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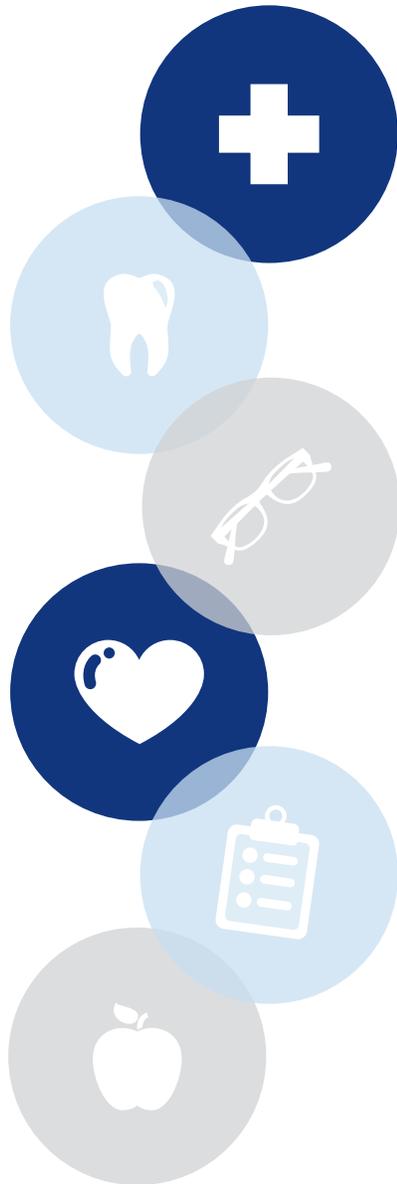
EMPLOYEE  
BENEFIT  
HIGHLIGHTS





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This booklet is merely a summary of employee 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 of Stuart 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

City of Stuart Human Resources Department	Benefit Inquires Human Resources	Phone: (772) 288-5315
<b>Online Benefit Enrollment</b>	BenTek Support	Customer Service: (888) 5-BenTek (523-6835) www.mybentek.com/cityofstuart Email: support@mybentek.com
<b>Medical Insurance</b>	Cigna	Customer Service: (800) 244-6224 www.cigna.com
<b>Prescription Drug Coverage &amp; Mail-Order Program</b>	Cigna Home Delivery	Customer Service: (800) 835-3784 www.mycigna.com
<b>Dental Insurance</b>	Cigna	Customer Service: (800) 244-6224 www.cigna.com
<b>Vision Insurance</b>	Cigna	Customer Service: (877) 478-7557 www.cigna.com
<b>Flexible Spending Accounts</b>	Aflac Administered by WageWorks	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
<b>Employee Assistance Program</b>	Aetna Resources for Living	Customer Service: (866) 611-2826 www.mylifevalues.com
<b>Basic Life and AD&amp;D Insurance</b>	Cigna	Customer Service: (800) 732-1603 www.cigna.com
<b>Voluntary Life Insurance</b>	Cigna	Customer Service: (800) 732-1603 www.cigna.com
<b>Long Term Disability Insurance</b>	Cigna	Customer Service: (800) 732-1603 www.cigna.com
<b>Short Term Disability Insurance</b>	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
<b>Personal Supplemental Insurance (Various Aflac Products)</b>	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
<b>Liberty Mutual Insurance Offerings</b>	Liberty Mutual	Agent: Tamara Bailey, CPCU, API Phone: (954) 991-5600 Email: Tamara.Bailey@LibertyMutual.com www.libertymutual.com/stuart
<b>Legal &amp; Identity Protection Plans</b>	US Legal Services	Agent: Dixie Kuehn Phone: (321) 403-0156 Customer Service: (321) 799-2986 www.uslegalservices.net
<b>Pet Insurance</b>	Pet Assure	Customer Service: (800) 891-2565 www.petassure.com
<b>Pet Insurance</b>	Nationwide	Customer Service: (800) 540-2016 www.petinsurance.com/cityofstuart
<b>Florida Retirement System</b>	Agency # 53100	Educational/Investment: (866) 446-9377 www.myfrs.com Pension Department: (844) 377-1888 https://www.rol.frs.state.fl.us/login.aspx
<b>ICMA-RC</b>	Plan # 301448	Agent: Torri Pilla Customer Service: (772) 577-6578 Email: tpilla@icmarc.org   www.icmarc.org



## Introduction

The City of Stuart provides group insurance benefits to eligible employees. The Employee Benefit Highlights Booklet provides a general summary of the benefit options as a convenient reference. Please refer to the City's Personnel Policies, applicable Union Contracts, and/or Certificates of Coverage for detailed descriptions of all available employee benefit programs and stipulations therein. If an employee requires further explanation or needs assistance regarding claims processing, please refer to the customer service phone numbers under each benefit description heading or contact Human Resources for further information.

## Online Benefit Enrollment

The City provides 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 insurance benefits online during the annual Open Enrollment period, New Hire Orientation, or Qualifying Events.

Accessible 24 hours a day throughout the year, employees may log in and review comprehensive information regarding benefits plans and view and print an outline of benefit elections for employee and dependent(s). Employee has 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/cityofstuart](http://www.mybentek.com/cityofstuart)
- ✓ Sign in using a previously created username and password or click "Create an Account" to set up a username and password.
- ✓ If employee has forgotten 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 benefit options, and make elections, changes or beneficiary designations.

For technical issues directly related to using the EBC please call (888) 5-BenTek (523-6835) or email BenTek Support at [support@mybentek.com](mailto:support@mybentek.com), Monday through Friday, during regular business hours, 8:30am - 5:00pm.

To access the Employee Benefits Center online, log on to:  
**[www.mybentek.com/cityofstuart](http://www.mybentek.com/cityofstuart)**

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

### Cover Photo Credit:

Jan Foselli, City Manager's Office



## 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 full-time employees working a minimum of 30 hours per week. Coverage will be effective the first of the month following 60 days. For example, if employee is hired on April 11, then the effective date of coverage will be July 1.

### Separation

If 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/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) of a covered dependent (Florida)
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner

### Dependent Age Requirements

**Medical Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 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 the calendar year in which the child turns age 30.

**Vision Coverage:** A dependent child may be covered through the end of the calendar year in which the child turns age 30.

### 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's plan or another plan began prior to age 26.

Proof of the dependent's disability will need to be submitted to the carrier within 31 days of turning age 26. Please contact Human Resources if further clarification is needed.

### Taxable Dependents

Employee covering adult child(ren) under employee's medical, dental and vision insurance plans may continue to have the related coverage premiums payroll deducted on a pre-tax basis through the end of the calendar year in which dependent child reaches age 26. Beginning January 1 of the calendar year in which dependent child reaches age 27 through the end of the calendar year in which the dependent child reaches 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 dependent child. Note: There is no imputed income if adult dependent 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 dependent child who will turn age 27 any time during the upcoming calendar year or for more information.

