coverage will be effective the first day of the month following 30 calendar days of employment. For example: If you are hired on April 11th, your coverage will be effective on June 1st.

## Termination

If you separate employment from the City, your insurance will continue through the end of the month in which the separation occurred. COBRA continuation of coverage may be available as applicable by law.

## Dependent Eligibility

A dependent is defined as the legal spouse (same/opposite sex)/domestic partner and/or dependent child(ren) of the participant or spouse/domestic partner. The term "child" includes any of the following:

- A natural child
- A foster child
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse
- A stepchild
- A newborn (up to age 18 months) of a covered dependent (Florida)
- A legally adopted child

**Medical Coverage:** Dependent children may be covered through the end of calendar year in which they turn 26.

Overage Dependents may continue to be covered on the medical plan to the end of the calendar year in which the dependent reaches the age of 30, if the dependent meets the following requirements:

- Unmarried with no dependents; AND
- A Florida resident, or full-time or part-time student; AND
- Otherwise uninsured; AND
- Not entitled to Medicare benefits under Title XVIII of the Social Security Act, unless the child is handicapped.

Please see Taxable Dependents below if covering eligible over age dependents over age 26.

**Dental Coverage:** Dependent children may be covered through the end of the calendar year in which they turn 26. However, certain eligibility requirements may apply for dependents over age 19. Please see Human Resources for details.

**Vision Coverage:** Dependent children may be coverage through the end of the calendar year in which they turn 26.

## Disabled Dependents

Coverage for an unmarried dependent child may be continued beyond age 26 if:

1. The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); AND
2. The dependent is otherwise eligible for coverage under the group medical plan; AND
3. The dependents coverage with the City began prior to age 26; AND
4. Proof of dependents disability will be required to be submitted to Humana within 31 days of the dependent turning age 26.

Proof of disability will be required upon request. Please contact Human Resources if further clarification is required.

## Domestic Partner

Domestic Partners may be eligible to participate in the City's group medical, dental and vision insurance plans and will be required to complete a Declaration of Domestic Partnership. IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to domestic partner coverage. Employees insuring domestic partners and/or child dependents of a domestic partner will see the insurance premium deductions on a post-tax basis, and any amount subsidized by the employer will be reported as "imputed income" to the employee. You may contact Human Resources for further details and rates if you are covering a domestic partner at any time during the upcoming calendar year.

# Group Insurance Eligibility *(continued)*

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## Taxable Dependents

IRS guidelines state that an employee may not receive a tax advantage on any portion of premium paid related to non-qualified dependents; therefore, employees covering adult children under their medical insurance plan may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which the child reaches age 26. Beginning January 1st of the calendar year in which the child reaches age 27 through the end of the calendar year in which the child reaches age 30, that portion of medical insurance premium that is attributable to covering the overage dependent (the “OAD value”) will be deducted on a post tax basis, and any amount subsidized by the employer will be reported as “imputed income” to the employee. You may contact Human Resources for further details and rates if you are covering an adult child who will turn 27-30 any time during the upcoming calendar year.

## Qualifying Events and IRS Code Section 125

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### IRS Code Section 125

Premiums for medical, dental and vision insurance, certain supplemental plans and contributions to FSA accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under the IRS regulations for Section 125, your elected coverage is required to remain in effect for the entire plan year. Changes to your pre-tax benefits can ONLY be made during the open enrollment period.

This means that you and your dependents cannot arbitrarily:

- Change plans
- Cancel coverage
- Add dependents
- Remove dependents

***Please Note: This is not a Human Resources policy, but is governed by the IRS Code, Section 125.***

Under certain circumstances you may be allowed to make changes to your benefit elections during the plan year. However, the event must affect you, your spouse, or your dependent’s coverage eligibility. An “eligible” qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125. Any requested changes must be consistent with and on account of the qualifying event.

### Examples of qualifying events

- You get married or divorced
- Birth of a child
- You gain legal custody or adopt a child
- Your spouse and/or other dependent(s) die(s)
- You, your spouse, or dependent(s) terminate or start employment
- An increase or decrease in your work hours causing eligibility or ineligibility
- A covered dependent no longer meets eligibility criteria for coverage
- A child gains or loses coverage with an ex-spouse
- Change of coverage under an employer’s plan
- Gain or loss of Medicare coverage
- Losing eligibility for coverage under a State Medicaid or CHIP, including the Florida Kid Care program (60 day notification period)
- Becoming eligible for State premium assistance under Medicaid or CHIP (60 day notification period)
- Enrollment in a qualified health plan offered through an Exchange during a special enrollment period

### **IMPORTANT**

If you experience a qualifying event, **you must contact Human Resources within 30 days of the qualifying event** to make the appropriate changes to your coverage. Beyond 30 days, requests will be denied and the employee may be responsible both legally and financially for any claim and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the first of the month following the qualifying event, except for newborns which are effective on the date of birth. Any cancellations will be processed at the end of the month, except coverage terminates the date following a death. You will be required to furnish valid documentation supporting a change in status or “Qualifying Event.”

# Employee Health Center

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**Employee Health Center**  
**Phone: (727) 298-1788**

**Located in the Powell Professional Center**  
**401 Corbett Street, Suite 240**  
**Clearwater, Florida 33756**

## City of Dunedin Employee Health Center

The Employee Health Center (EHC) was established to provide City employees easy access to the highest quality medical care at no cost. The EHC is available to individuals who are enrolled in the City's medical insurance plans; including employees, dependents and retirees.

The EHC is administered by a third-party vendor that is not directly affiliated with Clearwater or the City of Dunedin. Utilization is entirely voluntary. All visits with Employee Health Center staff are completely confidential and no personal information is shared with your employer. Employees still have access to primary care physicians, specialists, hospitals, and outpatient facilities through the City's medical plans.

## Why Choose The Employee Health Center?

- No copays
- Many prescriptions dispensed onsite are free
- 100% confidential and HIPAA compliant
- First 1.50 hours no charge to sick leave

## What Services Can Be Performed At The EHC?

- Primary Care
- Acute, Chronic & Urgent Care
- Prescription Dispensing
- Labs Performed Onsite - no trip to a separate facility
- Personal Health Assessment (See the Wellness Incentive page for additional information)
- Referrals for Advanced Imaging Services

## Prescription Medications

The Employee Health Center stocks widely used generic and brand name medications at no cost to patients. Health Center staff can prescribe medication for a variety of acute conditions, such as antibiotics for the cold or flu. Medications can also be dispensed for chronic conditions including high blood pressure, cholesterol, acid reflux, and diabetes. If the Health Center does not stock a prescribed medication, the staff will provide a script to take to the local pharmacy to purchase through the City's medical insurance plan.

## Accessing the Employee Health Center *(Please know the Hours of Operation are TBD and subject to change)*

Appointments are required for all primary care visits and are scheduled in 20 minute intervals. The medical staff will advise you if you may need a longer appointment. Walk-ins will be accommodated based on the Employee Health Center's open appointment times and severity of the medical issue. To schedule an appointment, call (727) 298-1788 or contact Human Resources for additional information.

| <b>Hours of Operation</b> <i>(Subject to Change)</i> |                       |                 |                       |
|--|-----------------------|-----------------|-----------------------|
| <b>Monday</b>  | 7:00 a.m. – 5:00 p.m. | <b>Thursday</b> | 7:00 a.m. – 5:00 p.m. |
| <b>Tuesday</b>                                       | 7:00 a.m. – 5:00 p.m. | <b>Friday</b>   | 7:00 a.m. – 5:00 p.m. |
| <b>Wednesday</b>                                     | 7:00 a.m. – 5:00 p.m. | <b>Sat/Sun</b>  | Closed                |

## **Please Note the Following:**

- *The Employee Health Center (EHC) may be closed on certain Holidays. For a schedule of EHC Holiday Closures, please contact Human Resources or the Employee Health Center.*
- *Employees cannot go to the Employee Health Center while on the clock or in a City vehicle – they must clock out and they must use a personal vehicle.*

# Employee Wellness Incentive Program

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For the 2015-2016 plan year, the City will contribute \$250 into an HRA account for any employee enrolled in the Base HMO Plan, which is in addition to the below Wellness Incentive Program funding.

Take charge of your health and earn money to put towards your medical plan by visiting the Employee Health Center. Upon completion of a Personal Health Assessment, an employee may receive plan specific funding. For more detailed information, see the Health Reimbursement Account page.

Employees enrolled in a medical plan may receive the funding listed:

| Plan              | Funding  |
|-------------------|--|
| Base HMO Plan     | Employee: An additional \$350 towards HRA Funding<br>Spouse: An additional \$100 towards HRA Funding |
| Buy-Up HMO Plan   | Up to a \$150 Premium Credit towards one month's premium   |
| National POS Plan | Up to a \$150 Premium Credit towards one month's premium   |

## What is a Personal Health Assessment?

A Personal Health Assessment (PHA) consists of completing a health questionnaire coupled with lab work and biometric screenings performed by Cigna staff at the Employee Health Center.

