

DUN  DIN

Home of Honeymoon Island

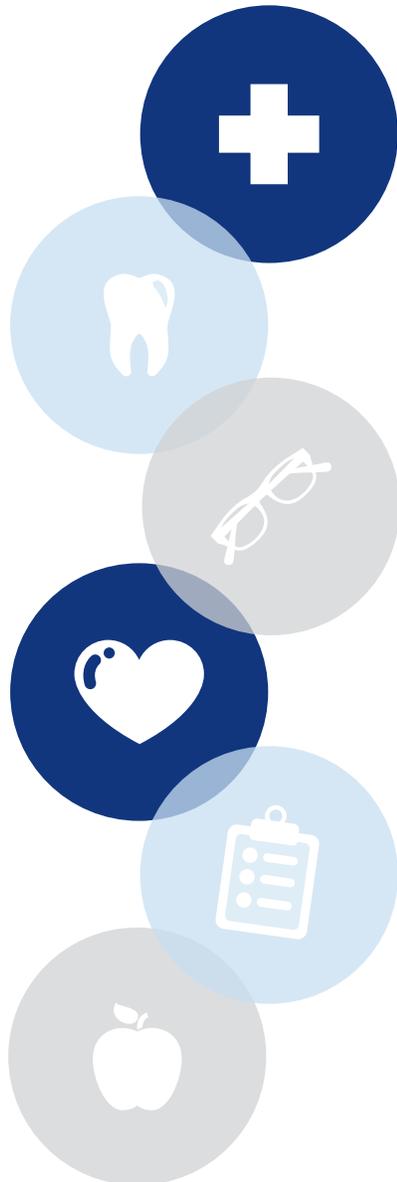


2016 | 2017

Employee Benefit Highlights



Table of Contents



Contact Information.....	4
Introduction.....	5
Online Benefit Enrollment.....	5
Group Insurance Eligibility.....	6-7
Qualifying Events and IRS Code Section 125.....	7
Medical Insurance.....	8-9
Other Available Plan Resources.....	9
Employee Wellness Incentive Program.....	9
Humana Base HMO Plan At-A-Glance.....	10
Humana HMO Buy-Up Plan At-A-Glance.....	11
Humana National POS Plan At-A-Glance.....	12
Health Reimbursement Account.....	13
Dental Insurance.....	14
Humana Dental DHMO CS150 Plan At-A-Glance.....	15
Dental Insurance.....	16
Humana Dental PPO Plan At-A-Glance.....	17
Vision Insurance.....	18
Humana Vision Care Plan At-A-Glance.....	19
Flexible Spending Account.....	20-21
Basic Life and AD&D Insurance.....	22
Voluntary Life Insurance.....	22-23
Short Term Disability.....	23
Long Term Disability.....	24
Employee Assistance Program.....	24
Life Assistance Program.....	25
Supplemental Insurance.....	25
Supplemental Insurance.....	25
Legal & Identity Theft Plan.....	26
Voluntary Pet Insurance.....	26
Retirement Plan.....	26-27
City Programs.....	27
Leave Types (See ESSR for Further Details).....	27
2016-2017 Rate Summaries.....	28-30
Notes.....	31

This booklet is merely a summary of benefits. For a full description, refer to the plan document. Where conflict exists between this summary and the plan document, the plan document controls. The City reserves the right to amend, modify or terminate the plan at any time. This booklet should not be construed as a guarantee of employment.



Contact Information

	Human Resources	Paula McLemore	Phone: (727) 298-3044 Email: pmclemore@dunedinfl.net
	Online Benefit Enrollment	BenTek	Customer Service: (888) 5-BenTek (523-6835) www.mybentek.com/dunedin
	Medical Insurance	Humana	Customer Service: (800) 448-6262 www.humana.com
	Prescription Mail-Order Program	Humana Pharmacy	Customer Service: (800) 379-0092 www.humanapharmacy.com
	Health Reimbursement Account	Benefits Workshop	Customer Service: (888) 537-3539 www.benefitsworkshop.com/dunedin
	Dental Insurance	Humana	Customer Service: (800) 979-4760 www.humana.com
	Vision Insurance	Humana	Customer Service: (866) 537-0229 www.humana.com
	Flexible Spending Accounts	Benefits Workshop	Customer Service: (888) 537-3539 www.benefitsworkshop.com/dunedin
	Basic Life and AD&D Insurance and Voluntary Life Insurance	Cigna	Customer Service: (800) 362-4462 Opt. 4 www.cigna.com
	Short Term Disability Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Voluntary Long Term Disability Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Employee Assistance Program	Health Advocate	Customer Service: (877) 240-6863 www.healthadvocate.com/members Email: answers@healthadvocate.com
	Life Assistance Program	Cigna	Customer Service: (800) 538-3543 www.cignabehavioral.com/CGI
	Supplemental Insurance	Aflac	Agent: Brandy Hartin Phone: (502) 718-3818 Email: b_hartin@msn.com www.aflac.com
		Colonial	Agent: Barbara Powell Phone: (727) 538-2960 Customer Service: (800) 325-4368
	Legal Insurance	LegalShield	Agent: Don Thompson Customer Service: (800) 654-7757 www.legalshield.com
	Pet Insurance	Nationwide Voluntary Pet Insurance	Customer Service: (800) 540-2016 www.petinsurance.com/dunedingov Agent: Lisa C. Widner Phone: (714) 706-5737 Cell: (562) 665-4784 Email: lwidner@petinsurance.com
	Retirement Plans	FRS	Customer Service: (844) 377-1888 http://frs.myflorida.com
		Empower Retirement	Agent: Christina Constantine Phone: (727) 282-7048 Email: christina.constantine@empower-retirement.com www.empower-retirement.com