### 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 Declaration of Domestic Partnership. The IRS guidelines state that employee may not receive a tax advantage on any portion of premium paid related to domestic partner. Employee is required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please see Human Resources for further details and rates if covering a domestic partner at any time during the upcoming plan year.



## Qualifying Events and IRS Code Section 125

### IRS Code Section 125

Premiums for medical, dental, vision insurance, contributions to Flexible Spending Accounts (FSA), and/or certain supplemental policies are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code and are pre-taxed 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 dependent(s) experience(s) a Qualifying Event and the request to make a change is made within 30 days of the qualifying event.

Under certain circumstances, employee 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 Code, Section 125. Any requested changes must be consistent with and due to 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 or dependent(s) terminate or start employment
- An increase or decrease in employee's 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)



### IMPORTANT NOTES

If employee experiences a qualifying event, **Human Resources must be contacted within 30 days of the qualifying event** to make the appropriate changes to employee's coverage. Beyond 30 days, requests will be denied and employee may be responsible, both legally and financially, for any claim and/or expense incurred as a result of employee or dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will be effective on date of the Qualifying Event or on the first of the month following the Qualifying Event. Newborns are effective on the date of birth. Marriage is effective on the date of occurrence. Cancellations will be processed at the end of the month. In the event of death, coverage terminates the date following the death. Employee may be required to furnish valid documentation supporting a change in status or "Qualifying Event."

### Summary of Benefits and Coverage

A **Summary of Benefits & Coverage (SBC)** for the Medical Plan is provided as a supplement to this booklet being distributed to new hires and existing employees during Open Enrollment. The summary is an important item in understanding the employee's benefit options. A free paper copy of the SBC document may be requested or is available as follows:

**From:** Human Resources Department  
**Address:** 121 SW Flagler Ave.  
 Stuart, FL 34994  
**Phone:** (772) 288-5315  
**Email:** rjohnson@ci.stuart.fl.us  
**At Website URL:** [www.mybentek.com/cityofstuart](http://www.mybentek.com/cityofstuart)

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 group certificate of coverage can be reviewed and obtained by contacting Human Resources.

If there are questions about the plan offerings or coverage options, please contact Human Resources.



## Medical Insurance

The City offers medical insurance through Cigna to benefit-eligible employees. The costs per pay period for coverage are listed in the premium tables below. For more detailed information about the medical plan, please refer to the carrier's Summary of Benefits and Coverage (SBC) document or contact Cigna's customer service.

### Medical Insurance – Cigna LocalPlus Basic Plan

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	WITH Non-Tobacco use and HRA Premium Savings	WITH Non-Tobacco use or HRA Premium Savings	WITHOUT Premium Incentive
Employee Only	\$30.00	\$55.00	\$80.00
Employee + Spouse	\$113.85	\$138.85	\$163.85
Employee + Child(ren)	\$86.63	\$111.63	\$136.63
Employee + Family	\$187.00	\$212.00	\$237.00

### Medical Insurance – Cigna OAP Buy-Up Plan

24 Payroll Deductions – Per Pay Period Cost

Tier of Coverage	WITH Non-Tobacco use and HRA Premium Savings	WITH Non-Tobacco use or HRA Premium Savings	WITHOUT Premium Incentive
Employee Only	\$61.20	\$86.20	\$111.20
Employee + Spouse	\$209.76	\$234.76	\$259.76
Employee + Child(ren)	\$166.80	\$191.80	\$216.80
Employee + Family	\$307.74	\$332.74	\$357.74

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)

## Premium Savings Incentive Program

Benefit-eligible employees will be offered the opportunity to save monthly premium dollars through premium saving incentives valued up to \$100 per month. In order to save premium dollars, the following must be completed:

- Save \$50 monthly by demonstrating you are a non-tobacco user completing the cotinine test at TCMA or by completing a Tobacco Cessation Program.
- Save \$50 monthly by completing all three (3) steps of your annual HRA Process with TCMA.

**Please Note:** The deadline for saving premium dollars is September 15 of each fiscal year.

## Opt Out Benefit

In an effort to ensure equitable contribution to the healthcare of every employee, the City offers an “opt out” option to eligible employees who have waived participation in the City’s Medical Plan, and who can show evidence of medical insurance under another medical plan. If an employee chooses to receive the “opt out” benefit, employee will receive \$100 a month. Employee may increase the stipend by completing the actions to the left to receive an additional \$100 per month credit (\$200 per month maximum).

**Please Note:** The deadline to increase the stipend for the opt out benefit is September 15 of each fiscal year.



## Other Available Plan Resources

Cigna offers all enrolled employees 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) document, contact Cigna's customer service at (800) 244-6224, or visit [www.cigna.com](http://www.cigna.com).

### Healthy Rewards

Cigna's Healthy Rewards is provided automatically at no additional cost and offers access to discounted health and wellness programs at participating providers. Members can log on to [www.mycigna.com](http://www.mycigna.com) and select Healthy Rewards to learn more about these programs or call (800) 870-3470.

- ✓ Vision Care
- ✓ Lasik Vision Correction Services
- ✓ Fitness Club Discounts
- ✓ Nutrition Discounts
- ✓ Hearing Care
- ✓ Tobacco Cessation
- ✓ Alternative Medicine

### The myCigna Mobile App

The myCigna mobile app is an easy way to organize and access important health information. Anytime. Anywhere. Download it today from the App Store<sup>SM</sup> or Google Play<sup>TM</sup>. With the myCigna mobile app, members can:

- Find a doctor, dentist or health care facility
- Access maps for instant driving directions
- View ID cards for family members
- Review deductibles, account balances and claims
- Compare prescription drug costs
- Speed-dial Cigna Home Delivery Pharmacy<sup>TM</sup>
- Store and organize all important contact info for doctors, hospitals, and pharmacies
- Add health care professionals to contact list direct from a claim or directory search
- And, much more!

### 24 Hour Help Information Hotline (800) CIGNA-24

The Cigna 24-Hour Health Information Line provides access to helpful, reliable information and assistance from qualified health information nurses on a wide range of health topics 24 hours a day, any day of the year. Not sure what to do for a child who has a fever in the middle of the night? Not sure if treatment from a doctor is necessary for an injury? There are over 1,000 topics in the Health Information Library that include free audio, video and printed information on aging, women's health, nutrition, surgery and specific medical conditions to help weigh the risks and advantages of treatment options. The call is free and is strictly confidential.

### Telehealth

Cigna provides access to two telehealth services as part of the medical plan – AmWell and MDLIVE. Telehealth is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

This benefit is provided to all enrolled members subject to an applicable copay. 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. Telehealth 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 Telehealth, such as:

- ✓ Sore Throat
- ✓ Headache
- ✓ Stomachache
- ✓ Fever
- ✓ Cold and Flu
- ✓ Allergies
- ✓ Rash
- ✓ Acne
- ✓ UTIs And More

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

#### Cigna

AmWell | Customer Service: (855) 667-9722 | [www.AmWellforCigna.com](http://www.AmWellforCigna.com)  
 MDLIVE | Customer Service: (888) 726-3171 | [www.MDLIVEforCigna.com](http://www.MDLIVEforCigna.com)



## Cigna LocalPlus Basic Plan At-A-Glance



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select LocalPlus network.



