

Indian River County Survey on Employee Health Clinics 2020	Responding Agency: City of Stuart
Contact: Sheila O'Sullivan - 772-226-1377 sosullivan@ircgov.com	Contact: Roz Johnson (rjohnson@ci.stuart.fl.us) (772) 288-5322
Purpose: We are evaluating the different types of employee clinics that various agencies have implemented to evaluate whether implementing a clinic would be beneficial and cost effective.	Please provide responses below and provide any details and comments that may assist us in evaluating clinic options.
Your Health Plan Participant Count:	+/- 214
HISTORY	
Are you self-insured for your health insurance?	Yes
Please provide the employer's monthly contribution towards the various health plan options.	See attached rate sheet for FY20
Please provide the employee's monthly contribution toward the various health plan options.	See attached rate sheet for FY20
What motivated your agency's decision to pursue a clinic? What were the main drivers?	Reducing claims experience; recruitment and retention strategy; element of Wellness Program; etc.
Please list the goals you were hoping to accomplish when implementing a clinic. Employee benefit enhancement? Cost savings? Wellness program? Access to care?	Yes, yes, yes, yes, yes...there really isn't any disadvantage, at least not that I have seen. However, it does require extensive oversight and constant communication with the facility on more matters and issues than I could ever address here.
How did you determine your organization was ready to implement a clinic?	Logical move to address the reasons noted above.
IMPELEMENTATION PROCESS	
How long did it take from the decision to implement to go live?	From RFP to going live was approximately 6-8 months.
Describe the implementation process.	RFP, evaluate respondents, site visits, agenda item, fund upstart, employee marketing campaign
What resources did you need? Did you use an outside consultant to assist you?	Gehring Group, our insurance brokers, assisted with the process
What were the start up costs?	That will take a little digging, but upwards of \$25K
Which department oversees the clinic and how many staff are allocated in support of employee benefits and the employee clinic?	Human Resources - primarily the HR Director (90% of the time), and the Financial Services Director (10% of the time). Other HR staff serve to respond to employee questions and schedule new-hire appointments, etc. but otherwise, the entire function rests predominantly with the HR Director.
Describe your communication plan to your members?	Ongoing; flyers; emails; bulletin board postings; OE sessions; Wellness Events; etc.
What challenges did you face and what would you do differently? Describe lessons learned related to implementation?	Far too much to describe here. It's a process, and the employees assigned to this project must fully commit. They have to listen to their employees, listen to the wellness center staff, be prepared to modify and redirect, etc. This particular question is worthy of a lot of discussion.
CLINIC MODEL	
When was the clinic implemented?	2011
Describe your clinic model. Number of clinic locations, number and type of clinic staff, days and hours of operations, and services provided.	One business operation, two locations. One is for general medical needs, and the other is for after-hours and urgent care.
Who is/are your vendor partner(s)?	Dr. Michelle Libman, Employee Wellness PA
Who is eligible to visit the clinic and what is the number of eligibles?	Employees covered by our health insurance carrier (CIGNA) and their dependents; number is stated above
What is the member cost for a clinic visit?	Zero, unless seeking an ultrasound, which costs \$25. The Employee Health Center offers a lot of other services (they are also open to the public), and employees may partake at their own expense
How is the clinic funded and what are the annual costs?	Approximately \$20K per month; varies with COVID testing, annual vaccination on-site clinics, etc.
How are the clinic expenses verified and paid?	Invoices with patient names sent first to Gehring Group; they validate and ensure the charges belong to the City, and not the BOCC or the Sheriff's Office; they remove all the names and send to City HR for processing; HR Director further validates and contacts Health Center with any questions, followed by proper coding and submission to Finance for payment.
Describe any member incentives or well being strategies associated with the clinic.	Employees who complete an annual 3-step HRA receive the best rates on insurance; employees who also participate in annual cotinine/nicotine testing receive the best rates overall (as in, some will do the HRA and get great rates, but those who do both of these tests receive the best rates)
Please describe any innovations or programs running in the clinic that are working well.	So many - so hard to describe here
Please indicate if you have any plans to expand or reduce clinic services in the future.	Status quo, while continuing any and all affordable innovative protocols
OUTCOMES	
How many of your members are participating in the clinic? Please express as both as a number and percent of total eligibles.	All who are eligible may use the service, along with their dependents. Those who do not participate in our insurance plan may still use the Health Center for their annual HRA, Cotinine Testing (those can only be done at our Health Center), as well as all Workers' Comp initial visits
Please describe any metrics you have established to determine clinic outcomes.	Those are maintained by Gehring Group
What reporting do you receive to demonstrate outcomes?	Same