Introduction

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.

Online Benefit Enrollment

The City provides its employees with an online benefits enrollment platform through BenTek's Employee Benefits Center (EBC). The EBC provides benefits-eligible employees the ability to select or change their insurance benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

Accessible 24 hours a day at any time during the year, employees have the ability to log in and review comprehensive information about their benefits plans and view and print an outline of their benefits elections for themselves and their dependents. Employees also have access to important forms and carrier links, can report qualifying life events and review and make changes to life insurance beneficiary designations.



To Access the Employee Benefits Center:

- ✓ Log on to www.mybentek.com/dunedin
- ✓ Sign in by using a previously created username and password or follow the instructions to set up a username and password. If an employee has forgotten their username and/or password, click on the link "Forgot Username/Password" and follow the instructions.
- ✓ Once logged on, navigate to the menu in order to review current elections, learn about the benefit options, and make any elections or changes.

For technical issues directly related to using the EBC please call (888) 5-BenTek (523-6835) or email BenTek Support at support@mybentek.com, Monday through Friday, during regular business hours.

To access group insurance benefits online, log on to www.mybentek.com/dunedin

Please Note: Link must be addressed exactly as written (Due to security reasons, the website cannot be accessed by Google or other search engines.)



Group Insurance Eligibility



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

Employee Eligibility

Employees are eligible to participate in 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 per week, 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.

Termination

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

Dependent Eligibility

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

A dependent child may be covered through the end of the calendar year in which the child reaches age 26 for medical, dental, or vision.

Dependent Age Requirements

Medical Coverage: A dependent child may be covered through the end of the calendar year in which the child turns 26. An over-age dependent may continue to be covered on the medical plan to the end of the calendar year in which the child reaches age 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 disabled.

Dental Coverage: A dependent child may be covered through the end of calendar year in which child turns age 26. However, Certain eligibility requirements may apply for dependents over age 19. Please see Human Resources for details.

Vision Coverage: A dependent child may be covered through end of calendar year in which child turns age 26.

Disabled Dependents

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

- The dependent is physically or mentally disabled and incapable of self-sustaining employment (prior to age 26); and
- Primarily dependent upon the employee for support; and
- The dependent is otherwise eligible for coverage under the group medical plan; and
- The dependent has been continuously insured; and
- Coverage with the City began prior to age 26.

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

Taxable Dependents

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 they reach age 30, imputed income must be reported on the employee's W-2 for that entire tax year. Imputed income is the dollar value of insurance coverage attributable to covering the adult child. Note: There is no imputed income if an adult child is eligible to be claimed as a dependent for federal income tax purposes on the employee's tax return. Contact Human Resources for further details if covering an adult child who will turn 27 any time during the upcoming calendar year or for more information.



Group Insurance Eligibility *(Continued)*

Domestic Partner Coverage

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 City of Dunedin 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. Upon termination of the domestic partnership, please contact Human Resources for the applicable forms. Please note that domestic partners are not eligible for COBRA continuation of coverage.

Qualifying Events and IRS Code Section 125

IRS Code Section 125

Premiums for medical, dental, vision insurance and/or certain supplemental policies 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 Section 125, changes to an employee's pre-tax benefits can be made **ONLY** during the Open Enrollment period unless the employee or qualified dependents experience a qualifying event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employees may be allowed to make changes to benefit elections during the plan year, if the event affects the employee, spouse or 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:

- Employee gets married or divorced
- Birth of a child
- Employee gains legal custody or adopts a child
- Employee's spouse and/or other dependent(s) die(s)
- Employee, employee's spouse and/or dependent(s) terminate or start employment
- An increase or decrease in employees work hours causes 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 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 an employee experiences a qualifying event, **the City must be contacted within 30 days of the qualifying event** to make the appropriate changes to their 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 latter of the date of the qualifying event or the date of the written request for change in coverage is received by Human Resources, 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. Employees will be required to furnish valid documentation supporting a change in status or "Qualifying Event."



Medical Insurance

The City offers medical insurance through Humana to benefit eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the medical plans, please refer to Humana's summary of coverage document or contact Humana's customer service.