## Scheduling is Easy

All employees and their dependents enrolled in the City's medical insurance plan have access to the Employee Health Center, which provides care at no cost to you. Please contact Human Resources for additional details regarding scheduling an appointment.

## How Do I Get the Funds in My HRA?

After completing your PHA, the clinic will give you a completed PHA form. Bring this form to Human Resources for processing of your additional HRA money. If you have completed a PHA this year (since January 2015), simply submit your PHA form to Human Resources. You must submit your completed PHA form to Human Resources before September 15th in order to receive your HRA funds for the 2015-2016 plan year. *New Hires will receive a prorated HRA Funding amount based on the effective date of benefits (PHA needs to be completed within 30 days of effective date).*

## Employee Health Center

*Operated by: Cigna On-Site*

Located in the Powell Professional Center

401 Corbett Street, Suite 240, Clearwater, Florida 33756

Phone: (727) 298-1788

## HumanaVitality® Program is NEW this year!

HumanaVitality® is a fun, rewarding voluntary wellness program for medical plan participants through Humana. HumanaVitality® is a wellness and rewards program in which members earn Vitality Points™ for completing various healthy lifestyle activities, including online educational assessments, preventive screenings and fitness activities. Vitality Points accumulated are ultimately redeemable for rewards. The more members engage in HumanaVitality, the more Vitality Points they can earn.

**Participation in the HumanaVitality® Program will affect your HRA funding for future years.**

# Medical Insurance Premiums

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Humana medical plans. The information contained in this Booklet regarding your medical plans is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Humana's Customer Service at (800) 448-6262.

The City offers medical insurance through Humana to benefit eligible employees. Payroll deductions for coverage are listed in the premium tables below. **For information about your medical plan please refer to the Summary of Benefits and Coverage (SBC) provided.**

## Medical Insurance - Humana Base HMO Plan - 26 Payroll Deductions Per Plan Year

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$681.30                | \$656.96               | \$24.34                    | \$11.23                          |
| Employee + One    | \$1,267.41              | \$1,031.95             | \$235.46                   | \$108.67                         |
| Employee + Family | \$1,892.02              | \$1,381.51             | \$510.51                   | \$235.62                         |

## Medical Insurance - Humana Buy-Up HMO Plan - 26 Payroll Deductions Per Plan Year

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$766.97                | \$655.24               | \$111.73                   | \$51.57                          |
| Employee + One    | \$1,506.71              | \$1,014.04             | \$492.67                   | \$227.39                         |
| Employee + Family | \$2,315.43              | \$1,354.39             | \$961.04                   | \$443.56                         |

## Medical Insurance - Humana National POS Plan - 26 Payroll Deductions Per Plan Year

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$806.89                | \$656.52               | \$150.37                   | \$69.40                          |
| Employee + One    | \$1,586.53              | \$1,016.60             | \$569.93                   | \$263.04                         |
| Employee + Family | \$2,439.20              | \$1,358.35             | \$1,080.85                 | \$498.85                         |

# Medical Insurance

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The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Humana medical plans. The information contained in this Booklet regarding your medical plans is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Humana's Customer Service at (800) 448-6262.

## Medical Opt Out Benefit

If you are covered by another medical insurance plan (example: an individual policy, as a dependent under a spouse's policy, military insurance, etc.) and you wish to opt out of the City's medical insurance plan, the City will reimburse you \$50 net per pay (which is taxable income). However, you will still be enrolled in Employer Paid coverage's such as Basic Life Insurance, Accidental Death and Dismemberment, Short Term Disability, and the Employee Assistance Program (EAP) at no cost to you. You must provide proof of other medical insurance (i.e., certificate of insurance, copy of identification card, or copy of current policy) and sign a declination form. You will be required to verify this information on an annual basis and notify the City of any changes to outside insurance.

## Other Available Plan Resources

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Humana offers to all enrolled members and dependents additional services and discounts through value added programs. **For more details regarding other available plan resources, please refer to your Summary of Benefits and Coverage (SBC),** contact Humana's Customer Service at (800) 448-6262 or visit [www.humana.com](http://www.humana.com).

## How To Locate A Provider

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To search for a participating provider, contact Customer Service or visit [www.humana.com](http://www.humana.com). Click the "Insurance Through Your Employer" tab and under the "Employee Resources" section, choose "Provider Finder". Under "Search by Humana Plan or Member ID" you can either enter your member ID number and search, or select the "Insurance through your employer" option, enter your zip code and then choose your network, either "HMO Premier" or "National POS-Open Access", based on which plan you have elected to participate in.

# Medical Insurance: Humana Base HMO Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Humana medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Humana's Customer Service at (800) 448-6262.

|  |  |
|--|--|
| Network  | HMO Premier                            |
| <b>Plan Year Deductible (PYD)*</b>                                   | <b>In Network</b>                      |
| Single   | \$1,000                                |
| Family   | \$2,000                                |
| <b>Coinsurance</b>   | <b>In Network</b>                      |
| Member Responsibility  | 30%                                    |
| <b>Plan Year Out-of-Pocket Limit*</b>                                | <b>In Network</b>                      |
| Single   | \$2,500                                |
| Family   | \$5,000                                |
| What Applies to the Out-of-Pocket Limit?                             | Deductible, Coinsurance, Copays and Rx |
| <b>Physician Services</b>  | <b>In Network</b>                      |
| <b>Primary Care Physician (PCP) through Employee Health Center</b>   | <b>No Charge at Health Center Only</b> |
| Primary Care Physician (PCP) Office Visit (PCP Election is Required) | \$35 Copay                             |
| Specialist Office Visit (No Referral Required)                       | \$45 Copay                             |
| <b>Freestanding Facility; Non-Hospital Services</b>                  | <b>In Network</b>                      |
| Clinical Lab (Blood Work): LabCorp or Quest**                        | No Charge                              |
| X-rays   | No Charge                              |
| Advanced Imaging (MRI, PET, CT)                                      | No Charge                              |
| Outpatient Surgery in Surgical Center                                | Member Pays 30% After PYD              |
| Physician Services at Surgical Center                                | No Charge                              |
| <b>Hospital Services</b>   | <b>In Network</b>                      |
| Inpatient Hospital (Per Admission)                                   | Member Pays 30% After PYD              |
| Outpatient Hospital (Per Visit)                                      | Member Pays 30% After PYD              |
| Physician Services at Hospital                                       | No Charge                              |
| Emergency Room (Per Visit; Waived if Admitted)                       | \$150 Copay                            |
| Urgent Care (Per Visit)  | \$40 Copay                             |
| <b>Mental Health / Alcohol &amp; Substance Abuse</b>                 | <b>In Network</b>                      |
| Inpatient Hospitalization (Per Admission)                            | Member Pays 30% After PYD              |
| Outpatient Services (Per Visit)                                      | \$35 Copay                             |
| <b>Prescription Drugs (Rx)</b>                                       | <b>In Network</b>                      |
| Level 1  | \$15 Copay                             |
| Level 2  | \$30 Copay                             |
| Level 3  | \$55 Copay                             |
| Level 4  | 25% Coinsurance (\$250 Per Rx Maximum) |
| Mail-Order Drug (90 Day Supply)                                      | 2x Retail Copay                        |

**\*Effective October 1st, the plan accumulators will run on a plan year, October 1st through September 30th (no longer Calendar Year).**

**\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Humana. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Humana's HMO Premier Network prior to receiving services.**

**Please Note the Following:**

- This plan includes funding of \$250 in a Health Reimbursement Account (Employee Only or Employee + Family, see the Wellness Incentive Page).
- Services received by providers or facilities not in the **Humana's HMO Premier Network** will be denied.
- Ambulance services are usually out-of-network.

# Health Reimbursement Account *(For Base HMO Participants Only)*

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Humana medical plans. The information contained in this Booklet regarding your medical plans is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan please contact Humana's Customer Service at (800) 448-6262. For any additional questions regarding your Health Reimbursement Account please contact Benefits Workshop Customer Service at (888) 337-3539.

**Benefits Workshop**  
**Customer Service: (888) 537-3539**  
**[www.BenefitsWorkshop.com/dunedin](http://www.BenefitsWorkshop.com/dunedin)**

**Claims Mailing Address:**  
**P.O. Box 56828**  
**Jacksonville, FL 32241**

The City will continue to contribute to an HRA account for employees who participate in the **Humana Base HMO Plan**. The City utilizes Benefits Workshop for the administration of the Health Reimbursement Account (HRA). HRA monies are funded by the City and can be used for any qualified medical expenses such as copayments, deductibles and coinsurance for physician services, hospital services, prescription drugs, dental and vision services, etc. The HRA monies provide tax-free funds to cover those expenses incurred under the medical plan.