### Plan References

**\*Out-Of-Network Balance Billing:**

For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

\*\* LabCorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's LocalPlus network prior to receiving services.

Network	LocalPlus	
<b>Plan Year Deductible (PYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$1,000	\$1,500
Family	\$3,000	\$3,000
<b>Coinsurance</b>		
Member Responsibility	20%	50%
<b>Plan Year Out-of-Pocket Limit</b>		
Single	\$4,000	\$7,000
Family	\$8,000	\$14,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$25 Copay	50% After PYD
Specialist Office Visit (No Referral Required)	\$50 Copay	50% After PYD
Telehealth	\$15 Copay	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Blood Work)**	No Charge	50% After PYD
X-rays	20% After PYD	50% After PYD
Advanced Imaging (MRI, PET, CT) - Per Scan	20% After PYD	50% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	50% After PYD
Physician Services at Surgical Center	20% After PYD	50% After PYD
Urgent Care (Per Visit)	\$60 Copay	\$60 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After PYD	50% After PYD
Outpatient Hospital (Per Visit)	20% After PYD	50% After PYD
Physician Services at Hospital	20% After PYD	50% After PYD
Emergency Room (Per Visit)	20% After PYD	20% After PYD
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospitalization (Per Admission)	20% After PYD	50% After PYD
Outpatient Services (Per Visit)	No Charge	50% After PYD
Outpatient Office Visit (Per Visit)	No Charge	50% After PYD
<b>Prescription Drugs (Rx)</b>		
Generic - Preventive	\$5 Retail Copay	Not Covered
Generic - Other Generic	\$15 Retail Copay	Not Covered
Preferred Brand Name	\$40 Retail Copay	Not Covered
Non-Preferred Brand Name	\$75 Retail Copay	Not Covered
Mail Order Drug (90 Day Supply)	\$10 / \$30 / \$80 / \$150 Retail Copay	Not Covered



## Cigna OAP Buy-Up Plan At-A-Glance

Network	Open Access Plus	
<b>Plan Year Deductible (PYD)</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Single	\$500	\$1,500
Family	\$1,500	\$3,000
<b>Coinsurance</b>		
Member Responsibility	20%	40%
<b>Plan Year Out-of-Pocket Limit</b>		
Single	\$3,000	\$7,500
Family	\$5,750	\$14,725
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
<b>Physician Services</b>		
Primary Care Physician (PCP) Office Visit	\$20 Copay	40% After PYD
Specialist Office Visit (No Referral Required)	\$40 Copay	40% After PYD
Telehealth	\$15 Copay	Not Covered
<b>Non-Hospital Services; Freestanding Facility</b>		
Clinical Lab (Blood Work)**	No Charge	40% After PYD
X-rays	20% After PYD	40% After PYD
Advanced Imaging (MRI, PET, CT) - Per Scan	\$150 Copay	40% After PYD
Outpatient Surgery in Surgical Center	20% After PYD	40% After PYD
Physician Services at Surgical Center	20% After PYD	40% After PYD
Urgent Care (Per Visit)	\$50 Copay	\$50 Copay
<b>Hospital Services</b>		
Inpatient Hospital (Per Admission)	20% After PYD	40% After PYD
Outpatient Hospital (Per Visit)	20% After PYD	40% After PYD
Physician Services at Hospital	20% After PYD	40% After PYD
Emergency Room (Per Visit; Waived if Admitted)	\$250 Copay	\$250 Copay
<b>Mental Health/Alcohol &amp; Substance Abuse</b>		
Inpatient Hospitalization (Per Admission)	20% After PYD	40% After PYD
Outpatient Services (Per Visit)	No Charge	40% After PYD
Outpatient Office Visit (Per Visit)	No Charge	40% After PYD
<b>Prescription Drugs (Rx)</b>		
Generic - Preventive	\$5 Retail Copay	Not Covered
Generic - Other Generic	\$15 Retail Copay	Not Covered
Preferred Brand Name	\$40 Retail Copay	Not Covered
Non-Preferred Brand Name	\$75 Retail Copay	Not Covered
Mail Order Drug (90 Day Supply)	\$10 / \$30 / \$80 / \$150 Retail Copay	Not Covered



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Open Access Plus network.



### Plan References

**\*Out-Of-Network Balance Billing:**  
For information regarding out-of-network balance billing that may be charged by out-of-network providers, please refer to the Summary of Benefits and Coverage (SBC) document.

**\*\*LabCorp and Quest Diagnostics are the preferred labs for bloodwork through Cigna. When using a lab other than LabCorp or Quest, please confirm they are contracted with Cigna's Open Access Plus network prior to receiving services.**



## Dental Insurance

### Cigna Dental Care DHMO Plan

The City offers dental insurance through Cigna 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 plan, please refer to the carrier’s summary plan document or contact Cigna’s customer service.

#### Dental Insurance – Cigna Dental Care DHMO Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0
Employee + Family	\$9.79

#### In-Network Benefits

The Dental Care DHMO plan is an in-network only plan that requires all services be received by a Primary Dental Provider (PDP). Employee and dependent(s) may select any participating dentist in the Cigna Dental Care HMO network to receive covered services. There is no coverage for services received out-of-network.

The Dental Care 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 summary plan 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.

#### Plan Year Deductible

There is no plan year deductible.

#### Plan Year Benefit Maximum

There is no benefit maximum.



### IMPORTANT NOTES

- Each covered family member may receive two (2) routine cleanings per calendar year (One (1) every six (6) months) covered under the preventive benefit. Members can also receive two (2) additional cleanings at the charge of a \$45 copay.
- Waiting periods and age limitations may apply for some services.
- Participants covering young children may be seen by a pediatric dental provider up to the child’s 7th birthday. Once the child reaches age 7, a referral with medical reasons will be required prior to being seen by a pediatric dental provider.
- Services received by providers or facilities not in the Cigna Dental Care HMO network will be denied.
- Additional lab fees may apply for some services.