Medical Insurance Premiums – Humana Base HMO Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	\$631.30	\$606.96	\$24.34	\$11.23
Employee + One	\$1,209.08	\$973.62	\$235.46	\$108.67
Employee + Family	\$1,833.69	\$1,323.18	\$510.51	\$235.62

Medical Insurance Premiums – Humana Buy-Up HMO Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	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 Premiums – Humana National POS Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	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

Humana | Customer Service: (800) 448-6262 | www.humana.com



Medical Insurance *(Continued)*

Medical Opt Out Benefit

If an employee is covered by another medical insurance plan (example: an individual policy, as a dependent under a spouse's policy, military insurance, etc.) and employees wish to opt out of the City's medical insurance plan, the City will reimburse employees \$50 net per pay (which is taxable income). However, employees 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 employees. The City may request proof of other medical insurance (i.e., certificate of insurance, copy of identification card, or copy of current policy) and sign a declination form. Employees 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

Humana offers all enrolled members and dependents additional services and discounts through value added programs. For more details regarding other available plan resources, please refer to the Summary of Benefits and Coverage (SBC).

Telemedicine

Telemedicine is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

This benefit is provided to all enrolled members. This program allows members 24/7 on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergent medical issues. Telemedicine should be considered when your primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telemedicine, such as:

- ✓ Colds, sore throat, and flu symptoms
- ✓ Upper respiratory infections
- ✓ Allergies and sinus infections
- ✓ Ear and eye problems
- ✓ Skin conditions

Telemedicine doctors do not replace your primary care physician but may be convenient alternative for urgent care and ER visits. For further information please see Human Resources or contact the Humana.

Summary of Benefits and Coverage

A Summary of Benefits & Coverage (SBC) for the medical plan is provided as a supplement to this booklet which is being distributed to new hires and existing employees during open enrollment. The summary is an important item in understanding employee 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

Through the enrollment software – BenTek: 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.

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

Employee Wellness Incentive Program

For the 2016/2017 plan year, the City will contribute money into an HRA account for any employee enrolled in the City's medical plans based upon participation in the City's Employee Wellness Incentive Program, Humana Vitality.

HumanaVitality® Program

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.

For more information regarding the HumanaVitality® program, please contact Humana's customer service or visit www.humanavitality.com.

HumanaVitality®

Customer Service: (800) 448-6262 | www.humanavitality.com



Humana Base HMO Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Humana's Customer Service or visit www.humana.com. When completing the necessary search criteria, select **HMO Premier** for the network.



Plan References

*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.



Important Notes

- Services received by providers or facilities not in the **Humana's HMO Premier Network** will be denied.
- Ambulance services are usually out-of-network.
- The plan's deductible and out of pocket limit accumulate on a **plan year** basis (October 1 - September 30)

Network	HMO Premier
Plan Year Deductible (PYD) October 1-September 30	
Single	In-Network \$1,000
Family	\$2,000
Coinsurance	
Member Responsibility	30%
Plan Year Out-of-Pocket Limit October 1-September 30	
Single	\$2,500
Family	\$5,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician (PCP) Office Visit	\$35 Copay
Specialist Office Visit (No Referral Required)	\$45 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Blood Work) at LabCorp or Quest*	Covered at 100%
X-rays	Covered at 100%
Advanced Imaging (MRI, PET, CT)	Covered at 100%
Outpatient Surgery in Surgery Center	30% After PYD
Physician Services at Surgical Center	Covered at 100%
Urgent Care (Per Visit)	\$40 Copay
Hospital Services	
Inpatient Hospital (Per Admission)	30% After PYD
Outpatient Hospital (Per Visit)	30% After PYD
Physician Services at Hospital	Covered at 100%
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospitalization (Per Admission)	30% After PYD
Outpatient Services (Per Visit)	\$35 Copay
Prescription Drugs (Rx)	
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



Humana HMO Buy-Up Plan At-A-Glance

Network	HMO Premier
Plan Year Deductible (PYD) October 1-September 30	
Single	Does Not Apply
Family	Does Not Apply
Coinsurance	
Member Responsibility	0%
Plan Year Out-of-Pocket Limit October 1-September 30	
Single	\$2,500
Family	\$5,000
What Applies to the Out-of-Pocket Limit?	Coinsurance, Copays and Rx
Physician Services	
Primary Care Physician (PCP) Office Visit	\$20 Copay
Specialist Office Visit (No Referral Required)	\$35 Copay
Non-Hospital Services; Freestanding Facility	
Clinical Lab (Blood Work) at LabCorp or Quest*	Covered at 100%
X-rays	Covered at 100%
Advanced Imaging (MRI, PET, CT)	Covered at 100%
Outpatient Surgery in Surgery Center	\$250 Copay
Physician Services at Surgical Center	Covered at 100%
Urgent Care (Per Visit)	\$35 Copay
Hospital Services	
Inpatient Hospital (Per Day Copay)	\$500 Copay
Outpatient Hospital (Per Visit)	\$250 Copay
Physician Services at Hospital	Covered at 100%
Advanced Imaging (MRI, PET, CT)	\$35 Copay
Emergency Room (Per Visit; Waived if Admitted)	\$150 Copay
Mental Health/Alcohol & Substance Abuse	
Inpatient Hospitalization (Per Admission)	\$500 Copay
Outpatient Services (Per Visit)	\$20 Copay
Prescription Drugs (Rx)	
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



Locate a Provider

To search for a participating provider, contact Humana's Customer Service or visit www.humana.com. When completing the necessary search criteria, select **HMO Premier** for the network.