## HRA Funding Allotment

HRA Funding for 2015/2016 is as follows:

- \$250 for Employee Only/Employee + Family.
- Unused funds roll-over year to year.
- After six years vesting, unused funds roll into a retirement account upon separation.

## Wellness Incentives

Additional HRA funding incentives are available upon completion of a Personal Health Assessment and follow up visit at the Employee Health Center as follows:

- \$350 for Employee.
- \$100 for Legally Married Spouse.
- Participation in the HumanaVitality® Program with affect your HRA funding for future years

## Do I still need to keep my receipts?

Yes. During the year, you should keep all receipts and documentation for prescriptions and medical related expenses for all transactions so that you have them if needed to verify a claim for Benefits Workshop or for IRS taxes. If asked to produce documentation, a valid Explanation of Benefits (EOB) and receipt of payment for the services rendered will be sufficient.

## How can I find my available HRA balance for the debit MasterCard?

You can check your available balance, activity and account history anytime online at [www.benefitsworkshop.com/dunedin](http://www.benefitsworkshop.com/dunedin) or you can call (888) 537-3539.

## Expenses Eligible for Reimbursement

Employees may request reimbursement of expenses for yourself or your qualified dependents covered under the Humana Base HMO Plan. Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. Expenses you incur to improve general medical or cosmetic expenses are not eligible. Reimbursement checks will be issued to the employee throughout the year for incurred expenses up to the maximum annual benefit amount. You also have the option of having your reimbursement deposited directly to your checking account. For more information regarding eligible expenses, visit Benefits Workshop online at [www.benefitsworkshop.com/dunedin](http://www.benefitsworkshop.com/dunedin). Please note that domestic partners are not eligible to use the HRA as federal law does not recognize them as a qualified dependent.

## How to File a Claim

### • First Option: Debit Card

Each employee will be provided with a Debit Card to use for payment of out-of-pocket medical expenses. This may prevent the employee from having to pay an expense first and then seek reimbursement. However, you may be required to submit documentation of any expenses that do not match a copay associated with a specific service under the Humana Base HMO plan.

### • Second Option: Paper Claim

Employees may submit claim forms to Benefits Workshop with an Explanation of Benefits form from the insurance carrier or receipts for eligible medical services throughout the plan year. Claim forms can be submitted via fax to (904) 880-2830, which is indicated on the claims form, or via mail to address listed above.

**All claims must be filed within 90 days after the end of the plan year (September 30, 2016) or 30 days from the date you become ineligible to file for expenses incurred while you were a participant during the plan year.**

# Medical Insurance: Humana HMO Buy-Up Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Humana medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Humana's Customer Service at (800) 448-6262.

|  |  |
|--|--|
| Network  | HMO Premier                            |
| <b>Plan Year Deductible (PYD)*</b>                                   | <b>In Network</b>                      |
| Single   | Does Not Apply                         |
| Family   | Does Not Apply                         |
| <b>Coinsurance</b>   | <b>In Network</b>                      |
| Member Responsibility  | 0%                                     |
| <b>Plan Year Out-of-Pocket Limit*</b>                                | <b>In Network</b>                      |
| Single   | \$2,500                                |
| Family   | \$5,000                                |
| What Applies to the Out-of-Pocket Limit?                             | Coinsurance, Copays and Rx             |
| <b>Physician Services</b>  | <b>In Network</b>                      |
| <b>Primary Care Physician (PCP) through Employee Health Center</b>   | <b>No Charge at Health Center Only</b> |
| Primary Care Physician (PCP) Office Visit (PCP Election is Required) | \$20 Copay                             |
| Specialist Office Visit (No Referral Required)                       | \$35 Copay                             |
| <b>Freestanding Facility; Non-Hospital Services</b>                  | <b>In Network</b>                      |
| Clinical Lab (Blood Work): LabCorp or Quest**                        | No Charge                              |
| X-rays   | No Charge                              |
| Advanced Imaging (MRI, PET, CT)                                      | No Charge                              |
| Outpatient Surgery in Surgical Center                                | \$250 Copay                            |
| Physician Services at Surgical Center                                | No Charge                              |
| <b>Hospital Services</b>   | <b>In Network</b>                      |
| Inpatient Hospital (Per Day Copay)                                   | \$500 Copay                            |
| Outpatient Hospital (Per Visit)                                      | \$250 Copay                            |
| Physician Services at Hospital                                       | No Charge                              |
| Advanced Imaging (MRI, PET, CT)                                      | \$35 Copay                             |
| Emergency Room (Per Visit; Waived if Admitted)                       | \$150 Copay                            |
| Urgent Care (Per Visit)  | \$35 Copay                             |
| <b>Mental Health / Alcohol &amp; Substance Abuse</b>                 | <b>In Network</b>                      |
| Inpatient Hospitalization (Per Admission)                            | \$500 Copay                            |
| Outpatient Services (Per Visit)                                      | \$20 Copay                             |
| <b>Prescription Drugs (Rx)</b>                                       | <b>In Network</b>                      |
| Level 1  | \$10 Copay                             |
| Level 2  | \$25 Copay                             |
| Level 3  | \$50 Copay                             |
| Level 4  | 25% Coinsurance (\$250 Per Rx Maximum) |
| Mail-Order Drug (90 Day Supply)                                      | 2x Retail Copay                        |

**\*Effective October 1st, the plan accumulators will run on a plan year, October 1st through September 30th (no longer Calendar Year).**

**\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Humana. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with Humana's HMO Premier Network prior to receiving services.**

**Please Note the Following:**

- Services received by providers or facilities not in the **Humana HMO Premier Network** will be denied.
- Ambulance services are usually out-of-network.

# Medical Insurance: Humana National POS Plan At-A-Glance

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefit Highlights Booklet, is your primary source of information regarding your Humana medical plan. The information contained in this Booklet regarding your medical plan is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Humana's Customer Service at (800) 448-6262.

| Network  | National POS-Open Access               |                   |
|--|--|-------------------|
| Plan Year Deductible (PYD)*  | In Network                             | Out of Network    |
| Single   | Does Not Apply                         | \$500             |
| Family   | Does Not Apply                         | \$1,000           |
| Coinsurance  | In Network                             | Out of Network    |
| Member Responsibility  | 0%                                     | 30%               |
| Plan Year Out-of-Pocket Limit*                                       | In Network                             | Out of Network    |
| Single   | \$2,500                                | \$4,000           |
| Family   | \$5,000                                | \$8,000           |
| What Applies to the Out-of-Pocket Limit?                             | Coinsurance, Copays and Rx             |                   |
| Physician Services   | In Network                             | Out of Network*** |
| <b>Primary Care Physician (PCP) through Employee Health Center</b>   | <b>No Charge at Health Center Only</b> |                   |
| Primary Care Physician (PCP) Office Visit (PCP Election is Required) | \$20 Copay                             | 30% After PYD     |
| Specialist Office Visit (No Referral Required)                       | \$35 Copay                             | 30% After PYD     |
| Freestanding Facility; Non-Hospital Services                         | In Network                             | Out of Network*** |
| Clinical Lab (Blood Work): LabCorp or Quest**                        | No Charge                              | 30% After PYD     |
| X-rays   | No Charge                              |                   |
| Advanced Imaging (MRI, PET, CT)                                      | No Charge                              |                   |
| Outpatient Surgery in Surgical Center                                | \$200 Copay                            |                   |
| Physician Services at Surgical Center                                | No Charge                              |                   |
| Hospital Services  | In Network                             | Out of Network*** |
| Inpatient Hospital (Per Day Copay)                                   | \$250 Copay Per Day for First 5 Days   | 30% After PYD     |
| Outpatient Hospital (Per Visit)                                      | \$200 Copay                            | 30% After PYD     |
| Physician Services at Hospital                                       | No Charge                              | 30% After PYD     |
| Advanced Imaging (MRI, PET, CT)                                      | \$35 Copay                             | 30% After PYD     |
| Emergency Room (Per Visit; Waived if Admitted)                       | \$75 Copay                             | \$75 Copay        |
| Urgent Care (Per Visit)  | \$50 Copay                             | 30% After PYD     |
| Mental Health / Alcohol & Substance Abuse                            | In Network                             | Out of Network*** |
| Inpatient Hospitalization (Per Admission)                            | \$250 Copay Per Day for First 5 Days   | 30% After PYD     |
| Outpatient Services (Per Visit)                                      | \$20 Copay                             | 30% After PYD     |
| Prescription Drugs (Rx)  | In Network                             | Out of Network*** |
| Level 1  | \$10 Copay                             | Not Covered       |
| Level 2  | \$25 Copay                             |                   |
| Level 3  | \$50 Copay                             |                   |
| Level 4  | 25% Coinsurance (\$250 Per Rx Maximum) |                   |
| Mail-Order Drug (90 Day Supply)                                      | 3x Retail Copay                        |                   |

**\*Effective October 1st, the plan accumulators will run on a plan year, October 1st through September 30th (no longer Calendar Year).**

**\*\*LabCorp or Quest Diagnostics are the preferred labs for bloodwork through Humana. When using a lab other than LabCorp or Quest, please be sure to confirm they are contracted with **Humana's National POS Network** prior to receiving services.**

**\*\*\*Out-Of-Network Balance Billing:** For information regarding Out-of-Network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the Summary of Benefits and Coverage.