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Please describe success/outcomes that are noteworthy.	So many - so hard to describe here, but it becomes part of an employer's overall commitment to employee and family wellness - it's so broad and difficult to narrow down to a cell
Describe employee satisfaction with the clinic. Have you conducted employee surveys related to the clinic, if so please summarize overall employee sentiments related to the clinic.	Overall satisfaction through surveys has averaged 90%+ satisfaction
Describe how the clinic has met the initial clinic goals stated above. How have you quantified success as it relates to your upfront goals.	Again, difficult to describe here
Is there anything you would change or do differently if you had it to do it over again?	Same
Please share any additional information that you believe would be helpful to us as we evaluate the possibility of pursuing an employee clinic.	At a minimum, I recommend exploring what's out there and what RFP respondents can do for you. It's a growing trend, so there are a growing number of options out there

Medication	
Does the clinic provide medications through the clinic? If so, what are the member copays? If you offer medications with no copays, how was the list of "free" medications determined?	Yes; all generics; no co-pays (City pays monthly for all pharmaceutical purchases); if the patient needs a med that isn't in our formulary, the physician writes a prescription and the employee may obtain through insurance
How did you evaluate which medications to offer through the clinic? What was the main reason you offer medications through the clinic?	Studied consumption through CIGNA pharmacy; discussed at length with Health Center physician(s) and determined which to include in our formulary
Is the cost of medications to the employer's plan, less than the cost through the traditional pharmacy benefit? What data was used to make this determination?	Absolutely; Gehring confirmed, and the Health Center took on the responsibility of obtaining the least expensive (but proper quality) pharmaceuticals from different vendors
What is the annual cost to the employer's plan of offering the medications through the clinic?	Varies; perhaps an average of \$650 per month, but can be upwards of \$2K
Do you medications expire and have to be disposed of without being dispensed to members?	This is the responsibility of the Health Center