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



## Cigna Dental Care DHMO Plan At-A-Glance

Network	Cigna Dental Care HMO
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### Plan Year Deductible (PYD)

	In-Network Only
Per Member	Does Not Apply
Per Family	
Plan Year Maximum	

### Class I Services: Diagnostic & Preventive Care

	Code	In-Network
Office Visit*	N/A	\$5
Routine Oral Evaluation	0150	\$0
Routine Cleanings (2 Per Calendar Year)	1110/20	\$0
Bitewing X-rays (2 Films)	0272	\$0
Complete X-rays (1 Every 3 Years)	0210	\$0
Fluoride Treatments (2 Per Calendar Year)	1208	\$0
Sealants (Per tooth)	1351	\$12
Emergency Care to Relieve Pain (During Regular Hours)	9110	\$0

### Class II Services: Basic Restorative Care

Fillings (Amalgam)	2140	\$0
Fillings (Composite — 3 Surfaces, Anterior/Posterior)	2332/2393	\$0/\$82
Simple Extractions (Erupted Tooth/Exposed Root)	7140	\$12
Oral Surgery (Removal of Impacted Tooth)	7240	\$115
Root Canal Therapy (Molar)	3330	\$335
General Anesthesia (First 30 Minutes)	9220	\$190
Repairs to Denture Base	5510	\$88

### Class III Services: Major Restorative Care

Bridges (Porcelain Fused to High Noble Metal)	6240	\$320
Crowns (Porcelain Fused to Noble Metal)**	6752	\$355
Dentures	5110/20	\$400

### Class IV Services: Orthodontia - 24 Month Treatment Max.

Benefit — Child (Up to Age 19)	8670	\$2,040
Benefit — Adult	8670	\$2,376



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Cigna Dental Care HMO network.



### Plan References

\*Each patient is responsible for a \$5 office visit fee, per office visit. The \$5 fee is in addition to any other applicable patient charges.

\*\*Porcelain/Ceramic substrate crowns on molar teeth are not covered.



## Dental Insurance

### Cigna Dental PPO Advantage Plan

The City offers dental insurance through Cigna 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 plan, please refer to the carrier’s summary plan document or contact Cigna’s customer service.

#### Dental Insurance – Cigna Dental PPO Advantage Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$0
Employee + Family	\$14.48

#### In-Network Benefits

The Dental PPO Advantage 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 utilizes the Cigna Advantage Network or the DPPO Network. However, the Advantage Network offers the greatest cost savings and is, therefore, preferred. These participating dental providers have contractually agreed to accept Cigna’s contracted fee or “allowed amount”. This fee is the maximum amount a Cigna dental provider can charge a member for a service. The member is responsible for a Plan Year Deductible (PYD) and then coinsurance based on the plan’s charge limitations.

**Please Note:** As stated above, while members have the option to utilize a dentist that participates in either CIGNA’s Advantage Network or DPPO Network, the Advantage Network offers the greatest savings overall. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist, and may be responsible for out-of-pocket expenses.

#### Out-of-Network Benefits

Out-of-network benefits are used when members receive services by a non-participating Cigna provider. Cigna reimburses out-of-network services based on what it determines is the Maximum Allowable Charge (MAC). The MAC 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 Cigna’s amount (MAC) and the amount charged by the out-of-network dental provider. Balance billing is in addition to any applicable plan deductible or coinsurance responsibility.

#### Plan Year Deductible

The Dental PPO Advantage plan requires a \$100 per member deductible to be met for in-network or out-of-network services or a combination of both before most benefits will begin. The deductible is waived for diagnostic, preventive and orthodontia services.

#### Plan Year Benefit Maximum

The maximum benefit (coinsurance) the Dental PPO Advantage plan will pay for each covered member is \$1000 for in-network or out-of-network services combined. Diagnostic and preventive services accumulate towards the benefit maximum. Once the plan’s benefit maximum is met, the member will be responsible for future charges until next plan year.



#### IMPORTANT NOTES

- Each covered family member may receive up to two (2) routine cleanings per plan year. Each cleaning must be six (6) months apart.
- Waiting periods and age limitations may apply for certain services.

Cigna | Customer Service: (800) 244-6224 | [www.cigna.com](http://www.cigna.com)



## Cigna Dental PPO Advantage Plan At-A-Glance

Network	Cigna DPPO Advantage	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Per Member		\$100
Waived for Class I Services?		Yes
<b>Plan Year Benefit Maximum</b>		
Per Member <i>(Includes Class I, II &amp; III Services)</i>		\$1,000
<b>Class I Services: Diagnostic &amp; Preventive Care</b>		
Routine Oral Exam <i>(1 Every 6 Months)</i>	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings <i>(1 Every 6 Months)</i>		
Complete X-rays <i>(1 Set Every 5 Years)</i>		
Bitewing X-rays <i>(4 Films Per Year)</i>		
<b>Class II Services: Basic Restorative Care</b>		
Fillings <i>(Amalgam)</i>	Plan Pays: 80% After PYD	Plan Pays: 80% After PYD <i>(Subject to Balance Billing)</i>
Simple Extractions		
Endodontics <i>(Root Canal Therapy)</i>		
Periodontal Services		
Oral Surgery		
General Anesthesia		
<b>Class III Services: Major Restorative Care</b>		
Crowns	Plan Pays: 50% After PYD	Plan Pays: 50% After PYD <i>(Subject to Balance Billing)</i>
Bridges		
Dentures		
<b>Class IV Services: Orthodontia</b>		
Lifetime Maximum		\$1,000
Benefit <i>(Dependent Children Up To Age 19)</i>	Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived <i>(Subject to Balance Billing)</i>



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Cigna Dental PPO or EPO network.



### Plan References

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



## Vision Insurance

### Cigna Vision Plan

The City offers vision insurance through Cigna 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, please refer to the carrier's summary plan document or contact Cigna's customer service.

#### Vision Insurance – Cigna Vision Plan

24 Payroll Deductions - Per Pay Period Cost

Tier of Coverage	Employee Cost
Employee Only	\$4.36
Employee + Spouse	\$8.72
Employee + Child(ren)	\$8.81
Employee + Family	\$14.06

#### In-Network Benefits

The vision plan offers employee and covered dependent(s) coverage for routine eye care, including eye exams, eyeglasses (lenses and frames) or contact lenses. To schedule an appointment, covered employee and dependent(s) can select any network provider who participates in the Cigna Vision 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

Employee and covered dependent(s) may also choose to receive services from vision providers who do not participate in the Cigna Vision Plan. When going out of network, the provider will require payment at the time of appointment. Cigna will then reimburse based on the plan's out-of-network reimbursement schedule upon receipt of proof of services rendered.

#### Plan Year Deductible

There is no plan year deductible.