**Please Note:** Ambulance services are usually out-of-network. This plan will pay the maximum allowable fee and is subject to balance billing.

# Dental Insurance: Humana Dental DHMO CS150 Plan

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## Humana

Customer Service: (800) 979-4760

[www.humanadental.com](http://www.humanadental.com)

### Dental Insurance - Humana Dental DHMO CS150 Plan - 26 Payroll Deductions Per Plan Year

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$15.22                 | \$15.22                | \$0.00                     | \$0.00                           |
| Employee + Family | \$32.50                 | \$15.22                | \$17.28                    | \$7.98                           |

The City provides dental insurance through Humana. A brief description of the Humana DHMO CS150 Plan is provided below, and the employee costs per pay period are shown on the premium table above. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Humana's Customer Service.

#### In-Network Benefits

The DHMO Plan is an "in-network" only plan that requires you to select and receive services from a Primary Care Dentist. In order to receive services, you will need to select a participating dentist in the network. This dental plan utilizes the **DHMO/Prepaid CS150 Network**.

The DHMO plan's schedule of benefits is set forth by the Patient Charge Schedule (fee schedule), which is highlighted on the following page. Please refer to your plan's certificate of coverage for a detailed listing of charges and what is covered.

#### Out-of-Network Benefits

The DHMO plan does not cover any services rendered by out-of-network facilities or providers. Services received by providers or facilities not in the participating network will be denied.

#### How to Locate a Provider

To search for participating provider, contact Customer Service or visit [www.humanadental.com](http://www.humanadental.com). Select the "Find a Dentist" tab, scroll down and under "Search by Humana Plan or Member ID," you may enter your ID number and search or choose "DHMO" as your coverage type, enter your zipcode, then select "**HD DHMO/Prepaid CS150**" for your network. Complete the additional search criteria and click "Search".

#### Calendar Year Deductible

There is no calendar year deductible that needs to be met on this plan.

#### Calendar Year Benefit Maximum

This plan is not subject to any benefit maximums. However, Orthodontia benefits are subject to a \$1,800 child and \$2,000 adult lifetime benefit maximum.

#### Please Note the Following:

- Each covered family member may receive up to 2 FREE cleanings per calendar year (1 every 6 months) covered under the preventive benefit. Members can also receive 2 additional cleanings at the charge of a copay.
- Should you need to see a specialist under this plan (Oral Surgeon, Periodontist, Orthodontist, etc.), you must be referred by your Primary Care Dentist.
- Prior authorization is not required for specialty referrals for Endodontic and Pediatric Services.
- Waiting periods and age limitations may apply.

# Dental Insurance: Humana Dental DHMO CS150 Plan At-A-Glance

|   |                        |                            |
|---|------------------------|----------------------------|
| Network   | DHMO/Prepaid CS150     |                            |
| <b>Calendar Year Deductible (CYD)</b>                     | <b>In Network Only</b> |                            |
| Per Member  | Does Not Apply         |                            |
| Per Family  | Does Not Apply         |                            |
| Calendar Year Maximum                                     | Does Not Apply         |                            |
| <b>Class I: Preventive Services</b>                       | <b>Code</b>            | <b>In Network</b>          |
| Office Visit  | 9430                   | \$5 Copay                  |
| Routine Oral Exam   | 0120                   | \$0                        |
| Routine Cleanings (1 Every 6 Months)                      | 1110/1120              | \$0                        |
| Bitewing X-rays (4 Films)                                 | 0274                   | \$0                        |
| Complete X-rays   | 0210                   | \$0                        |
| Fluoride Treatments up to Age 16                          | 1203                   | \$0                        |
| Sealants (Per Tooth)                                      | 1351                   | \$10 Copay                 |
| Emergency Care to Relieve Pain (During Regular Hours)     | 9999                   | \$20 Copay                 |
| <b>Class II: Basic Services</b>                           | <b>Code</b>            | <b>In Network</b>          |
| Fillings (Amalgam; 3 Surface: Primary or Permanent)       | 2160                   | \$0                        |
| Fillings (Composite, 3 Surface: Anterior/Posterior)       | 2332/2393              | \$50 Copay/<br>\$100 Copay |
| Deep Cleaning   | 4355                   | \$45 Copay                 |
| Periodontal   | 4341/4342              | \$50 Copay                 |
| Simple Extractions (Erupted/Exposed Tooth)                | 7140                   | No Charge                  |
| Surgical Removal of Tooth (Erupted/Impacted)              | 7210/7240              | \$40 Copay/<br>\$85 Copay  |
| Root Canal Therapy (Molar)*                               | 3330                   | \$250 Copay                |
| Local Anesthesia  | 9215                   | \$0                        |
| <b>Class III: Major Services</b>                          | <b>Code</b>            | <b>In Network</b>          |
| Crowns (Porcelain Fused to High Noble Metal)**            | 2750                   | \$280 Copay                |
| Dentures  | 5110/5120              | \$300 Copay + Lab          |
| <b>Class IV: Orthodontia (Lifetime Maximums) Services</b> | <b>Code</b>            | <b>In Network</b>          |
| Benefit — Child (To Age 19)                               | 8070/8080              | \$1,800                    |
| Benefit — Adult   | 8090                   | \$2,000                    |
| Evaluation  | \$35 Copay             |                            |
| Records/Treatment Planning                                | \$250 Copay            |                            |
| Retention   | 8680                   | \$450 Copay                |

\* Excluding final restoration.

\*\* Copayments do not include the additional cost of Precious (High Noble) and Semi-Precious (Noble) Metal. The additional cost of Precious Metal shall not exceed \$125 per unit and \$75 per unit for Semi-Precious Metal.

**Please Note:** Services received by providers and facilities not in the **Humana DHMO/Prepaid CS150 Network** will be denied.

**The above summary has been provided as a convenient reference. For a full listing of covered services, please see the plan's Schedule of Benefits or contact Humana's Customer Service.**

# Dental Insurance: Humana Dental PPO Plan

---

Humana

Customer Service: (800) 233-4013

www.humanadental.com

## Dental Insurance - Humana Dental PPO Plan - 26 Payroll Deductions Per Plan Year

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$33.85                 | \$26.54                | \$7.31                     | \$3.37                           |
| Employee + Family | \$90.51                 | \$26.54                | \$63.97                    | \$29.52                          |

The City provides dental insurance through Humana. A brief description of the Humana Dental PPO Plan is provided below, and the employee costs per pay period are shown on the premium table above. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Humana's Customer Service.

### In-Network Benefits

The dental PPO plan is "open access" and allows you to receive services from any dental provider without selecting a Primary Care Dentist and does not require referrals to specialists. The network of participating dental providers the plan utilizes is the **PPO/Traditional Preferred Network**. The dental PPO plan provides benefits for services received from in-network and out-of-network providers. You are responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's Maximum Allowable Fee (MAF) charge limitations.

### Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out-of-network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Maximum Allowable Fee (MAF)" for a specific service. The MAF or the "allowed amount" can be defined as the most common charge for a particular dental in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the dentist may charge an amount higher than the MAF. The difference between the MAF amount and the dentist's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

### How to Locate a Provider

Search for participating provider, contact Customer Service or visit [www.humanadental.com](http://www.humanadental.com). Select the "Find a Dentist" tab, scroll down and under "Search by Humana Plan or Member ID." You may enter your ID number and search or choose "PPO" as your coverage type, enter your zipcode, then select "**PPO/Traditional Preferred**" for your network. Complete the additional search criteria and click "Search".

### Calendar Year Deductible

The dental PPO plan requires a \$50 individual or \$150 family in-network deductible and a \$100 individual or \$300 family out-of-network deductible to be met before most benefits will begin. The deductible is waived for Class1: Preventive Services.

### Calendar Year Benefit Maximum

The maximum benefit amount the dental plan will pay for each covered member is \$1,500 for in-network and \$1,000 for out-of-network services, per calendar year. Class 1: Preventive services accumulate towards this Calendar Year Benefit Maximum.

### Please Note the Following:

- Each covered family member may receive up to 2 FREE cleanings per calendar year (1 every 6 months) covered under the preventative benefit.
- Waiting periods and age limitations for certain services may apply.