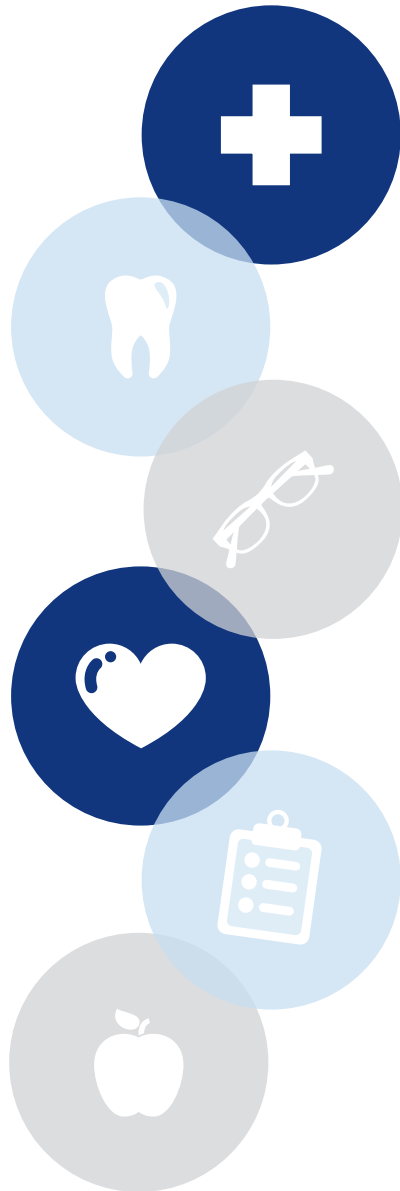
2020|2021

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 Inquiries Human Resources	Phone: (772) 288-5315
	Online Benefit Enrollment	Bentek Support	Customer Service: (888) 5-Bentek (523-6835) www.mybentek.com/cityofstuart Email: support@mybentek.com
	Medical Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Telehealth	Cigna – MDLIVE	Customer Service: (888) 726-3171 www.MDLIVEforCigna.com
	Prescription Drug Coverage & Mail-Order Program	Cigna Home Delivery	Customer Service: (800) 835-3784 www.mycigna.com
	Dental Insurance	Cigna	Customer Service: (800) 244-6224 www.cigna.com
	Vision Insurance	Cigna	Customer Service: (877) 478-7557 www.cigna.com
	Flexible Spending Accounts	Discovery Benefits	Customer Service: (877) 765-8810 www.discoverybenefits.com
	Employee Assistance Program	Aetna Resources for Living	Customer Service: (866) 611-2826 www.resourcesforliving.com
	Basic Life and AD&D Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Voluntary Life Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Long Term Disability Insurance	Cigna	Customer Service: (800) 732-1603 www.cigna.com
	Short Term Disability Insurance	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
	Personal Supplemental Insurance (Various Aflac Products)	Aflac	Agent: Jewel Sands Phone: (772) 631-8192 Email: jewel_sands@us.aflac.com www.aflac.com
	Liberty Mutual Insurance Offerings	Liberty Mutual	Agent: Tamara Bailey, CPCU, API Phone: (954) 991-5600 Email: Tamara.Bailey@LibertyMutual.com www.libertymutual.com/stuart
	Legal & Identity Protection Plans	US Legal Services	Agent: Dixie Kuehn Phone: (321) 403-0156 Customer Service: (321) 799-2986 www.uslegalservices.net
	Pet Insurance	Pet Assure	Customer Service: (800) 891-2565 petbenefits.com/land/cityofst
		Nationwide	Customer Service: (800) 540-2016 www.petinsurance.com/cityofstuart
	Florida Retirement System	Agency # 53100	Educational/Investment: (866) 446-9377 www.myfrs.com Pension Department: (844) 377-1888 https://www.rol.frs.state.fl.us/login.aspx
	ICMA-RC	Plan # 301448	Agent: Torri Pilla Phone: (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.

Cover Photo Credit: Judy Browning, Financial Services Department
The City's WOW programming invites employees, their families and loved ones to engage in a variety of healthy habits, and prizes are awarded for reaching milestones. Judy won this bike as a grand prize winner a few years ago, and she's a regular rider now! She added the mask for nostalgia, knowing we'll look back someday and remember how we maintained wellness during a worldwide pandemic.

Online Benefit Enrollment

The City provides employees with an online benefits enrollment platform through Bentek's Employee Benefits Center (EBC). The EBC provides benefit-eligible employees the ability to select or change insurance benefits online during the annual Open Enrollment Period, New Hire Orientation, or for Qualifying Life Events.

Accessible 24 hours a day, throughout the year, employee may log in and review comprehensive information regarding benefit plans, and view and print an outline of benefit elections for employee and dependent(s). Employee also 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
- ✓ 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 using the Launchpad to review current enrollment, learn about benefit options, and make any benefit changes or update 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, Monday through Friday, during regular business hours, 8:30am - 5:00pm.

To access Employee Benefits Center online, log on to:
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.



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 is 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 of Employment

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 a 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.

Proof of 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 and will be subject to all applicable Federal, Social Security and Medicare taxes. Imputed income is the dollar value of insurance coverage attributable to covering each adult dependent child. 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.

Please 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.

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 coverage. Employee is required to pay imputed income tax on subsidy amounts and should consult a tax advisor. Please contact Human Resources for further details and rates if covering a domestic partner at any time during the upcoming plan year.



Qualifying Events and Section 125

Section 125 of the Internal Revenue Code

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 Section 125 of the Internal Revenue Code. 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)
- Loss or gain of coverage due to employee, employee's spouse and/or dependent(s) termination or start of 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 other parent or legal guardian
- Change of coverage under an employer's plan
- Gain or loss of Medicare coverage
- Losing or becoming eligible 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 may be effective the date of the Qualifying Event or 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 day 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 the Open Enrollment period. 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
Address: 121 SW Flagler Ave.
 Stuart, FL 34994
Phone: (772) 288-5315
Email: rjohnson@ci.stuart.fl.us
Website URL: 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 at (772) 288-5315.