Plan References

*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.



Important Notes

- Services received by providers or facilities not in the **Humana's HMO Premier Network** will be denied.
- Ambulance services are usually out-of-network.
- The plan's deductible and out of pocket limit accumulate on a **plan year** basis (October 1 - September 30)



Humana National POS Plan At-A-Glance



Locate a Provider

To search for a participating provider, contact Humana's Customer Service or visit www.humana.com. When completing the necessary search criteria, select **National POS-Open Access** for the network.



Plan References

*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, please refer to the Out-of-Network Benefits section on the previous page.



Important Notes

- Ambulance services are usually out-of-network.
- The plan's deductible and out of pocket limit accumulate on a **plan year** basis (October 1 - September 30)

Network		National POS - Open Access	
Plan Year Deductible (PYD) October 1-September 30		In-Network	Out-of-Network**
Single		Does Not Apply	\$500
Family		Does Not Apply	\$1,000
Coinsurance			
Member Responsibility		0%	30%
Plan Year Out-of-Pocket Limit October 1-September 30			
Single		\$2,500	\$4,000
Family		\$5,000	\$8,000
What Applies to the Out-of-Pocket Limit?		Coinsurance, Copays and Rx	
Physician Services			
Primary Care Physician (PCP) Office Visit		\$20 Copay	30% After PYD
Specialist Office Visit (No Referral Required)		\$35 Copay	30% After PYD
Non-Hospital Services; Freestanding Facility			
Clinical Lab (Blood Work) at LabCorp or Quest*		Covered at 100%	30% After PYD
X-rays		Covered at 100%	
Advanced Imaging (MRI, PET, CT)		Covered at 100%	
Outpatient Surgery in Surgery Center		\$200 Copay	
Physician Services at Surgical Center		Covered at 100%	
Urgent Care (Per Visit)		\$50 Copay	
Hospital Services			
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		Covered at 100%	30% After PYD
Advanced Imaging (MRI, PET, CT)		\$35 Copay	30% After PYD
Emergency Room (Per Visit; Waived if Admitted)		\$75 Copay	\$75 Copay
Mental Health/Alcohol & Substance Abuse			
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)			
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	



Health Reimbursement Account

The City will continue to contribute to an HRA account for employees who participate in any of the City's medical plans. 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 2016/2017 will be based upon an employee's participation in the City's Employee Wellness Incentive Program, Humana Vitality.

- Funding for the October 1, 2016 plan year will be determined by the Vitality Status level of the employee as of September 1, 2016.

FY17 HRA Contribution Based on Humana Vitality Participation

Vitality Category	Points/Vitality Mall Discount	Annual HRA \$ Contribution
Platinum	10,000 points plus 5,000 for each adult dependent; 40% mall discount	\$700
Gold	8,000 points plus 4,000 for each adult dependent; 20% mall discount	\$550
Silver	5,000 points plus 3,000 for each adult dependent; 10% mall discount	\$400
Bronze	Move to Bronze upon completion of the online Health Assessment	\$200
Blue	No participation	0

- Funding for new participants will be based upon the Vitality Status level as of the first of the month following the first month's participation in the program.

For more information regarding the Employee Wellness Incentive Program, Humana Vitality please contact Human Resources.

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 or you can call (888) 537-3539.

Expenses Eligible for Reimbursement

Employees may request reimbursement of expenses for yourself or your qualified dependents. Eligible expenses must be necessary for the diagnosis, treatment, cure, mitigation or prevention of a specific medical condition. 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. 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 specific service under the 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 below.

Claims Mailing Address

P.O. Box 56828, Jacksonville, FL 32241

Benefits Workshop

Customer Service: (888) 537-3539 | www.benefitsworkshop.com/dunedin

All claims must be filed within 90 days after the end of the plan year (September 30, 2017) or 30 days from the date you become ineligible to file for expenses incurred while you were a participant during the plan year.



Dental Insurance

Humana Dental DHMO CS150 Plan

The City offers dental insurance through Humana to benefit eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to Humana's summary plan document or contact Humana's customer service.

Dental Insurance Premiums – Humana Dental DHMO CS150 Plan
26 Payroll Deductions Per Plan Year

Tier of Coverage	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

In-Network Benefits

The DHMO dental plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employees and their dependents may select any participating dentist in the **DHMO/PrepaidCS150 network** to receive covered services. There is no coverage for services received out-of-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 the plan's summary of coverage document 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.