# Dental Insurance: Humana Dental PPO Plan At-A-Glance

| Network                                  | PPO/Traditional Preferred            |  |
|--|--------------------------------------|--|
| <b>Calendar Year Deductible (CYD)</b>    | <b>In Network</b>                    | <b>Out of Network</b>  |
| Per Member                               | \$50                                 | \$100  |
| Per Family                               | \$150                                | \$300  |
| Waived for Class I Services?             | Yes                                  |  |
| <b>Calendar Year Benefit Maximum</b>     | <b>In Network</b>                    | <b>Out of Network</b>  |
| Per Member                               | \$1,500                              | \$1,000  |
| <b>Class I: Preventive Services</b>      | <b>In Network</b>                    | <b>Out of Network*</b>   |
| Routine Oral Exam                        | Plan Pays: 100%<br>Deductible Waived | Plan Pays: 100%<br>Deductible Waived<br>(Subject to Balance Billing) |
| Routine Cleanings (1 Every 6 Months)     |                                      |  |
| Bitewing X-rays (1 Set Per Year)         |                                      |  |
| Complete X-rays (Once Every 5 Years)     |                                      |  |
| <b>Class II: Basic Services</b>          | <b>In Network</b>                    | <b>Out of Network*</b>   |
| Fillings (Amalgam or Composite)**        | Plan Pays: 90%<br>After CYD          | Plan Pays: 80% After CYD<br>(Subject to Balance Billing)             |
| Simple Extractions                       |                                      |  |
| General Anesthesia (Medically Necessary) |                                      |  |
| Endodontics (Root Canal Therapy)         |                                      |  |
| Oral Surgery (Basic Services)            |                                      |  |
| <b>Class III: Major Services</b>         | <b>In Network</b>                    | <b>Out of Network*</b>   |
| Crowns                                   | Plan Pays 60%<br>After CYD           | Plan Pays 50% After CYD<br>(Subject to Balance Billing)              |
| Dentures                                 |                                      |  |
| Bridges                                  |                                      |  |
| Deep Cleaning                            |                                      |  |
| Periodontal Services                     |                                      |  |
| <b>Class IV: Orthodontia Services</b>    | <b>In Network</b>                    | <b>Out of Network*</b>   |
| Benefit Maximum                          | \$1,000                              |  |
| Child Benefit (To Age 19)                | Plan Pays 50%                        | Plan Pays 50%<br>(Subject to Balance Billing)                        |

\* **Out-Of-Network Balance Billing:** For information regarding Out-of-Network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.

\*\* Composite fillings will be payable as a comparable amalgam filling. Please see the plan policy for additional information.

**The plan will provide a “Pre-Determination of Benefits” upon request of your dental provider. This will assist you with determining your approximate out-of-pocket costs should you have the dental work performed.**

# Vision Insurance: HumanaVision Care Plan

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**Humana**

**Customer Service: (866) 537-0229**

**www.humanavisioncare.com**

## Vision Insurance - HumanaVision Care Plan - 26 Semi-Monthly Pay Period Deductions

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$5.98                  | \$0.00                 | \$5.98                     | \$2.76                           |
| Employee + 1      | \$12.21                 | \$0.00                 | \$12.21                    | \$5.64                           |
| Employee + Family | \$16.36                 | \$0.00                 | \$16.36                    | \$7.55                           |

The City offers voluntary vision insurance through Humana. A brief description of Humana Vision Care Plan is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Humana's Customer Service.

### In-Network Benefits

The Vision Care Plan offers you and your covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered members can select any optometrist or ophthalmologists that participates in the **HumanaVision VCP Plan Network**. At the time of service, routine vision examinations and basic optical needs will be covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades will be additional if chosen at the time of your appointment.

### Out-of-Network Benefits

Covered members may also choose to receive services from vision providers who do not participate in the VCP Network. If so, the cost of the services received would be paid to that provider at the time of the scheduled appointment. Humana will then reimburse the covered members based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered. Contact Humana's Customer Service for an out-of-network reimbursement schedule.

### How to Locate a Provider

To search for a participating provider contact Customer Service or visit [www.humanavisioncare.com](http://www.humanavisioncare.com). Under the "HumanaVision VCP Tools" section, choose the "Find a HumanaVision VCP Provider Locator" link. Complete the search criteria and click "Search."

### Calendar Year Deductible

There is no Calendar Year Deductible.

### Calendar Year Out-of-Pocket Maximum

There is no Out-of-Pocket Maximum for the vision plan. However, there are benefit reimbursement maximums for certain services.

**Please Note:** Member options, such as Lasik, UV coating, progressive lenses, etc. are not covered in full, but may be available at a discount.

# Vision Insurance: HumanaVision Care Plan At-A-Glance

| Services   | In Network   | Out of Network                              |
|--|--|---|
| Eye Exam   | \$10 Copay   | Up to \$35 Reimbursement                    |
| Materials  | \$15 Copay   | Plan Reimbursement Based on Type of Service |
| Frequency of Services  | In Network   | Out of Network                              |
| Examination  | Once Every 12 Months   |   |
| Lenses   | Once Every 12 Months   |   |
| Frames   | Once Every 24 Months   |   |
| Contact Lenses   | Once Every 12 Months   |   |
| Lenses   | In Network   | Out of Network                              |
| Single   | No Charge<br>After \$15 Materials Copay                      | Up to \$25 Reimbursement                    |
| Bifocal  |  | Up to \$40 Reimbursement                    |
| Trifocal   |  | Up to \$60 Reimbursement                    |
| Frames   | In Network   | Out of Network                              |
| Allowance  | Up to \$50 Wholesale Allowance<br>After \$15 Materials Copay | Up to \$45 Retail Reimbursement             |
| Contact Lenses*  | In Network   | Out of Network                              |
| Non-Elective<br>(Medically Necessary; Prior Authorization<br>Required) | No Charge  | Up to \$210 Reimbursement                   |
| Elective (Evaluation, Fitting and Materials)                           | Up to \$150 Allowance<br>After \$10 Exam Copay               | Up to \$150 Reimbursement                   |

\* *Contact lenses are in lieu of spectacle lenses and a frame*

# Flexible Spending Accounts

**Benefits Workshop**  
**Customer Service: (888) 537-3539**  
**Fax: (904) 880-2830**  
**www.benefitsworkshop.com/dunedin**

**Claims May Be Mailed To:**  
**PO Box 56828**  
**Jacksonville, FL 32241**

The City offers Flexible Spending Accounts (FSA) administered through Benefits Workshop.

If you have predictable medical expenses for yourself or your family, such as deductibles and copays, or any work-related day care expenses, FSAs may be right for you. FSAs allow you to set aside money for reimbursement of health care and day care expenses you regularly pay. The amount you set aside is not taxed and is automatically deducted from your paycheck and deposited into the FSA. During the year, you have access to this account for reimbursement of some expenses that are not covered by insurance. An FSA not only results in a substantial tax savings, it also increases your spending power. There are two types of FSAs:

| Health Care Reimbursement Account  | Dependent Care Reimbursement Account  |
|--|---|
| <p>This account allows you to set aside up to an <b>annual maximum of \$2,500</b>. This money will not be taxable income to you and can be used to offset the cost of a wide variety of eligible health expenses that generate out-of-pocket costs for you or your qualified dependents. Employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic).</p> <p>Examples of common expenses that qualify for reimbursement are listed below.</p> <p><b>*NOTE: The entire Health Care FSA election is available to you on the first day coverage is effective.</b></p> | <p>This account allows you to set aside up to an <b>annual maximum of \$5,000 if you are single or married and file a joint tax return (\$2,500 if you are married and file a separate tax return)</b> for work-related day care expenses. Qualified expenses include adult and child day care centers, preschool, and before/after school care for eligible children and adults.</p> <p>Please note that if your family's annual income is over \$20,000, this reimbursement option will most likely save you more money than the dependent care tax credit you take on your tax return. To qualify, your dependent must be:</p> <ul style="list-style-type: none"> <li>• a child under the age of 13, or</li> <li>• a child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.</li> </ul> <p><b>*NOTE: Unlike the Health Care FSA, you will only be reimbursed up to the amount that has been deducted from your paycheck for Dependent Care expenses.</b></p> |

A sample list of qualified expenses eligible for reimbursement include, but are not limited to, the following:

- Ambulance service
- Chiropractic care
- Dental fees/orthodontic fees
- Diagnostic tests/health screenings
- Doctor fees
- Drug addiction/alcoholism treatment
- Experimental medical treatment
- Eyeglasses/contact lenses (corrective)
- Hearing aids and exams
- Injections & vaccinations
- Lasik surgery
- Mental healthcare
- Nursing services
- Optometrist fees
- Physician office visits
- Prescription drugs
- Medically necessary sunscreen
- Wheelchairs

**Log on to <http://www.irs.gov/publications/p502/index.html> for additional details regarding qualified and non-qualified expenses.**

# Flexible Spending Accounts *(continued)*

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## FSA Guidelines

- **Any unused funds after a plan year ends and all claims have been filed cannot be returned to you or carried forward to the next plan year.**
- You can enroll in either or both FSAs during open enrollment period, a qualifying event or new hire eligibility only.
- You cannot transfer money between FSAs.
- You cannot pay a dependent care expense from your Health Care FSA or vice versa.
- You cannot deduct reimbursed expenses for income tax purposes.
- You cannot be reimbursed for a service which you have not received.
- You cannot receive insurance benefits or any other compensation for expenses which are reimbursed through your FSAs.
- You have a run out period at the end of the plan year (90 days) to claim reimbursement for eligible expenses incurred during your period of coverage within the plan year.
- Domestic partners are not eligible as federal law does not recognize them as a qualified dependent (a dependent spouse must be legally married to the employee (opposite or same sex) to be recognized).