#### Plan Year Out-of-Pocket Maximum

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

**Cigna** | Customer Service: (877) 478-7557 | [www.cigna.com](http://www.cigna.com)



## Cigna Vision Plan At-A-Glance

Network	Cigna Vision	
Services	In-Network	Out-of-Network
Eye Exam	\$10 Copay	Up to \$45 Reimbursement
Materials	\$25 Copay	Reimbursement Based on Type of Service
<b>Frequency of Services</b>		
Examination		12 Months
Lenses		12 Months
Frames		12 Months
Contact Lenses		12 Months
<b>Lenses</b>		
Single	No Charge After \$25 Materials Copay	Up to \$32 Reimbursement
Bifocal		Up to \$55 Reimbursement
Trifocal		Up to \$65 Reimbursement
<b>Frames</b>		
Allowance	\$130 Retail Allowance After \$25 Materials Copay	Up to \$71 Reimbursement
<b>Contact Lenses*</b>		
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement
Elective (Fitting, Follow-up & Lenses)	\$130 Allowance	Up to \$105 Reimbursement



### Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit [www.cigna.com](http://www.cigna.com). When completing the necessary search criteria, select Cigna Vision 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 Accounts

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

If employee or family member(s) has predictable health care or work-related day care expenses, then employee may benefit from participating in an FSA. An FSA allows employee to set aside money from employee's paycheck for reimbursement of health care and day care expenses they regularly pay. The amount set aside is not taxed and is automatically deducted from employee's paycheck and deposited into the FSA. During the year, employee has access to this account for reimbursement of some expenses not covered by insurance. Participation in an FSA allows for substantial tax savings and an increase in spending power. Participating employee must re-elect the dollar amount they wish to have deducted each plan year. There are two (2) types of FSAs:

### Health Care FSA

This account allows participant to set aside up to an annual maximum of \$2,650. 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 employee 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 participant to set aside up to an annual maximum of \$5,000 if single or married and file a joint tax return (\$2,500 if 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 dependent adults.

Please note, 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 eight (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
- ✓ Sunscreen SPF 15 or Greater
- ✓ 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)*

### FSA Guidelines

- Employee may carry over \$500 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. This carry-over provision can only be utilized every other year. Dependent Care funds cannot be carried over.
- Eligible expenses filed through the Health Care FSA must be submitted for reimbursement within 90 days of the close of the plan year (September 30), generally December 28. However, the exact deadline date for submission will be communicated by Human Resources.
- When a plan year ends and all claims have been filed within the 90-day timeframe, and with the exception of the \$500 rollover if selected, all unused funds will be forfeited and not 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.
- Employee and dependent(s) cannot be reimbursed for services not received.
- Employee and dependent(s) cannot receive insurance benefits or any other compensation for expenses 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, fax, or online through WageWorks. 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. WageWorks may request supporting documentation 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
<b>Tax Savings</b>	<b>\$227</b>	

**Please Note:** Be conservative when estimating health care and/or dependent care expenses. IRS regulations state any unused funds which 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 with the exception of the Health Care FSA \$500 carry over, every other year. **This rule is known as "use it or lose it."**

#### Aflac | WageWorks (claims)

Customer Service: (800) 950-0105 | [www.aflac.com](http://www.aflac.com)

Agent: Jewel Sands | Phone: (772) 631-8192

Email: [jewel\\_sands@us.aflac.com](mailto:jewel_sands@us.aflac.com)



## Employee Assistance Program

The City cares about the well-being of all employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Aetna Resources for Living. EAP offers employee and each family member access to licensed mental health professionals through a confidential program protected by State and Federal laws. EAP is available to help employee gain a better understanding of problems that affect them, locate the best professional help for a particular problem, and decide upon a plan of action. EAP counselors are professionally trained and certified in their fields and available 24 hours a day, seven (7) days a week.

### What is an Employee Assistance Program (EAP)?

An Employee Assistance Program offers covered employees and family members/domestic partners free and convenient access to a range of confidential and professional services to help address a variety of problems that may negatively affect employee or family member's well-being. Coverage includes six (6) face-to-face visits with a specialist, per person, per issue, per year, telephonic consultation, online material/tools and webinars. EAP offers counseling services on issues such as:

- ✓ Child Care Resources
- ✓ Legal Resources
- ✓ Grief and Bereavement
- ✓ Stress Management
- ✓ Depression and Anxiety
- ✓ Work Related Issues
- ✓ Adult & Elder Care Assistance
- ✓ Financial Resources
- ✓ Family and/or Marriage Issues
- ✓ Substance Abuse

### Are Services Confidential?

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

**Aetna Resources for Living** | Customer Service: (866) 611-2826  
www.resourcesforliving.com | Username: cityofstuart | Password: eap

## Basic Life and AD&D Insurance

### Basic Term Life Insurance

The City provides Basic Term Life insurance for all eligible employees at no cost, through Cigna. Coverage amount will be determined by the employee's annual base salary, excluding overtime, as illustrated in the benefit table below.

Benefit Amount	Class	Description
\$50,000	1	Full-Time Employees with annual earning of \$40,000 or more, including Employees classified as City Manager
\$40,000	2	Full-Time Employees with annual earning of \$30,000 but less than \$ 40,000
\$30,000	3	Full-Time Employees with annual earning of \$20,000 but less than \$ 30,000
\$20,000	4	Full-Time Employees with annual earning of \$15,000 but less than \$ 20,000
\$8,000 (Life Only)	5	Retirees
\$50,000	6	Full-Time Employees classified as Elected Officials

### Accidental Death & Dismemberment Insurance

Also, at no cost to employee, the City provides Accidental Death & Dismemberment (AD&D) insurance through Cigna. AD&D insurance 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, partial benefits may also be payable.

***Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through BenTek.***

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



## Voluntary Life Insurance

### Voluntary Employee Life Insurance

Eligible employee 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 coverage. Voluntary life insurance offers coverage for employee, 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 \$70,000** if the employee is under age 70.

- Units can be purchased in increments of \$10,000 to a maximum of \$200,000, up to six (6) times the employee's annual salary.
- Benefit amounts are subject to the following age reduction schedule:
  - › Reduces to 65% of benefit amount at age 70
- Premium calculation: Elected coverage ÷ \$1,000 x Employee rate (see table below) x 12 months ÷ 24 annual deductions = per pay cycle premium.

**Voluntary Life Insurance Rate Table**  
Monthly Premium

Age Bracket <i>(Based On Employee Age)</i>	Employee/Spouse* <i>(Rate Per \$1,000 of Benefit)</i>
Under 25	\$0.08
25-29	\$0.09
30-34	\$0.10
35-39	\$0.13
40-44	\$0.20
45-49	\$0.33
50-54	\$0.56
55-59	\$0.91
60-64	\$1.14
65-69	\$1.98
70-74	\$3.21
75 +	\$4.94

\*Spouse coverage terminates at age 70.

### 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 \$35,000** if the employee is under age 70.

**Please Note:** If spouse is age 70 or older, employee is ineligible to enroll in the Voluntary Spouse Life insurance plan.

- Employee must participate in the Voluntary Employee Life plan for spouse to participate.
- Units can be purchased in increments of \$5,000, not to exceed a maximum of \$100,000.
- Spouse life insurance coverage will terminate at the end of the month in which the spouse turns age 70.
- Premium calculation: Elected coverage ÷ \$1,000 x Employee rate (see table to the left) x 12 months ÷ 24 annual deductions = per pay cycle premium.