Calendar Year Deductible

There is no Calendar Year Deductible.

Calendar Year Benefit Maximum

There is no benefit maximum.



IMPORTANT NOTES

- Each covered family member may receive two free cleanings per calendar year (1 every 6 months) covered under the preventative benefit. Additional cleanings are available at the charge of a copay.
- Referrals and prior authorizations are required to see specialists (oral surgeon, periodontist, orthodontist, etc.) within the network.
- Prior authorization is not required for specialty referrals for Endodontic and Pediatric Services
- Waiting periods and age limitations may apply for some services.

The summary on the following page 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.

Humana | Customer Service: (800) 979-4760 | www.humana.com



Humana Dental DHMO CS150 Plan At-A-Glance

Network	DHMO/Prepaid CS150
---------	--------------------

Calendar Year Deductible (CYD) January 1-December 31

	In-Network Only
Per Member	Does Not Apply
Per Family	
Waived for Class I Services?	

Class I Services: Diagnostic & Preventative Care

	Code	In-Network
Office Visit	9430	\$5 Copay
Routine Oral Exam (2 Per Calendar Year)	0120	\$0
Routine Cleanings (2 Per Calendar Year)	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

Class II Services: Basic Restorative Care

Fillings (Amalgam; 3 Surface: Primary or Permanent)	2160	\$0
Fillings (Composite, 3 Surface: Anterior/Posterior)	2332/2393	\$50 Copay/\$100 Copay
Simple Extractions (Erupted/Exposed Tooth)	7140	Covered at 100%
Surgical Removal of Tooth (Erupted/Impacted)	7210/7240	\$40 Copay/\$85 Copay
Root Canal Therapy (Molar)*	3330	\$250 Copay
Periodontal	4341/4342	\$50 Copay
Deep Cleaning	4355	\$45 Copay
Local Anesthesia	9215	\$0

Class III Services: Major Restorative Care

Crowns (Porcelain Fused to High Noble Metal)**	2750	\$280 Copay
Dentures	5110/5120	\$300 Copay + Lab

Class IV Services: Orthodontia

Benefit — Child (To Age 19)	8070/8080	\$1,800
Benefit — Adult	8090	\$2,000
Evaluation		\$35 Copay
Records/Treatment Planning		\$250 Copay
Retention	8680	None



Locate a Provider

To search for a participating provider, contact Humana's Customer Service or visit www.humana.com. When completing the necessary search criteria, select **DHMO /Prepaid CS150** for the network.



Plan References

*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.



Dental Insurance

Humana Dental PPO Plan

The City offers dental insurance through Humana to benefit eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more detailed information about the dental plans, please refer to Humana’s summary plan document or contact Humana’s customer service.

Dental Insurance Premiums – Humana Dental PPO Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	\$35.03	\$26.54	\$8.49	\$3.92
Employee + Family	\$93.68	\$26.54	\$67.14	\$30.99

In-Network Benefits

The PPO plan provides benefits for services received from in-network and out-of-network providers. It is also an open access plan which allows for services to be received from any dental provider without having to select a Primary Dental Provider (PDP) or obtain a referral to a specialist. The network of participating dental providers the plan utilizes is the **PPO/Traditional Preferred Network**. These participating dental providers have contractually agreed to accept Humana’s contracted fee or “allowed amount.” This fee is the maximum amount a Humana dental provider can charge a member for a service. The member is responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan’s charge limitations.

Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating PPO/Traditional Preferred Network provider. Humana reimburses out-of-network services based on what it determines is the Maximum Reimbursable Charge (MRC). The MRC is defined as the most common charge for a particular dental procedure performed in a specific geographic area. If services are received from an out-of-network dentist, the member will pay the out-of-network benefit plus the difference between the amount that Humana reimburses (MRC) for such services and the amount charged by the dentist. This is known as balance billing. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

Calendar Year Deductible

The dental PPO plan requires a \$50 individual or a \$150 family in-network deductible or \$300 Out-of-network deductible for services before most benefits will begin. The deductible is waived for preventative services.

Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the dental PPO plan will pay for each covered member is \$1500 for in-network and \$1000 for out-of-network. Preventative services accumulate towards the benefit maximum.



IMPORTANT NOTES

- 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.

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.