***NOTE: Be conservative when estimating your medical and/or dependent care expenses. IRS regulations state that any unused funds which remain in your FSA after a plan year ends and all claims have been filed cannot be returned to you nor carried forward to the next plan year. This is known as the “USE IT OR LOSE IT” rule.***

## Filing a Claim

To file a claim, you must submit your completed claim form and include a copy of the receipt as proof of the expense. Once completed, you may submit your claim either by mail or fax. The IRS requires FSA participants to maintain complete documentation, including keeping copies of receipts for reimbursed expenses, for a minimum of one year. Claims may be mailed to: Benefits Workshop, PO Box 56828, Jacksonville, FL 32241 or faxed to: (904) 880-2830.

## Debit Card

FSA participants may receive a debit card for payment of eligible expenses. Participants are able to pay for most qualified services and products at the point of sale versus paying out of pocket and requesting reimbursement. The debit card is accepted at a number of medical providers and facilities and most pharmacy retail outlets. Failure to provide supporting documentation, when requested, may result in suspension of your card and account until funds are substantiated or refunded back to the City. Please keep your issued card to use for the next plan year. There is a \$5 fee for each additional or replacement debit card.

# Basic Life and AD&D Insurance

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Cigna

Customer Service: (800) 362-4462

www.cigna.com

## Basic Term Life

The City provides a Basic Term Life benefit to eligible full-time employees through Cigna. The City provides coverage in an amount equal to 1.5 times your annual salary, up to a benefit maximum of \$100,000.

## Accidental Death & Dismemberment

Also at no cost to the employee, the City provides Accidental Death & Dismemberment (AD&D) insurance, which pays in addition to the Basic Term Life benefit when death occurs as a result of an accident. The AD&D benefit amount equals the Basic Term Life benefit.

## Retirees

Eligible retirees who have retired after 10/1/1997, may choose to continue a Term Life insurance benefit amount of \$15,000. This election will be paid at their own expense in the amount of \$3.53 per month.

***Always remember to keep your beneficiary forms updated.  
You may update your beneficiary information at anytime through Human Resources  
or by logging onto BenTek.***

# Voluntary Life Insurance

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Cigna

Customer Service: (800) 362-4462

www.cigna.com

## Voluntary Employee Life Insurance

Eligible full-time employees may elect to purchase additional life insurance on a voluntary basis through Cigna. This coverage may be purchased in addition to the Basic Term Life and AD&D benefit. Voluntary Life insurance offers coverage for yourself, spouse or child(ren) at different benefit levels.

**New Hires can purchase voluntary employee life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$200,000.**

- Units can be purchased in increments of \$10,000 to a maximum of \$500,000, not to exceed 5 times your annual salary.
- Benefit amounts are subject to the following age reduction schedule:
  - 65% at age 65;
  - 50% at age 70;
  - 30% at age 75 or over

***Always remember to keep your beneficiary forms updated.  
You may update your beneficiary information at anytime through Human Resources  
or by logging onto BenTek.***

# Voluntary Life Insurance *(continued)*

## Voluntary Spouse Life Insurance

New Hires can purchase voluntary spouse life insurance without having to go through Medical Underwriting, also known as Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$50,000.

- Employees must participate in the voluntary plan for spouse to participate.
- Units can be purchased in increments of \$10,000, not to exceed a maximum of \$250,000.
- Coverage cannot exceed 50% of the employee's voluntary life coverage amount.
- Spouse life insurance coverages will be subject to the same age reduction schedule as the employee.
- Spouse coverage terminates at age 70.

| Voluntary Life Rate Table<br>(Rate per \$1,000 of Benefit) |                        |
|--|------------------------|
| Age Bracket<br>(Based on<br>Employee Age)                  | Voluntary<br>Life Rate |
| ≤ 29   | \$0.08                 |
| 30-34  | \$0.09                 |
| 35-39  | \$0.11                 |
| 40-44  | \$0.17                 |
| 45-49  | \$0.29                 |
| 50-54  | \$0.48                 |
| 55-59  | \$0.75                 |
| 60-64  | \$1.17                 |
| 65-69  | \$2.10                 |
| ≥ 70   | \$3.76                 |

## Dependent Child(ren) Life Insurance

- Employees must participate in voluntary plan for dependent children to participate.
- Coverage may be purchased for eligible unmarried children, from birth to age 20, or up to age 26 if a full-time student.
- Children birth to 14 days old may be covered for a benefit amount of \$500.
- Children 15 days old to 6 months of age may be covered for a \$5,000 benefit amount.
- Children 6 months old up to age 20 (or 26 if a full-time student); may be covered in increments of \$5,000 up to a maximum amount of \$25,000.

***Always remember to keep your beneficiary forms updated.  
You may update your beneficiary information at anytime through Human Resources  
or by logging onto BenTek.***

# Short Term Disability Insurance

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**Cigna**

**Customer Service: (800) 732-1603**

**www.cigna.com**

The City provides Short Term Disability (STD) insurance to all eligible employees through Cigna. The STD benefit pays you a percentage of your weekly earnings if you become disabled due to an illness or non-work related injury.

## STD Plan Summary

- The STD program offers a benefit of 60% of your weekly earnings, subject to a benefit maximum of \$800 per week.
- An employee must be disabled for 30 days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will commence on the 31st day of illness or non work related injury.
- The maximum benefit period is 22 weeks.
- Pregnancy is included.
- Benefits may be reduced by other income.

While receiving an STD benefit, employees must supplement the balance of their normal bi-weekly gross paycheck by utilizing sick leave, compensatory time and/or annual leave. Normal payroll deductions will be deducted from these supplements but once exhausted, employees will be responsible for making arrangements with Human Resources for payment of their payroll deductions. STD benefits may be offset with other income benefits such as social security and retirement benefits.

# Voluntary Long Term Disability Insurance

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**Cigna**

**Customer Service: (800) 732-1603**

**www.cigna.com**

The City offers Long Term Disability (LTD) insurance to all eligible employees on a voluntary basis through Cigna. The LTD pays you a percentage of your weekly earnings if you become disabled due to an illness or non-work related injury.

## LTD Plan Summary

- The LTD program offers a benefit of 60% of your monthly earnings, subject to a benefit maximum of \$5,000 per month.
- An employee must be disabled for 180 days prior to becoming eligible for benefits.
- Benefit payments will commence on the 181st day of disability.
- You may continue to be eligible for benefits if you return to work on a part-time basis.
- Benefits may be reduced by other income.
- Benefits are payable up to age 65 or are based on a reduced benefit duration if the employee is disabled after the age of 63.

While receiving an LTD benefit, employees who are still actively employed must supplement the balance of the normal bi-weekly gross paycheck by utilizing sick leave, compensatory time and/or annual leave. Normal payroll deductions will be deducted from these supplements but once exhausted, employees will be responsible for making arrangements with Human Resources for payment of their payroll deductions. LTD benefits may be offset with other income benefits such as social security and retirement benefits.

# Employee Assistance Program

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## Health Advocate

Customer Service: (877) 240-6863

[www.healthadvocate.com/member](http://www.healthadvocate.com/member)

The City provides at no cost to you, a comprehensive Employee Assistance Program (EAP) now through Health Advocate. Health Advocate offers you and each member of your family access to master-level mental health professionals through a confidential program that is protected by state and federal laws. The EAP program is available to help you gain a better understanding of problems that affect you, locate the best professional help for your particular problem, and decide upon a plan of action. All EAP counselors are available 24 hours a day, 7 days a week. The EAP allows you or a household family member to request a referral for 6 face-to-face sessions with a specialist per problem issue. Referrals for ongoing services beyond 6 visits per issue will be covered through medical insurance or will be the employee/family member's responsibility.