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 and a brief summary of benefits is provided on the following pages. For more detailed information about the medical plans, 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

Premium Savings Incentive Program

Benefit-eligible employees are 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 the Employee Wellness Centers or by completing a Tobacco Cessation Program.
- Save \$50 monthly by completing all three (3) steps of your annual Health Risk Assessment (HRA) Process with the Employee Wellness Centers.

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

Medical Plan Opt-Out Benefit

In an effort to ensure equitable contribution to the health care of every employee, the City offers an “opt-out” option to eligible employees who have waived participation in the City’s Medical Plan and provides evidence of medical insurance under another medical plan. If employee chooses to receive the “opt-out” benefit, employee will receive \$100 per month. If employee completes the Premium Savings Incentive Program requirements employee may 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.

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 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 StoreSM or Google PlayTM. 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 PharmacyTM
- 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 telehealth services as part of the medical plan. MDLIVE is a convenient phone and video consultation company that provides immediate medical assistance for many conditions.

The benefit is provided to all enrolled members. Registration is required and should be completed ahead of time. This program allows members 24 hours a day, seven (7) days a week on-demand access to affordable medical care via phone and online video consultations when needing immediate care for non-emergency medical issues. Telehealth should be considered when employee’s 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 contact Cigna.

Cigna

MDLIVE | Customer Service: (888) 726-3171 | 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. 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.

***Mail Order Drug provides a 90-Day Supply for the cost of a Retail 60-Day Supply.

Network	LocalPlus	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Single	\$1,000	\$1,500
Family	\$3,000	\$3,000
Coinsurance		
Member Responsibility	20%	50%
Plan Year Out-of-Pocket Limit		
Single	\$4,000	\$7,000
Family	\$8,000	\$14,000
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
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
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	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
Hospital Services		
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
Mental Health/Alcohol & Substance Abuse		
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
Prescription Drugs (Rx)		
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	
Plan Year Deductible (PYD)	In-Network	Out-of-Network*
Single	\$500	\$1,500
Family	\$1,500	\$3,000
Coinsurance		
Member Responsibility	20%	40%
Plan Year Out-of-Pocket Limit		
Single	\$3,000	\$7,500
Family	\$5,750	\$14,725
What Applies to the Out-of-Pocket Limit?	Deductible, Coinsurance, Copays and Rx	
Physician Services		
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
Non-Hospital Services; Freestanding Facility		
Clinical Lab (Bloodwork)**	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
Hospital Services		
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
Mental Health/Alcohol & Substance Abuse		
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
Prescription Drugs (Rx)		
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. 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.

***Mail Order Drug provides a 90-Day Supply for the cost of a Retail 60-Day Supply.



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 Access 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 Dental Care 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.
- Participants covering young children may be seen by a pediatric dental provider up to the child’s 13th birthday. Once the child reaches age 13, 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 Access network will be denied.
- Additional lab fees may apply for some services.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com



Cigna Dental Care DHMO Plan At-A-Glance

Network	Cigna Dental Care Access
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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	0120	\$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	Code	In-Network
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	Code	In-Network
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.	Code	In-Network
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. When completing the necessary search criteria, select Cigna Dental Care Access 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 DPPO 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 DPPO 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 Cigna DPPO 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 the plan utilizes is the Cigna DPPO Advantage network. 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: Cigna DPPO Advantage dental members have the option to utilize a dentist that participates in either Cigna Advantage network or DPPO network. However, members that use the Cigna Advantage network will see additional cost savings from the added discount that is allowed for using an Advantage network provider. Members who see a DPPO provider may be subject to balance billing. Members are responsible for verifying whether the treating dentist is an Advantage Dentist or a DPPO Dentist.