Humana | Customer Service: (800) 233-4013 | www.humana.com



Humana Dental PPO Plan At-A-Glance

Network	PPO/Traditional Preferred	
Calendar Year Deductible (CYD) January 1-December 31	In-Network	Out-of-Network*
Per Member	\$50	\$100
Per Family	\$150	\$300
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum January 1-December 31		
Per Member (Includes Class I Services)	\$1,500	\$1,000
Class I Services: Diagnostic & Preventative Care		
Routine Oral Exam	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Routine Cleanings (1 Every 6 Months)		
Bitewing X-rays (1 Set Per Year)		
Complete X-rays (Once Every 5 Years)		
Class II Services: Basic Restorative Care		
Fillings (Amalgam or Composite)**	Plan Pays: 90% After CYD	Plan Pays: 80% After CYD (Subject to Balance Billing)
Simple Extractions		
Oral Surgery (Basic Services)		
Endodontics (Root Canal Therapy)		
General Anesthesia (Medically Necessary)		
Class III Services: Major Restorative Care		
Crowns	Plan Pays: 60% After CYD	Plan Pays: 50% After CYD (Subject to Balance Billing)
Dentures		
Bridges		
Deep Cleaning		
Periodontal Services		
Class IV Services: Orthodontia		
Lifetime Benefit	\$1,000	
Child Benefit (Dependent Children Up To Age 19)	Plan Pays: 50%	Plan Pays: 50% (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Humana's Customer Service or visit www.humana.com. When completing the necessary search criteria, select **PPO/Traditional Preferred** for the network.



Plan References

***Out-Of-Network Balance Billing:**
For information regarding Out-of-Network Balance Billing that may be charged by an out-of-network provider, 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.



Vision Insurance

Humana Vision Care Plan

The City offers vision insurance through Humana to benefit eligible employees. The costs per pay period for coverage are listed in the premium table below and a brief summary of benefits is provided on the following page. For more information about the vision plan, including exclusions and stipulations, please refer to Humana's benefit summary or contact Humana's customer service.

Vision Insurance Premiums – Humana Vision Care Plan

26 Payroll Deductions Per Plan Year

Tier of Coverage	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	\$6.94	\$0.00	\$6.94	\$3.20
Employee + One	\$14.18	\$0.00	\$14.18	\$6.54
Employee + Family	\$18.99	\$0.00	\$18.99	\$8.76

In-Network Benefits

The vision plan offers employees and their covered dependents coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employees and their dependents can select any network provider who participates in the **Humana VCP 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 the appointment.

Out-of-Network Benefits

Employees and their covered dependents may also choose to receive services from vision providers who do not participate in the Humana VCP Network. When going out of network, the provider will require payment at the time of appointment. Humana will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

Calendar Year Deductible

There is no Calendar Year Deductible.

Calendar Year Out-of-Pocket Maximum

There is no out-of-pocket maximum. However, there are benefit reimbursement maximums for certain services.

Humana | Customer Service: (866) 537-0229 | www.humana.com



Humana Vision Care Plan At-A-Glance

Network	Humana VCP	
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$35 Reimbursement
Frequency of Services Per Calendar Year		
Examination		12 Months
Lenses		12 Months
Frames		24 Months
Contact Lenses		12 Months
Lenses		
Single	\$15 Copay	Up to \$25 Reimbursement
Bifocal		Up to \$40 Reimbursement
Trifocal		Up to \$60 Reimbursement
Frames		
Allowance	Up to \$50 Wholesale Allowance After \$15 Materials Copay	Up to \$45 Retail Reimbursement
Contact Lenses*		
Non-Elective (<i>Medically Necessary; Prior Authorization Required</i>)	Covered at 100%	Up to \$210 Reimbursement
Elective (<i>Evaluation, Fitting and Materials</i>)	Up to \$150 Allowance After \$10 Exam Copay	Up to \$150 Reimbursement



Locate a Provider

To search for a participating provider, contact Humana's customer service or go to www.humanavisioncare.com. When completing the necessary search criteria, select **Humana VCP** for the Network.



Plan References

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



Important Notes

- Member options, such as LASIK, UV Coating, progressive lenses, etc. are not covered in full, but may be available at a discount.



Flexible Spending Account

The City offers Flexible Spending Accounts (FSA) administered through Benefits Workshop. The FSA plan year is from October 1 to September 30.

If an employee or their family has predictable health care or work-related day care expenses, then he/she may benefit from participating in an FSA. An FSA allows employees to set aside money from their paycheck for reimbursement of health care and day care expenses that they regularly pay. The amount set aside is not taxed and is automatically deducted from the employee's paycheck and deposited into the FSA. During the year, the employee has access to this account for reimbursement of some expenses that are not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employees must re-elect the dollar amount they wish to have deducted each plan year. There are two types of FSAs:

Health Care FSA

This account allows participants to set aside up to an annual maximum of \$2,500. This money will not be taxable income to the participant and can be used to offset the cost of a wide variety of eligible medical expenses that generate out-of-pocket costs. Participating employees can also receive reimbursement for expenses related to dental and vision care (that are not classified as cosmetic). Examples of common expenses that qualify for reimbursement are listed below.

Please Note: The entire Health Care FSA election is available for use on the first day coverage is effective.

Dependent Care FSA

This account allows participants to set aside up to an 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) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and adults.

Please note that if a family's income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in the participant's household.