## What is an Employee Assistance Program?

An Employee Assistance Program (EAP) offers covered employees and their family members free and convenient access to a range of confidential and professional services to help them address a variety of problems that can negatively affect their well-being such as:

- Anxiety
- Financial concerns
- Depression
- Life improvement
- Family and/or marriage problems
- Stress
- Grief and bereavement
- Substance abuse
- Legal & financial consultation

## Are your services confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

# Life Assistance Program

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## Cigna Life Assistance Program

Customer Service: (800) 538-3543

[www.cignabehavioral.com/CGI](http://www.cignabehavioral.com/CGI)

The City offers, at no cost to eligible employees, a Life Assistance Program (LAP) through Cigna for you and your household. The LAP is strictly confidential and provides you and your household, professional counseling 24/7 for handling life's demands. The LAP allows you or a household family member to call and request a referral for 3 face-to-face visits with a specialist.

Get phone support by calling for advice or a referral to a service in your community on topics such as:

- Legal Consultation
- Parenting
- Senior Care
- Child Care
- Pet Care
- Temporary Back-up Care

The LAP also provides Online Support for topics like:

- Parenting
- Aging
- Balancing
- Thriving
- Working
- Living

## Are your services confidential?

Yes. Receipt of EAP services is completely confidential. If, however, participation in the EAP is the direct result of a Management Referral (a referral initiated by a supervisor or manager), we will ask permission to communicate certain aspects of the employee's care (attendance at sessions, adherence to treatment plans, etc.) to the referring supervisor/manager. The referring supervisor will not, however, receive specific information regarding the referred employee's case. The supervisor will only receive reports on whether the referred employee is complying with the prescribed treatment plan.

**Please Note: This program is strictly confidential and no information will be shared with your employer.**

## Supplemental Insurance

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**Aflac**  
**www.aflac.com**

**Agent: William H. "Bud" Carr Jr.**  
**Phone: (727) 744-9160**  
**Email: william\_carrjr@us.aflac.com**

Aflac offers a variety of supplemental insurance plans that may be purchased on a voluntary basis and premiums paid by pre-tax payroll deductions for most offerings. Aflac pays money directly to you, regardless of what other insurance plans you may have. To learn more about these Aflac plans and/or to schedule a personal appointment, contact your local Aflac agent. Details regarding available Aflac plans and services are also available online at [www.aflac.com](http://www.aflac.com).

Available Aflac Plans include coverage for:

- Critical Care and Recovery Plan
- Cancer Care Plan
- Accident Indemnity Advantage Plan
- Life Solutions - Term Life Insurance
- Hospital Advantage

## Supplemental Insurance

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**Colonial Life**  
**Customer Service: (800) 325-4368**  
**www.coloniallife.com**

**Agent: Barbara Powell**  
**Phone: (727) 538-2960**  
**Customer Service: (800) 325-4368**

Colonial Life offers a variety of supplemental insurance plans that may be purchased on a voluntary basis and premiums paid by pre-tax payroll deductions for most offerings. Children may be included in some plans up to age 26. To learn more about these Colonial Life plans and/or to schedule a personal appointment, contact your local Colonial Life agent. Details regarding available Colonial plans and services are also available online at [www.coloniallife.com](http://www.coloniallife.com).

Available Colonial Plans include coverage for:

- Accident Insurance
- Cancer Insurance
- Life Insurance
- Critical Illness Insurance
- Hospital Confinement Insurance

# Legal & Identity Theft Insurance

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## LegalShield

Customer Service: (800) 654-7757

[www.legalshield.com](http://www.legalshield.com)

Agent: Don Thompson

Email: [donthompson@legalshieldassociate.com](mailto:donthompson@legalshieldassociate.com)

Phone: 239-549-4746

The City offers employees the opportunity to participate in a voluntary pre-paid legal program offered through LegalShield. By enrolling in the legal plan, a participant and their family will have direct access to a nationwide network of law firms who will provide direct access for a variety of situations. This plan includes, but is not limited to the following benefits:

- Divorce
- Child Custody & Support
- Civil Litigation
- Bankruptcy
- Name Changes
- Criminal Defense
- Traffic Tickets
- Wills & Living Trusts
- Real Estate
- Credit Report Issues
- Contract Review
- Adoption

The City also offers employees the opportunity to participate in an identity theft plan called IDShield through LegalShield which protects you, your spouse and children. IDShield can assist with things such as consultation with licensed fraud investigators, credit report with analysis, privacy & security monitoring, credit monitoring and full restoration benefits, should you or your covered family member become a victim of identity theft. There are many additional features offered along with the plan benefits such as licensed investigators being available 24/7, lost wallet assistance and fraud alerts.

There are several levels of coverage options that may be purchased. The cost per month, for each option, are as follows:

| Payroll Deduction Amount | LegalShield    | IDShield       | Combined (LegalShield & IDShield) |
|--------------------------|----------------|----------------|-----------------------------------|
| Individual               | \$7.36 Per Pay | \$4.13 Per Pay | \$11.49 Per Pay                   |
| Family                   | \$7.36 Per Pay | \$8.75 Per Pay | \$14.26 Per Pay                   |

Plan benefits include unlimited phone consultations. For additional information please contact the City's dedicated Agent Don Thompson as listed above.

# Voluntary Pet Insurance

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## Voluntary Pet Insurance (VPI)

Customer Service: (877) 738-7874

[www.petsvpi.com](http://www.petsvpi.com)

The City offers employees the opportunity to enroll in a voluntary Pet Insurance Plan. Premiums for this plan will be made by bank draft from your personal bank account. As an employee of the City you are eligible to receive a discount for all of the plan options available. Coverage under these plans can help pay for a variety of services as listed below. To enroll, you must call VPI's customer service number or enroll on [www.petsvpi.com](http://www.petsvpi.com).

- Office Visits
- Diagnostic Tests
- Medications
- X-Rays
- Lab Fees
- Hospitalization
- Surgery
- Vaccinations
- Routine Care

# Retirement Plan - Florida Retirement System

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**Florida Retirement System (FRS):** Applicable to regular class status employees employed prior to January 1, 1996.

The FRS is a defined benefit plan and is non-contributory for members. During each year, the City will make a mandatory contribution to the plan.

- Plan year is July 1<sup>st</sup> through June 30<sup>th</sup>.
- Members of the regular class vest after 6 years of creditable service.
- FRS employees not in DROP will have a 3% contributory cost for the FRS plan.

# Retirement Plan - Empower Retirement

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**Empower Retirement**  
[www.empower-retirement.com](http://www.empower-retirement.com)

**Agent: Christina Constantine**  
**Phone: (727) 282-7048**  
**Email: [christina.constantine@empower-retirement.com](mailto:christina.constantine@empower-retirement.com)**

**City of Dunedin Defined Contribution Plan (City Plan) 401(a):** Applicable to regular class status employees employed on or after January 1, 1996.

The City Plan is a defined contribution plan and is non-contributory for members. During each year, the City will make a contribution to the plan, generally 10% of the participant's compensation for anyone hired prior to January 1, 2010. Employees hired after January 1, 2010 generally will receive a contribution of 8% of the participant's compensation.

- Plan year is October 1st through September 30th.
- Members of the regular class vest after 6 years of creditable service.

## **Deferred Compensation Plan IRS 457 (b)**

The deferred compensation plan is regulated by the Internal Revenue Service, Code 457. Employees may make voluntary contributions through payroll deductions into a long-term tax-deferred retirement savings plan to complement FRS, City Plan and Social Security. All regular status employees are eligible to participate. Investments are through Empower Retirement.

***Always remember to keep your beneficiary forms updated.  
You may update your beneficiary information at anytime by logging onto  
the provider website or through Human Resources***

# City Programs

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## Direct Deposit

Payroll direct deposit is available to all employees regardless of their banking institution. Once you have chosen this option, one pay period must pass before your next paycheck is directly deposited into the banking account of your choice.

## Education Reimbursement

Once eligible employees successfully complete the one-year probationary period, the City may reimburse the cost of tuition, enrollment fees and required books for certain work-related academic courses an employee takes at an accredited institution. Pre-approval paperwork is required for all courses prior to enrollment and the reimbursement schedule is as follows:

- 100% reimbursement for grades A or B.
- 50% reimbursement for grade C.
- Two year buy-back if employment ends with the City.

## Leave Types *(See ESSR for Further Details)*

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### Annual Leave

All classified service status employees, except those who are scheduled to work less than 20 hours per week, shall be entitled to earn and accrue annual leave with pay, which will be computed from the starting date of employment in proportion to the number of hours regularly scheduled.

- After completion of 6 months continuous service, the employee shall be eligible to use such leave as earned subject to the provisions of the rules and the approval of the department director.
- Leave must be used in quarter-hour increments.
- Exempt employees must use applicable leave for the balance of their work day, if on a particular day at least 1/2 of their normal work hours are not worked.