Out-of-Network Benefits

Out-of-network benefits are used when member receives services by a non-participating Cigna DPPO Advantage 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 may be responsible for balance billing. Balance billing is the difference between Cigna’s 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 Cigna DPPO 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. All services, including preventive, accumulate towards the benefit maximum. Once the plan’s benefit maximum is met, the member is 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.
- A Pre-Determination of Benefits is recommended for all work that is considered expensive. The plan will provide a “Pre-Determination of Benefits” upon the request of the dental provider. This will assist with determining approximate out-of-pocket costs should employee have the dental work performed.
- Benefit frequency limitations may apply to certain services.

Cigna | Customer Service: (800) 244-6224 | www.cigna.com



Cigna DPPO 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
Plan Year Benefit Maximum			
Per Member (Includes Class I, II & III Services)			\$1,000
Class I Services: Diagnostic & Preventive Care			
Routine Oral Exam (1 Every 6 Months)			
Routine Cleanings (1 Every 6 Months)			
Complete X-rays (1 Per 60 Consecutive Months)			
Bitewing X-rays (1 Set Every 12 Months)			
		Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived (Subject to Balance Billing)
Class II Services: Basic Restorative Care			
Fillings (Amalgam)			
Simple Extractions			
Endodontics (Root Canal Therapy)			
Periodontal Services			
Oral Surgery			
General Anesthesia			
		Plan Pays: 80% After PYD	Plan Pays: 80% After PYD (Subject to Balance Billing)
Class III Services: Major Restorative Care			
Crowns			
Bridges			
Dentures			
		Plan Pays: 50% After PYD	Plan Pays: 50% After PYD (Subject to Balance Billing)
Class IV Services: Orthodontia			
Lifetime Maximum			\$1,000
Benefit (Dependent Children Up To Age 19)			
		Plan Pays: 50% Deductible Waived	Plan Pays: 50% Deductible Waived (Subject to Balance Billing)



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit www.cigna.com. When completing the necessary search criteria, select Cigna DPPO Advantage 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.



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 are covered as shown on the plan's schedule of benefits. Cosmetic services and upgrades are 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 Network. 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



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	
Frequency of Services			
Examination		12 Months	
Lenses		12 Months	
Frames		12 Months	
Contact Lenses		12 Months	
Lenses			
Single	No Charge After \$25 Materials Copay	Up to \$32 Reimbursement	
Bifocal		Up to \$55 Reimbursement	
Trifocal		Up to \$65 Reimbursement	
Frames			
Allowance	Up to \$130 Retail Allowance After \$25 Materials Copay	Up to \$71 Reimbursement	
Contact Lenses*			
Non-Elective (Medically Necessary)	No Charge	Up to \$210 Reimbursement	
Elective (Fitting, Follow-up & Lenses)	Up to \$130 Retail Allowance	Up to \$105 Reimbursement	



Locate a Provider

To search for a participating provider, contact Cigna's customer service or visit 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 Discovery Benefits. 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 \$2,750. 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:

- ✓ Prescription/Over-the-Counter Medications
- ✓ Menstrual Products
- ✓ 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
- ✓ 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 up to \$550 of unused Health Care FSA funds into the next plan year after a plan year ends and all claims have been filed. Dependent Care funds cannot be carried over.
- 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.
- When a plan year ends and all claims have been filed, all unused funds with the exception of the \$550 rollover for the Health Care FSA will be forfeited and not returned.
- Employee can enroll in an FSA only during the Open Enrollment period, a Qualifying Event, or New Hire Eligibility Period.
- 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, online or through the Benefits Mobile App. The IRS requires FSA participants to maintain complete documentation, including copies of receipts for reimbursed expenses, for a minimum of one (1) 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. Discovery Benefits 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.

HERE'S HOW IT WORKS!



An employee earning \$30,000 elects to place \$1,000 into a Health Care FSA. The payroll deduction is \$38.46 based on a 26 pay period schedule. As a result, 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 health care and/or dependent care expenses. IRS regulations state any unused funds which remain in an 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 \$550 carry over that may be allowed for the Health Care FSA. **This rule is known as "use-it or lose-it."**

Claims Mailing Address: P.O. Box 2926, Fargo, ND 58108
 Fax: (866) 451-3245 | Email: forms@discoverybenefits.com
 File Online: www.DiscoveryBenefits.com/benefitslogin

Discovery Benefits

Customer Service: (877) 765-8810 | www.discoverybenefits.com



Employee Assistance Program

The City cares about the well-being of full-time and part-time employees on and off the job and provides, at no cost, a comprehensive Employee Assistance Program (EAP) through Aetna Resources for Living. EAP offers full-time and part-time employees 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 or 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 being subject to 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 being subject to 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.