### Voluntary Dependent Child(ren) Life Insurance

- Employee must participate in Voluntary Employee Life plan for dependent child(ren) to participate.
- For eligible unmarried child(ren), from 14 days up to age 19, or up to age 25 if a full-time student, employee can elect a \$10,000 benefit amount.
- Dependent child(ren) less than six (6) months old may be covered for a benefit amount of \$500.
- Coverage is a flat \$2.25 per month for the Dependent Child coverage no matter how many Dependent Children are covered.

**Cigna** | Customer Service: (800) 732-1603 | [www.cigna.com](http://www.cigna.com)



## Voluntary Long Term Disability

The City offers Voluntary Long Term Disability (LTD) insurance to all eligible employees through Cigna. The LTD benefit pays a percentage of gross monthly earnings if employee becomes disabled due to an illness or non-work related injury. The premium rate is based on the employee's age and covered salary at the time of the disabling event.

### Voluntary Long Term Disability (LTD) Benefits

- The LTD benefit pays 60% of the employee's monthly earnings up to a benefit maximum of \$5,000 per month.
- Employee must be disabled for 180 consecutive days prior to becoming eligible for benefits (known as the elimination period).
- Benefit payments will begin on the 181st day of disability.
- The LTD benefit will be offset by Workers' Compensation or Social Security.
- Employee may continue to be eligible for partial benefits if employee returns to work on a part-time basis.
- Periodic evaluations may occur at the discretion of Cigna.
- The employee will continue to receive benefits for 24 months if unable to return to their own occupation.
- The maximum benefit payable will be determined by the employee's age at the time the disabling event occurs
- After 24 months, if the employee can return to any occupation for which they are suitably trained, educated, and capable of performing, the employee must return to that occupation (if the salary of that occupation does not meet the salary of the employee's own occupation, the plan will pay the difference).

**Cigna** | Customer Service: (800) 732-1603 | [www.cigna.com](http://www.cigna.com)

## Voluntary Short Term Disability

The City offers a Voluntray Short Term Disability (STD) insurance to all eligible employees through Aflac. The plan allows employees to customize the length of the benefit to coordinate coverage with any other plan the employee may own such as the Long Term Disability Plan.

### Plan Highlights

- Employees may select from two options of coverage:
  - › **Option 1:** Benefit election offers coverage that allows a guaranteed issue amount up to \$4,000 per month with either a three (3) month or six (6) month benefit period (subject to income requirements).
  - › **Option 2:** Benefit election offers coverage that allows employee to be covered for up to \$6,000 per month (subject to income requirements). The member may elect a benefit period of 3,6,12,18 or 24 months. Please note, electing this option requires applicant to go through underwriting for approval of benefits.
- Benefits paid regardless of any other insurance.
- Guaranteed-renewable to age 75.

Employee may contact Aflac to receive customized information and rates.

**Aflac** | [www.aflac.com](http://www.aflac.com)  
Agent: Jewel Sands | Phone: (772) 631-8192  
Email: [jewel\\_sands@us.aflac.com](mailto:jewel_sands@us.aflac.com)



## City of Stuart Employee Health Center

The Employee Health Center (EHC) is available to employees enrolled in the City's medical insurance plans. Employee who opts out of the City's medical insurance plans may use the EHC under limited conditions. Please contact Human Resources for more information. The EHC can provide the care employee and family may need for all non emergency illnesses, at no cost to employee. Schedule an appointment with the medical staff to learn more about what the EHC can provide.

### Health Center Hours of Operation for Both Locations

Monday	8:00am ~ 7pm
Tuesday	8:00am ~ 7pm
Wednesday	7:00am ~ 7pm
Thursday	8:00am ~ 7pm
Friday	8:00am ~ 7pm
Saturday	8:00am ~ 3pm
Sunday	9:00am ~ 3pm

- TCMA can provide care for patients two months of age and older; however, services should not be used as replacement for a primary pediatrician.
- TCMA is an appointment-based arrangement. Walk-ins are welcome; however, patients who schedule an appointment will be given preference (except in cases of emergency).

**Employee Health Center (Stuart Location)**  
**Treasure Coast Medical Associates, Inc. (TCMA)**  
 3405 NW Federal Highway, Jensen Beach, FL 34957  
 Phone: (772) 497-5908 | Fax: (772) 261-8205  
[www.tcmahealthcare.com](http://www.tcmahealthcare.com)

**Employee Health Center (Okeechobee Location)**  
**Treasure Coast Medical Associates, Inc. (TCMA)**  
 305-B NE Park Street, Okeechobee, FL 34972  
 Phone: (863) 226-2191 | Fax: (863) 484-8132  
[www.tcmahealthcare.com](http://www.tcmahealthcare.com)

## Working on Wellness (WOW)

Our WOW Program has been a tremendous success since it began in the Spring of 2012. We believe that a healthy, vibrant workforce with healthy, supportive families will enhance our performance and service levels and lower our medical insurance costs. We offer creative and enlightening programs to improve health and quality of life addressing disease control, cancer and diabetes prevention.

The "WOW" Initiative offers a variety of Wellness Programs as listed below:

- ✓ Completion of HRA's through the Health Center
- ✓ Wellness Seminars and Lunch and Learns on topics such as:
  - › Exercise
  - › Nutrition
  - › Walking and Running
  - › Financial Goal Setting
  - › Stress and Change Management
  - › Various health related topics
- ✓ Fitness Challenges
- ✓ Fruit and healthy snack delivery
- ✓ Massages
- ✓ WOW Clubs to foster Group Participation

Look for upcoming events to help you live healthy and be happy!





## Personal Supplemental Insurance

The City offers a variety of voluntary supplemental insurance plans through Aflac. These policies may be purchased separately and the premiums payroll deducted. The available Aflac plans are listed below.

- ✓ Hospital Choice
- ✓ Cancer Care Classic Plan
- ✓ Critical Care and Recovery
- ✓ Accident Indemnity Advantage
- ✓ Group Critical Illness
- ✓ Group Dental
- ✓ Group Short Term Disability

To learn more about Aflac’s available coverages or to schedule a personal appointment, contact the City’s Aflac representative, Jewel Sands, using the contact information provided below.

**Aflac** | [www.aflac.com](http://www.aflac.com)  
 Agent: Jewel Sands | Phone: (772) 631-8192  
 Email: [jewel\\_sands@us.aflac.com](mailto:jewel_sands@us.aflac.com)

## Legal & Identity Protection Plans

The City offers employees the opportunity to participate in a voluntary legal insurance program provided by U.S. Legal Services. By enrolling in the plan, participants will have direct access to attorneys who will provide services for a variety of situations that include:

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

The cost to the employee to participate in this legal plan is \$18.75 per month. This includes coverage for the employee, spouse and dependent children up to age 23, if enrolled full-time in an accredited college or university. Plan benefits include phone and face-to-face consultations with an attorney, and much more.