Please Note: Unlike the Health Care FSA, reimbursement is only up to the amount that has been deducted from the participant's paycheck for the Dependent Care FSA.

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

- ✓ Ambulance service
- ✓ Chiropractic care
- ✓ Dental and orthodontic fees
- ✓ Diagnostic tests/health screenings
- ✓ Physician fees and office visits
- ✓ Drug addiction/alcoholism treatment
- ✓ Experimental medical treatment
- ✓ Corrective eyeglasses and contact lenses
- ✓ Hearing aids and exams
- ✓ Injections and vaccinations
- ✓ LASIK surgery
- ✓ Mental health care
- ✓ Nursing services
- ✓ Optometrist fees
- ✓ 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 expense.



Flexible Spending Account *(Continued)*

FSA Guidelines

- The Health Care FSA has a run out period at the end of the plan year (90 days) to submit reimbursement on eligible expenses incurred during the period of coverage within the plan year (October 1 through September 30).
- Any unused funds after a plan year ends and all claims have been filed cannot be returned or carried forward to the next plan year.
- When a plan year ends and all claims have been all unused funds will be forfeited and will not be allowed to be returned.
- Employees can enroll in either or both of the FSAs only during the open enrollment period, a qualifying event, or new hire eligibility.
- Money cannot be transferred between FSAs.
- Reimbursed expenses cannot be deducted for income tax purposes.
- Employees and their dependents cannot be reimbursed for services they have not received.
- Employees and their dependents cannot receive insurance benefits or any other compensation for expenses which are reimbursed through an FSA.
- Domestic Partners are not eligible as federal law does not recognize them as a qualified dependent.

Filing a Claim

Claim Form

A completed claim form along with a copy of the receipt as proof of the expense can be submitted by mail or fax. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one year.

Debit Card

FSA participants will automatically receive a debit card for payment of eligible expenses. With the card, most qualified services and products can be paid 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. Benefits Workshop may request supporting documentations for expenses paid with a debit card. Failure to provide supporting documentation when requested, may result in suspension of the card and account until funds are substantiated or refunded back to the City. This card will not expire at the end of the benefit year. Please keep the issued card for use next year. Additional or replacement cards may be requested, however, a small fee may apply.

HERE'S HOW IT WORKS!



An employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$41.66 based on a 24 pay period schedule. As a result, the insurance premiums and health care expenses are paid with tax-free dollars, giving the employee a tax savings of \$227.

	With a Health Care FSA	Without a Health Care FSA
Salary	\$30,000	\$30,000
FSA Contribution	-\$1,000	-\$0
Taxable Pay	\$29,000	\$30,000
Estimated Tax 22.65% = 15% + 7.65% FICA	-\$6,568	-\$6,795
After Tax Expenses	-\$0	-\$1,000
Spendable Income	\$22,432	\$22,205
Tax Savings	\$227	

Please Note: Be conservative when estimating medical and/or dependent care expenses. IRS regulations state that any unused funds with remain in your FSA after a plan year ends and after all claims have been filed cannot be returned or carried forward to the next plan year. **This rule is known as "use it or lose it."**

Claims Mailing Address

PO Box 56828, Jacksonville, FL 32241

Benefits Workshop

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



Basic Life and AD&D Insurance

Group 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 \$4.05 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.

Cigna | Customer Service: (800) 362-4462 | www.cigna.com

Voluntary Life Insurance

Voluntary Employee Life and AD&D 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:
 - › Reduced 65% at age 65;
 - › Reduced 50% at age 70;
 - › Reduced 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 Spouse Life and AD&D 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 Insurance *(Continued)*

Dependent Child(ren) Life and AD&D 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.

Voluntary Life Rate Table

Rate Per \$1,000 of Benefit

Age Bracket <i>(Based On Employee Age)</i>	Voluntary Life Rate
Under Age 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

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

Cigna | Customer Service: (800) 362-4462 | www.cigna.com

Short Term Disability

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.

Short Term Disability (STD) Benefits

- 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.

Cigna | Customer Service: (800) 732-1603 | www.cigna.com



Long Term Disability

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.

Long Term Disability (LTD) Benefits

- 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.

Cigna | Customer Service: (800) 732-1603 | www.cigna.com

Employee Assistance Program

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 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.

Health Advocate | Customer Service: (877) 240-6863
www.healthadvocate.com/member



Life Assistance Program

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

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

Cigna Life Assistance Program | Customer Service: (800) 538-3543
www.cignabehavioral.com/CGI

Supplemental Insurance

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.

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

Aflac | www.aflac.com

Agent: Brandy Hartin | Phone: (502) 718-3818 | Email: b_hartin@msn.com

Supplemental Insurance

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 through the age of 25. 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.

Available Colonial Plans include coverage for:

- ✓ Accident Insurance
- ✓ Cancer Insurance
- ✓ Life Insurance
- ✓ Critical Illness Insurance
- ✓ Hospital Confinement Insurance
- ✓ Gunshot Wound Insurance

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

Agent: Barbara Powell | Phone: (727) 538-2960

Customer Service: (800) 325-436



Legal & Identity Theft Plan

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. The plan provides assistance, 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 with a \$5 million service guarantee, 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 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.