Always remember to keep beneficiary information updated. Beneficiary information may be updated at anytime through Bentek/Human Resources.

Cigna | Customer Service: (800) 732-1603 | 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

Voluntary Short Term Disability

The City offers a Voluntary 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

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

Email: jewel_sands@us.aflac.com



City of Stuart Employee Wellness Centers

The Employee Wellness Center (EWC) 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 EWC under limited conditions. Please contact Human Resources for more information. The EWC 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 EWC can provide.

Primary Care Office | Phone: (772) 872-7380
1980 East Ocean Blvd. | Stuart, FL 34996
www.tcprimarycare.com

Primary Care Hours of Operation

Monday	8:00 am – 5:00 pm
Tuesday	8:00 am – 5:00 pm
Wednesday	8:00 am – 5:00 pm
Thursday	8:00 am – 5:00 pm
Friday	8:00 am – 5:00 pm

Please Note: The Primary Care Office is available to covered members by appointment.

Urgent Care Office | Phone: (772) 419-0560
1050 SE Monterey Rd., Suite 101 | Stuart, FL 34994
www.tcurgentcare.com

Urgent Care Hours of Operation

Monday	8:00 am – 6:00 pm
Tuesday	8:00 am – 6:00 pm
Wednesday	8:00 am – 7:00 pm
Thursday	8:00 am – 6:00 pm
Friday	8:00 am – 6:00 pm
Saturday	8:00 am – 2:00 pm
Sunday	8:00 am – 2:00 pm

Please Note: The Urgent Care Office is available to covered members without an appointment or after Primary Care Hours.

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 Employee Wellness 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

Aflac

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
Agent: Jewel Sands | Phone: (772) 631-8192
Email: jewel_sands@us.aflac.com

Legal & Identity Protection Plans

U.S. Legal Services

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 and 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 hours a day, seven (7) days a week.

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

To learn about these plans, 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
Agent: Dixie Kuehn | Office: (321) 799-2986 | Mobile: (321) 403-0156
Email: DixieKuehn@cfl.rr.com



Pet Insurance

Pet Benefit Solutions

The City provides employees the opportunity to purchase pet discount plans on a voluntary basis through Pet Benefit Solutions.

Pet Assure is a veterinary discount program that provides a 25% discount on in-house medical services at participating veterinarians. Visit www.petassure.com for a complete list of local providers. Employees may enroll any pet regardless of age, health, or type – no exclusions! Members also have access to ThePetTag, a lost pet recovery service.

PetPlus is a pet products, prescriptions, and preventatives discount plan that provides members-only savings on items such as: flea and tick products, food (including Rx), toys, treats, and more. Members also have access to a 24/7 pet help line powered by whiskerDocs.

Employees can choose to enroll in Pet Assure, PetPlus, or both.

Pet Benefits – Pet Assure & PetPlus

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

Pet Benefit Solutions

Customer Service: (888) 913-7387 | petbenefits.com/land/cityofst

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 and Hospitalization	✓	✓
X-rays, MRIs and CT Scans	✓	✓
Prescription Medications	✓	✓
Wellness Exams	✓	
Preventive Dental Cleaning	✓	
Spay/Neuter	✓	
Routine Blood Tests	✓	
Heartworm Testing and 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 hours a day, seven (7) days a week to a veterinary professional.

Nationwide: Enrollment Process

1. Go directly to: www.petinsurance.com/cityofstuart
2. Visit 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



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 hours a day, seven (7) days a week 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

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 | 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 \$19,000 (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 | Phone: (772) 577-6578

Email: tpilla@icmarc.org | www.icmarc.org

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 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 (8) 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 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

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 six (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, Employee Handbook, CBAs and Forms page. The Employee Handbook addresses 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, Employee Handbook, CBAs and Forms 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 (2) 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, one (1) optional holiday is 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 before the end of the fiscal year. 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 (3) 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 Eve
Christmas Day



Notes

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

A series of horizontal dotted lines for taking notes.