### Identity Defender

Identity Defender can be purchased separately or added to the legal insurance plan for \$9.95 per month, this plan covers employee, spouse and dependent child(ren), up to the age of 26, who reside in the policy holders residence. The Identity Defender Plan covers advance fraud monitoring, fraud alerts, and restoration. The plan also includes assisting members with stolen funds reimbursement and credit monitoring. The Identity Defender Plan is backed by \$1 million-dollar identity theft insurance for each plan member and has certified protection experts available 24/7.

*\*Identity theft services are powered by IdentityForce. Insurance underwritten by member companies of AIG.\**

To learn about the plan, please contact the City’s U.S. Legal Services’ representative, Dixie Kuehn, using the contact information provided below.

**U.S. Legal Services** | [www.uslegalservices.net](http://www.uslegalservices.net)  
 Agent: Dixie Kuehn | Office: (321) 799-2986 | Mobile: (321) 403-0156  
 Email: [DixieKuehn@cfl.rr.com](mailto:DixieKuehn@cfl.rr.com)



## Pet Insurance

### Pet Assure and Pet Plus

The City provides employees the opportunity to purchase pet benefits on a voluntary basis through Pet Assure. Employees may purchase either Pet Assure, Pet Plus or both plans.

#### Pet Benefits – Pet Assure & Pet Plus

	Pet Assure	Pet Plus
Common Illnesses	✓	
Surgeries & Hospitalization	✓	
X-rays	✓	
Wellness Visits	✓	
Dental Care	✓	
Spay/Neuter	✓	
Prescription Medications		✓
Flea & Tick Products		✓
Vitamins & Supplements		✓
Heartworm Preventative		✓
Specialty Rx Food		✓
One Pet	\$8 (Any Pet)	\$4.50 (Dog or Cat Only)
All Pets	\$11 (Any Pet)	\$8.50 (Dog or Cat Only)

**Pet Assure** | Customer Service: (800) 891-2565 | [www.petassure.com](http://www.petassure.com)

### Nationwide

The City provides employees the opportunity to purchase pet insurance on a voluntary basis through Nationwide. Reimbursements are made on veterinary services.

#### Pet Insurance – Nationwide

	My Pet Protection with Wellness	My Pet Protection
Common Illnesses	✓	✓
Surgeries & Hospitalization	✓	✓
X-rays, MRIs and CT Scans	✓	✓
Prescription Medications	✓	✓
Wellness Exams	✓	
Preventive Dental Cleaning	✓	
Spay/Neuter	✓	
Routine Blood Tests	✓	
Heartworm Testing & Prevention	✓	
Dog	\$33.74/pay period	\$25.32/pay period
Cat	\$20.18/pay period	\$15.81/pay period

Vethelpline - free service available to all pet insurance members unlimited access, 24/7 to a veterinary professional.

### Nationwide: Enrollment Process

1. Go directly to: [www.petinsurance.com/cityofstuart](http://www.petinsurance.com/cityofstuart)
2. Visit [petsnationwide.com](http://petsnationwide.com) and enter your company name
3. Call (800) 540-2016 and ask for the City of Stuart Group Plan – My Pet Protection

**Nationwide** | Customer Service: (800) 540-2016  
[www.petinsurance.com/cityofstuart](http://www.petinsurance.com/cityofstuart)



## DreamTrips Vacations

The City offers employees the opportunity to enroll in a DreamTrips Membership Program for the cost of \$12.50 per pay period. Monthly deductions may be applied to the purchasing cost of packages.

DreamTrips Members will enjoy:

- Access to hundreds of vacation packages to destinations around the world
- Vacations that appeal to all ages
- 5-star vacations for 2- to 3-star prices
- 24/7 online access for total booking convenience
- A DreamTrips representative (host) on all full vacations to ensure complete satisfaction

Membership provides the employee and his/her immediate family access to the entire selection of vacations. Members can take an unlimited number of trips. No annual fee and no contract. Employees can cancel at any time by contacting Human Resources.

A website to view current and archived vacations is available to members. Just point, click and go (no planning tours, transfers other details, etc.)!

**Contact Human Resources for further details.**

**Rovia DreamTrips Vacations** | [CMRTravelsinc.com](http://CMRTravelsinc.com)

Agent: Lonnie Roberts | Phone: (305) 582-1428 and (954) 589-8046

## Liberty Mutual Insurance Offerings

City employees can enjoy exclusive savings on Liberty Mutual's Insurance products. These Insurance plans can be purchased separately and payroll deduction is also available:

- ✓ Auto
- ✓ Home
- ✓ Renters
- ✓ Condo
- ✓ Motorcycle
- ✓ Boat
- ✓ Recreational Vehicle (RVs)
- ✓ Umbrella Policy
- ✓ Life and Annuities

To learn more about Liberty Mutual's available coverages or to schedule a personal appointment, contact the City's representative using the contact information provided below.

**Liberty Mutual** | Agent: Tamara Bailey, CPCU, API | Phone: (954) 991-5600  
Email: [Tamara.Bailey@LibertyMutual.com](mailto:Tamara.Bailey@LibertyMutual.com) | [www.libertymutual.com/stuart](http://www.libertymutual.com/stuart)



## Retirement Plans

### Deferred Compensation Retirement Plans

Deferred compensation retirement plans are governed by Section 457 of the Internal Revenue Service (IRS) Code. City employees have the option of selecting a wide variety of market-responsive investment options for retirement planning and asset allocation strategizing. Employees may contribute 100% of salary up to \$18,000 (participants 50 years of age or older may contribute an additional \$6,000).

### Loan Provision

A loan provision in each of the deferred compensation contracts is available. A participant loan provision enables employees to borrow from their ICMA plan. The loan guidelines are set by the IRS: eligibility; maximum loan amounts; interest rates; repayment method; default fees; etc. The loan option is an individual decision and requires the employee to be accountable and responsible for taking money out of their retirement account. This loan provision is separate and in addition to the emergency withdrawal provision.

**ICMA Retirement Corporation** | Plan #301448  
Agent: Torri Pilla | Customer Service: (772) 577-6578  
Email: [tpilla@icmarc.org](mailto:tpilla@icmarc.org) | [www.icmarc.org](http://www.icmarc.org)

## Retirement Plans

### Florida Retirement System (FRS)

Effective July 1, 2011, all members of the FRS Pension Plan achieve vested status upon completing eight (8) years of creditable service (including military leaves of absence); FRS Investment Plan members achieve vested status upon completing 1 year of creditable service. Additionally, effective July 1, 2011, all members are required in accordance with Florida State Statute to contribute 3% of their earnings (pre-tax) toward their total retirement contributions, the majority of which is paid by the City. For additional information related to retirement under FRS, deciding which plan to choose, and many other specifics, visit [www.myfrs.com](http://www.myfrs.com) or call Ernst & Young (affiliated with FRS) at (866) 446-9377.