### Sick Leave

Employees are entitled to accrue sick leave under the same rules as annual leave; however, sick leave is available for use as earned. Sick leave is earned at the rate of 5% of regularly scheduled annual hours. Sick leave is charged to the employee for the actual time the employee is away from work in quarter-hour minimum increments. Exempt employees who work 40 hours per week may only be charged in increments of 8 hours or greater.

### Compensatory Time

Compensatory Time (Comp Time) is the time earned in lieu of overtime payment.

- A maximum of 60 hours may be in ones Comp Time Bank at any given time.
- Comp Time must be used prior to Annual Leave Usage.
- Comp Time must be used in quarter-hour increments.

### Holidays

The holidays celebrated by the City of Dunedin on an annual basis are provided below.

| City of Dunedin Annual Holiday Schedule |                        |
|---|------------------------|
| New Year's Day                          | Labor Day              |
| Martin Luther King, Jr. Day             | Veteran's Day          |
| Good Friday                             | Thanksgiving Day       |
| Memorial Day                            | Day After Thanksgiving |
| Independence Day                        | Christmas Day          |
| City Manager's Designated Holiday       |                        |

# 2015-2016 Rate Summaries

The Summary of Benefits and Coverage (SBC), provided in addition to this Employee Benefits Highlights Booklet, is your primary source of information regarding your Humana medical plans. The information contained in this Booklet regarding your medical plans is intended to supplement your SBC and accompanying definitions. If any information in this booklet unintentionally conflicts with the SBC or accompanying definitions, the SBC information prevails. If you have any additional questions regarding the plan, please contact Humana's Customer Service at (800) 448-6262.

The City offers three medical plan options through Humana to benefit eligible employees. The costs per pay period for coverage are listed in the premium tables below. **For information about your medical plans, please refer to the Summary of Benefits and Coverage (SBC) provided.**

## Medical Insurance: Active Employees

| Coverage Tier            | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|--------------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| <b>Base HMO Plan</b>     |                         |                        |                            |                                  |
| Employee Only            | \$681.30                | \$656.96               | \$24.34                    | \$11.23                          |
| Employee + One           | \$1,267.41              | \$1,031.95             | \$235.46                   | \$108.67                         |
| Employee + Family        | \$1,892.02              | \$1,381.51             | \$510.51                   | \$235.62                         |
| <b>Buy-Up HMO Plan</b>   |                         |                        |                            |                                  |
| Employee Only            | \$766.97                | \$655.24               | \$111.73                   | \$51.57                          |
| Employee + One           | \$1,506.71              | \$1,014.04             | \$492.67                   | \$227.39                         |
| Employee + Family        | \$2,315.43              | \$1,354.39             | \$961.04                   | \$443.56                         |
| <b>National POS Plan</b> |                         |                        |                            |                                  |
| Employee Only            | \$806.89                | \$656.52               | \$150.37                   | \$69.40                          |
| Employee + One           | \$1,586.53              | \$1,016.60             | \$569.93                   | \$263.04                         |
| Employee + Family        | \$2,439.20              | \$1,358.35             | \$961.04                   | \$498.85                         |

## Medical Insurance: COBRA Participants

| Coverage Tier     | Total Monthly Premium (Paid by Participant) | Total Monthly Premium (Paid by Participant) | Total Monthly Premium (Paid by Participant) |
|-------------------|---|---|---|
|                   | Base HMO Plan                               | Buy-Up HMO Plan                             | National POS Plan                           |
| Employee Only     | \$643.93                                    | \$782.31                                    | \$823.03                                    |
| Employee + One    | \$1,233.26                                  | \$1,536.84                                  | \$1,618.26                                  |
| Employee + Family | \$1,870.36                                  | \$2,361.74                                  | \$2,487.98                                  |

## Medical Insurance: Retirees\*

| Coverage Tier     | Total Monthly Premium (Paid by Retiree) | Total Monthly Premium (Paid by Retiree) | Total Monthly Premium (Paid by Retiree) |
|-------------------|---|---|---|
|                   | Base HMO Plan                           | Buy-Up HMO Plan                         | National POS Plan                       |
| Employee Only     | \$631.30                                | \$766.97                                | \$806.89                                |
| Employee + One    | \$1,209.08                              | \$1,506.71                              | \$1,586.53                              |
| Employee + Family | \$1,833.69                              | \$2,315.43                              | \$2,439.20                              |

\* Retirees who elect coverage for their spouse or dependents must also cover themselves and pay the applicable premium amount.

# 2015-2016 Rate Summaries

## Dental Insurance: Active Employees

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| <b>DHMO</b>       |                         |                        |                            |                                  |
| Employee Only     | \$15.22                 | \$15.22                | \$0.00                     | \$0.00                           |
| Employee + Family | \$32.50                 | \$15.22                | \$17.28                    | \$7.98                           |
| <b>PPO</b>        |                         |                        |                            |                                  |
| Employee Only     | \$33.85                 | \$26.54                | \$7.31                     | \$3.37                           |
| Employee + Family | \$90.51                 | \$26.54                | \$63.97                    | \$29.52                          |

## Dental Insurance: COBRA Participants

| Coverage Tier     | Total Monthly Premium (Paid by Participant) | Total Monthly Premium (Paid by Participant) |
|-------------------|---|---|
|                   | DMO   | PPO   |
| Employee Only     | \$15.52                                     | \$34.53                                     |
| Employee + Family | \$33.15                                     | \$92.32                                     |

## Dental Insurance: Retirees\*

| Coverage Tier     | Total Monthly Premium (Paid by Participant) | Total Monthly Premium (Paid by Participant) |
|-------------------|---|---|
|                   | DMO   | PPO   |
| Employee Only     | \$15.22                                     | \$33.85                                     |
| Employee + Family | \$32.50                                     | \$90.51                                     |

\* Retirees who elect coverage for their spouse or dependents must also cover themselves and pay the applicable premium amount.

## Vision Insurance: Active Employees

| Coverage Tier     | Total Premium Per Month | City Portion Per Month | Employee Portion Per Month | Payroll Deduction Per Pay Period |
|-------------------|-------------------------|------------------------|----------------------------|----------------------------------|
| Employee Only     | \$5.98                  | \$0.00                 | \$5.98                     | \$2.76                           |
| Employee + 1      | \$12.21                 | \$0.00                 | \$12.21                    | \$5.64                           |
| Employee + Family | \$16.36                 | \$0.00                 | \$16.36                    | \$7.55                           |

## Vision Insurance: COBRA Participants

| Coverage Tier     | Total Premium Per Month (Paid by Participant) |
|-------------------|---|
| Employee Only     | \$6.10  |
| Employee + 1      | \$12.45                                       |
| Employee + Family | \$16.69                                       |

## Vision Insurance: Retiree Participants

| Coverage Tier     | Total Premium Per Month (Paid by Participant) |
|-------------------|---|
| Employee Only     | \$5.98  |
| Employee + 1      | \$12.21                                       |
| Employee + Family | \$16.36                                       |

\* Retirees who elect coverage for their spouse or dependents must also cover themselves and pay the applicable premium amount.

# 2015-2016 Rate Summaries

## Voluntary Life Insurance

| Age                        | ≤ 24   | 25-29  | 30-34  | 35-39  | 40-44  | 45-49  | 50-54  | 55-59  | 60-64  | 65-69  | 70-74  | 75-111 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Voluntary Life Rate</b> | \$0.08 | \$0.08 | \$0.09 | \$0.11 | \$0.17 | \$0.29 | \$0.48 | \$0.75 | \$1.17 | \$2.10 | \$3.76 | \$3.76 |

\* **Dependent Child Benefit Rate: \$0.037 per \$5,000 of benefit.**

$$\frac{\text{Benefit Election}}{1,000} = \text{Rate by Age (In Table)} \times \text{Pay Periods} \times 12 = \text{Bi-Weekly Premium}$$

\* **Dependent Child Calculation: Benefit Election ÷ 1,000 X \$0.07 X # of Children Covered X 12 ÷ 26 = Bi-Weekly Premium**

## Voluntary LTD Insurance

| Age                  | ≤ 24   | 25-29  | 30-34  | 35-39  | 40-44  | 45-49  | 50-54  | 55-59  | 60-64  | 65-69  | 70+    |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Employee Rate</b> | \$0.05 | \$0.07 | \$0.12 | \$0.20 | \$0.34 | \$0.45 | \$0.65 | \$0.84 | \$0.65 | \$0.44 | \$0.35 |

$$\frac{\$ \text{Annual Salary}}{12} = \$ \text{Or } \$6,667 \div 100 = \$ \text{Rate by Age (In Table)} \times \text{Pay Periods} \times 12 = \$ \text{Bi-Weekly Premium}$$



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GEHRING  GROUP

11505 Fairchild Gardens Ave., Suite 202  
Palm Beach Gardens, Florida 33410  
Toll Free: (800) 244-3696; Fax: (561) 626-6970  
[www.gehringgroup.com](http://www.gehringgroup.com)