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

A series of horizontal dotted lines for taking notes.



EMPLOYEE BENEFITS | RISK MANAGEMENT

4200 Northcorp Parkway, Suite 185
Palm Beach Gardens, Florida 33410
Toll Free: (800) 244-3696 | Fax: (561) 626-6970
www.gehringgroup.com

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**City of Stuart
Medical and Dental Insurance Rates
FY20**

Plan	Employee Semi-Monthly Cost	Employee Monthly Cost	City Semi-Monthly Cost	City Monthly Cost	Total Monthly Premium	Total Annual Cost	Percent Funded by City
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CIGNA 3333805

Local Plus Network PPO Basic

Medical Premiums:

Employee	\$ 30.00	\$ 60.00	\$ 270.000	\$ 540.00	\$ 600.00	\$ 7,200.00	90.00%
Employee + SP / DP	\$ 113.85	\$ 227.70	\$ 566.150	\$ 1,132.30	\$ 1,360.00	\$ 16,320.00	83.26%
Employee + Child(ren)	\$ 86.63	\$ 173.25	\$ 533.375	\$ 1,066.75	\$ 1,240.00	\$ 14,880.00	86.03%
Employee + Family	\$ 187.00	\$ 374.00	\$ 818.000	\$ 1,636.00	\$ 2,010.00	\$ 24,120.00	81.39%

Open Access Plus PPO Buy-Up

Medical Premiums:

Employee	\$ 61.20	\$ 122.40	\$ 348.800	\$ 697.60	\$ 820.00	\$ 9,840.00	85.07%
Employee + SP / DP	\$ 209.76	\$ 419.52	\$ 700.240	\$ 1,400.48	\$ 1,820.00	\$ 21,840.00	76.95%
Employee + Child(ren)	\$ 166.80	\$ 333.60	\$ 668.200	\$ 1,336.40	\$ 1,670.00	\$ 20,040.00	80.02%
Employee + Family	\$ 307.74	\$ 615.48	\$ 1,032.260	\$ 2,064.52	\$ 2,680.00	\$ 32,160.00	77.03%

NOTE: Basic and Buy-Up rates shown are the "best rates" (3-step HRA completion AND "negative" cotinine test results)

CIGNA Dental Care DHMO Plan

Dental Premiums:

Employee	\$ -	\$ -	\$ 8.240	\$ 16.48	\$ 16.48	\$ 197.76	100.00%
Employee + SP / DP	\$ 9.79	\$ 19.57	\$ 11.120	\$ 22.24	\$ 41.81	\$ 501.72	53.19%
Employee + Child(ren)	\$ 9.79	\$ 19.57	\$ 11.120	\$ 22.24	\$ 41.81	\$ 501.72	53.19%
Employee + Family	\$ 9.79	\$ 19.57	\$ 11.120	\$ 22.24	\$ 41.81	\$ 501.72	53.19%

CIGNA Dental DPPO Core Plan

Dental Premiums:

Employee	\$ -	\$ -	\$ 14.480	\$ 28.96	\$ 28.96	\$ 347.52	100.00%
Employee + SP / DP	\$ 14.48	\$ 28.96	\$ 14.485	\$ 28.97	\$ 57.93	\$ 695.16	50.01%
Employee + Child(ren)	\$ 14.48	\$ 28.96	\$ 14.485	\$ 28.97	\$ 57.93	\$ 695.16	50.01%
Employee + Family	\$ 14.48	\$ 28.96	\$ 14.485	\$ 28.97	\$ 57.93	\$ 695.16	50.01%

CIGNA VISION PLAN

Vision Premiums

Employee	\$ 4.36	\$ 8.72	\$ -	\$ -	\$ 8.72	\$ 104.64	\$ -
Employee + SP / DP	\$ 8.72	\$ 17.44	\$ -	\$ -	\$ 17.44	\$ 209.28	\$ -
Employee + Child(ren)	\$ 8.81	\$ 17.62	\$ -	\$ -	\$ 17.62	\$ 211.44	\$ -
Employee + Family	\$ 14.06	\$ 28.12	\$ -	\$ -	\$ 28.12	\$ 337.44	\$ -