LegalShield | Customer Service: (800) 654-7757 | www.legalshield.com
Agent: Don Thompson | Phone: 239-549-4746
Email: donthompson@legalshieldassociate.com

Voluntary Pet Insurance

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 Nationwide's customer service number or enroll on www.petinsurance.com/dunedingov.

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

Claims Mailing Address

PO Box 2344, Brea, CA 92822-2344
Fax: (714) 989-5600

Nationwide Voluntary Pet Insurance | Customer Service: (800) 540-2016
www.petinsurance.com/dunedingov
Agent: Lisa C. Widner | Phone: (714) 706-5737 | Cell: (562) 665-4784
Email: lwidner@petinsurance.com

Retirement Plan

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

The FRS is a defined benefit plan. During each year, the City will make a mandatory contribution to the plan.

- Plan year is July 1st through June 30th.
- 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 *(Continued)*

City of Dunedin Defined Contribution Plan (City Plan) 401(a): 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

Empower Retirement | www.empower-retirement.com
 Agent: Christina Constantine | Phone: (727) 282-7048
 Email: christina.constantine@empower-retirement.com

City Programs

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)*

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.

- 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 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.

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	



2016-2017 Rate Summaries

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 employee medical plans, please refer to the Summary of Benefits and Coverage (SBC) provided.

Medical Insurance Premiums: Active Employees

Coverage Tier	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Base HMO Plan				
Employee Only	\$631.30	\$606.96	\$24.34	\$11.23
Employee + One	\$1,209.08	\$973.62	\$235.46	\$108.67
Employee + Family	\$1,833.69	\$1,323.18	\$510.51	\$235.62
Buy-Up HMO Plan				
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
National POS Plan				
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 Premiums: 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

*Premiums include a 2% administrative fee.

Medical Insurance Premiums: Retirees*

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	\$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

Please Note: Retiree benefits are offered under a separate medical plan for the purpose of the Affordable Care Act.

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



2016-2017 Rate Summaries *(Continued)*

Dental Insurance Premiums: Active Employees

Coverage Tier	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
DHMO				
Employee Only	\$15.22	\$15.22	\$0.00	\$0.00
Employee + Family	\$32.50	\$15.22	\$17.28	\$7.98
PPO				
Employee Only	\$35.03	\$26.54	\$8.49	\$3.92
Employee + Family	\$93.68	\$26.54	\$67.14	\$30.99

Dental Insurance Premiums: COBRA Participants*

Coverage Tier	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)
DMO		
Employee Only	\$15.52	\$35.73
Employee + Family	\$33.15	\$95.55

*Premiums include a 2% administrative fee.

Dental Insurance Premiums: Retirees*

Coverage Tier	Total Monthly Premium (Paid by Participant)	Total Monthly Premium (Paid by Participant)
DMO		
Employee Only	\$15.22	\$35.03
Employee + Family	\$32.50	\$93.68

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

Vision Insurance Premiums: Active Employees

Coverage Tier	Total Premium Per Month	City Portion Per Month	Employee Portion Per Month	Payroll Deduction Per Pay Period
Employee Only	\$6.94	\$0.00	\$6.94	\$3.20
Employee + One	\$14.18	\$0.00	\$14.18	\$6.54
Employee + Family	\$18.99	\$0.00	\$18.99	\$8.76

Vision Insurance Premiums: COBRA Participants*

Coverage Tier	Total Monthly Premium (Paid by Participant)
Employee Only	\$7.08
Employee + One	\$14.46
Employee + Family	\$19.37

*Premiums include a 2% administrative fee.

Vision Insurance Premiums: Retiree Participants*

Coverage Tier	Total Monthly Premium (Paid by Participant)
Employee Only	\$6.94
Employee + One	\$14.18
Employee + Family	\$18.99

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



2016-2017 Rate Summaries *(Continued)*

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+
Voluntary Life Rate	\$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: \$0.35 per \$5,000 of benefit.

$$\frac{\text{Benefit Election}}{1,000} = \text{Rate by Age (In Table)} \times 12 = \text{Pay Periods} \div 26 = \text{Bi-Weekly Premium}$$

* 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+
Employee Rate	\$0.05	\$0.07	\$0.12	\$0.20	\$0.34	\$0.45	\$0.65	\$0.84	\$0.65	\$0.44	\$0.35

$$\frac{\$ \text{Annual Salary}}{12} = \$ \text{Rate by Age (In Table)} \times 12 = \$ \text{Pay Periods} \div 26 = \$ \text{Bi-Weekly Premium}$$

Or \$6,667

DUN  DIN
Home of Honeymoon Island

GEHRING  GROUP
INSURANCE BROKERS & CONSULTANTS

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