### Choice Period

New eligible employees are initially enrolled as members of the FRS Pension Plan by default and have the opportunity to enroll in the FRS Investment Plan. Effective January 1, 2018, new employees are reported as Pension Plan members during the first election period until an active election is received or default membership occurs. If no active election is made within the eight calendar months after the month of hire, Special Risk Class members will default to Pension Plan membership while members in all other classes default to Investment Plan membership. ALL FRS members also have a single additional opportunity to transfer on their own initiative into the opposite plan prior to termination.

To learn more about the benefits of the FRS and each plan option, contact FRS at [www.myfrs.com](http://www.myfrs.com) or through the MyFRS Financial Guidance Line at (866) 44-MyFRS (69377).

### Florida Retirement System Education/Investment Plan

Customer Service: (866) 446-9377 | [www.myfrs.com](http://www.myfrs.com)  
City of Stuart Agency #: 53100

### Florida Retirement System Pension Plan

Customer Service: (844) 377-1888  
<https://www.rol.frs.state.fl.us/login.aspx>  
City of Stuart Agency #: 53100



## City Programs

### Safety Program

City Management has the responsibility for the establishment of a comprehensive safety program and for the administration and on-going development of safety education and training. Supervisory job analysis as applied to safety may be defined as planning, analyzing hazards, arranging operations, providing equipment, providing instruction and supervising in a manner and to a degree necessary to adequately ensure an employee's safety throughout a job. Employment by the City will be limited to those who accept responsibility for their own safety and who cooperate fully in eliminating accidents and injuries.

### Family Friendly Policy

The City is sensitive to unusual family-related circumstances that affect the attendance of an employee. There are occasional instances when an employee may have to decide between coming to work and devoting time to an unanticipated family need. Under limiting guidelines, a City employee may bring a family member to the employee's work site for a limited period of time. Please contact Human Resources to seek guidance should you wish to explore this policy.

### Service Recognition

All eligible full-time employees will be presented gift awards based on the number of years of continuous service to the City. The employee service recognition program award gift value schedule is shown in the table below.

Service Recognition Program Award Gift Value Schedule	
5 Years of Continuous Service	Award Gift Value of \$100
10 Years of Continuous Service	Award Gift Value of \$200
15 Years of Continuous Service	Award Gift Value of \$300
20 Years of Continuous Service	Award Gift Value of \$400
25 Years of Continuous Service	Award Gift Value of \$500
30 Years of Continuous Service	Award Gift Value of \$600

### Education

The City may offer an educational reimbursement program on a fiscal year basis. Please check with your Department Manager and/or Human Resources for details.

## Probationary Periods and Leave Provisions

### Probationary Period

The initial probationary period for new hires is dependent upon the employee classification, generally six (6) months or longer. Upon successful completion of the initial probationary period, employees are designated "regular employees" of the City.

### Paid Time Off

Paid Time Off (PTO) is a combined benefit that encompasses vacation, sick, and personal leave. PTO begins accruing on an eligible employee's first day of employment; however, access to accrued hours occurs after 6 months or the successful completion of the initial probationary period. Thereafter, the PTO rate of accrual increases according to an employee's length of service.

### Other Leave Provisions

The City offers additional leave provisions to include bereavement, jury duty (civil leave), military, domestic violence, and FMLA.

**Please Note:** Please refer to the applicable Collective Bargaining agreement or Personnel Policies as applicable to your position for details regarding probationary periods and leave provisions.

## Employee Handbooks

All employees are expected to read the Employee Handbook, located on the City's Intranet, Forms and Handbooks page. The Employee Handbook address employment-related topics to include recruitment and hiring, probationary periods, promotions, and performance evaluations. City policies are contained therein, including safety, harassment, civility, drug-free workplace, hours of work, and disciplinary guidelines among many other provisions. **It is every employee's responsibility to become familiar with the policies addressed in this very important document.**

Employees covered under a collective bargaining agreement (IAFF or PBA) will also find respective agreements on the Intranet, Forms and Handbooks page. Employees covered under one of the collective bargaining units are also responsible for becoming familiar with the Employee Handbook.



## Compensation

### Hours of Work

The City Manager shall establish the hours of work for all departments and employees of the City, considering the functions and operations involved. The City Manager shall establish uniform starting and ending times for supervisors and employees on all shifts. The standard number of working hours for full-time employees during any work week is 40 hours unless otherwise specified.

### Pay Period

Payroll is issued on a “bi-weekly” basis (every two weeks). Paychecks are typically issued to each Department by noon every other Friday.

### Direct Deposit

Employees may elect to have paychecks directly deposited into any participating financial institution account of their choosing. Up to four (4) direct deposit arrangements can be managed through payroll. Employees may also determine the amount of each paycheck that is to be direct deposited as follows:

- Total net pay
- Percentage of net pay
- Fixed amount of net pay

### Holidays

All eligible full-time employees are eligible for “holiday pay” for the holidays listed at right. If a holiday falls on Saturday, it shall be observed on the Friday preceding. If a holiday falls on a Sunday, it will be observed on the following Monday. Holidays will be regarded as hours worked.

Furthermore, two optional holidays are also provided for regular full-time employees who have completed six (6) months of employment with the City. The use of optional holidays must be requested and approved at least 48 hours in advance and are not payable at the time of termination or separation.

In addition to these nine (9) holidays, an employee receives a Birthday Day which may be taken in their birth month. Full-time employees are eligible following the completion of six (6) months employment with the City.

*\*Please visit the Collective Bargaining Agreement or City Policy that pertains to your classification.*

### Uniforms

Uniforms may be furnished to employees, where applicable, as determined appropriate by the City.

### Cellular Phone Issuance

The City recognizes the benefit of cellular phone use to increase employee productivity, safety, and timely services to the residents of the City. As appropriate to the classification, and as authorized by Department Directors, cellular phones may be issued to employees in accordance with the City’s procurement procedures.

### Cellular Phone Stipends

Dependent upon an employee’s position and responsibilities, and upon the prior written approval of the employee’s Department Director, employees may provide their own cell phone to use for City business. If the Department finds this advantageous and necessary, a stipend may be issued to offset cell phone costs in recognition of the phone’s use for City business.

Three cell phone stipends have been established: one (1) for “voice only” at the rate of \$40 per month; one (1) for “smart phones with a data package” at the rate of \$85 per month (exempt employees only); and one (1) for “smart phones with data package and tablet” at the rate of \$115 per month (Directors only; others at the discretion of the City Manager). This program is initiated at the Department level and approved by Human Resources.

City of Stuart Holiday Schedule
New Year’s Day
Martin Luther King, Jr. Day
Memorial Day
Independence Day
Labor Day
Veterans Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day





## Notes

Use this section to make notes regarding personal benefit plans or to keep track of important information such as doctor's names and addresses or prescription medications.

A series of horizontal dotted lines for taking notes.



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