City of Stuart
Medical and Dental Insurance Rates
FY21

Plan	Employee Semi-Monthly Cost	Employee Monthly Cost	City Semi-Monthly Cost	City Monthly Cost	Total Monthly Premium	Total Annual Cost	Percent Funded by City
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CIGNA 3333805

Local Plus Network PPO Basic

Medical Premiums:

Employee	\$ 30.00	\$ 60.00	\$ 278.220	\$ 556.44	\$ 616.44	\$ 7,397.28	90.27%
Employee + SP / DP	\$ 113.85	\$ 227.70	\$ 584.780	\$ 1,169.56	\$ 1,397.26	\$ 16,767.12	83.70%
Employee + Child(ren)	\$ 86.63	\$ 173.25	\$ 550.365	\$ 1,100.73	\$ 1,273.98	\$ 15,287.76	86.40%
Employee + Family	\$ 187.00	\$ 374.00	\$ 845.535	\$ 1,691.07	\$ 2,065.07	\$ 24,780.84	81.89%

Open Access Plus PPO Buy-Up

Medical Premiums:

Employee	\$ 61.20	\$ 122.40	\$ 360.035	\$ 720.07	\$ 842.47	\$ 10,109.64	85.47%
Employee + SP / DP	\$ 209.76	\$ 419.52	\$ 725.175	\$ 1,450.35	\$ 1,869.87	\$ 22,438.44	77.56%
Employee + Child(ren)	\$ 166.80	\$ 333.60	\$ 691.080	\$ 1,382.16	\$ 1,715.76	\$ 20,589.12	80.56%
Employee + Family	\$ 307.74	\$ 615.48	\$ 1,068.975	\$ 2,137.95	\$ 2,753.43	\$ 33,041.16	77.65%

NOTE: Basic and Buy-Up rates shown are the "best rates" (3-step HRA completion AND "negative" cotinine test results)

CIGNA Dental Care DHMO Plan

Dental Premiums:

Employee	\$ -	\$ -	\$ 8.240	\$ 16.48	\$ 16.48	\$ 197.76	100.00%
Employee + SP / DP	\$ 9.79	\$ 19.57	\$ 11.120	\$ 22.24	\$ 41.81	\$ 501.72	53.19%
Employee + Child(ren)	\$ 9.79	\$ 19.57	\$ 11.120	\$ 22.24	\$ 41.81	\$ 501.72	53.19%
Employee + Family	\$ 9.79	\$ 19.57	\$ 11.120	\$ 22.24	\$ 41.81	\$ 501.72	53.19%

CIGNA Dental DPPO Core Plan

Dental Premiums:

Employee	\$ -	\$ -	\$ 14.480	\$ 28.96	\$ 28.96	\$ 347.52	100.00%
Employee + SP / DP	\$ 14.48	\$ 28.96	\$ 14.485	\$ 28.97	\$ 57.93	\$ 695.16	50.01%
Employee + Child(ren)	\$ 14.48	\$ 28.96	\$ 14.485	\$ 28.97	\$ 57.93	\$ 695.16	50.01%
Employee + Family	\$ 14.48	\$ 28.96	\$ 14.485	\$ 28.97	\$ 57.93	\$ 695.16	50.01%

CIGNA VISION PLAN

Vision Premiums

Employee	\$ 4.36	\$ 8.72	\$ -	\$ -	\$ 8.72	\$ 104.64	\$ -
Employee + SP / DP	\$ 8.72	\$ 17.44	\$ -	\$ -	\$ 17.44	\$ 209.28	\$ -
Employee + Child(ren)	\$ 8.81	\$ 17.62	\$ -	\$ -	\$ 17.62	\$ 211.44	\$ -
Employee + Family	\$ 14.06	\$ 28.12	\$ -	\$ -	\$ 28.12	\$ 337.44	\$ -