

Indian River County Survey on Employee Health Clinics 2020	Responding Agency: City of Plantation
Contact: Sheila O'Sullivan - 772-226-1377 sosullivan@ircgov.com	Contact: Beverly Ambrosio 954-797-2244 bambrosio@plantation.org
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:	1860
HISTORY	
Are you self-insured for your health insurance?	Yes
Please provide the employer's monthly contribution towards the various health plan options.	Bi-weekly E= \$369.97 / E+C = \$724.52 / E+S = \$759.99 / F= \$1099.65
Please provide the employee's monthly contribution toward the various health plan options.	Bi-weekly E= \$15.42 / E+C = \$52.92 / E+S = \$56.12 / F= \$93.17
What motivated your agency's decision to pursue a clinic? What were the main drivers?	Raising claim cost / RX costs
Please list the goals you were hoping to accomplish when implementing a clinic. Employee benefit enhancement? Cost savings? Wellness program? Access to care?	Reducing claims, increasing employee wellbeing, early detection
How did you determine your organization was ready to implement a clinic?	Claim cost
IMPELEMENTATION PROCESS	
How long did it take from the decision to implement to go live?	6 months
Describe the implementation process.	smooth, weekly meetings with all necessary for that stage
What resources did you need? Did you use an outside consultant to assist you?	Our broker assisted in bringing in various vendors only
What were the start up costs?	\$79,000
Which department oversees the clinic and how many staff are allocated in support of employee benefits and the employee clinic?	Human Resources / Benefits, we have two staff members handling in Benefits
Describe your communication plan to your members?	We spent initially spent a lot of time of getting employee to understand HIPPA and actually showing them actuarial data that the City would receive so they would understand their information was private and not shared. We felt the was the most important message to get across.
What challenges did you face and what would you do differently? Describe lessons learned related to implementation?	We had a very smooth implementation process, we staggered the opening to employee only, two months later we added dependents and another two months we added dependent children (12 and over). Wouldn't change since it was a great process.
CLINIC MODEL	
When was the clinic implemented?	2009
Describe your clinic model. Number of clinic locations, number and type of clinic staff, days and hours of operations, and services provided.	One location, centrally located to the various departments. Hours are the City hours other than Tue and Thur the hours are till 8pm to allow additional time for spouses as well. The Clinic is closed the same holidays as the City. We started with 1 NP, 1RN and a medical assistant. We've changed over the years and added a 2nd NP removing the RN and again as the need changes we did too. We currently have 2NP, 1 Registered Dietitian and 1 medical assistant
Who is/are your vendor partner(s)?	Marathon Health - (Best in the business!)
Who is eligible to visit the clinic and what is the number of eligibles?	If you are on the medical insurance you are eligible to use the Clinic, that includes Retirees, that is the 1860 number provided above.
What is the member cost for a clinic visit?	There is no cost to use the clinic, we wanted to incentivise the use
How is the clinic funded and what are the annual costs?	We used the monies allocated for Health Care with the hope that it would reduce the claims and wash out. Sure enough, the first year we landed \$50,000 in the black and that's adding in the start up costs of \$79,000
How are the clinic expenses verified and paid?	One of the reason we elected Marathon is because they do not piece bill, exactly how will someone know how much toilet paper is used. We have one monthly cost based on the staffing.
Describe any member incentives or well being strategies associated with the clinic.	We provided 'wellness points' for various things completed at the clinic, 5 points earns an employee a \$75 gift card. Employee and Spouses can each earn 10 points each plan year. We incentivize spouses since they cost the plan as much if not more then an employee
Please describe any innovations or programs running in the clinic that are working well.	We have 'Wellness Wednesday' twice a month that one of the staff does (currently they are being held by Zoom due the Covid). We have exercise classes ever Tue & Thur (by zoom also now) as well as various challenges every other month.
Please indicate if you have any plans to expand or reduce clinic services in the future.	We are in a great place and have no intentions of changing at this point.
OUTCOMES	

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How many of your members are participating in the clinic? Please express as both as a number and percent of total eligibles.	100% and 100% spouses!
Please describe any metrics you have established to determine clinic outcomes.	We received visit data as well as diagnosis and high and chronic engagement reports from Marathon. We use that data to determine various wellness programs. We also verify our claims information through UHC and the reports.
What reporting do you receive to demonstrate outcomes?	Monthly reports showing the above information as well as other data such as RX
Please describe success/outcomes that are noteworthy.	1o years and the total redirected costs to date \$7,412,266.88!!
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.	We do an annual 'Benefit Survey' and the Care Care always come's up as the 2nd best benefit after Pension
Describe how the clinic has met the initial clinic goals stated above. How have you quantified success as it relates to your upfront goals.	We have not only saved monies on claims but we have seen employees lives be directly effected in the care that is received and how early prevention has made a difference.
Is there anything you would change or do differently if you had it to do it over again?	No
Please share any additional information that you believe would be helpful to us as we evaluate the possibility of pursuing an employee clinic.	You can't not move forward the cost avoidance is worth it but you have to have the utilization so communication, communication, communication! The staffing is going to be so important as well to keep bringing them back.

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, the clinic carries about 50 medications we look at the most prescribed by both the Clinic and UHC reports, that is what we carry and always a -0- copay.
How did you evaluate which medications to offer through the clinic? What was the main reason you offer medications through the clinic?	Answered above We can see cost information from our ins plan UHC and Marathon see's what their cost, super easy. Even if something ends up being a \$1 more through the Clinic, say a allergy medication if it's a highly prescribed RX we will carry it anyway for the convenience to the employee. Shingles Vaccine is another example they were actually about \$ 12 more each for us to carry, but we knew we'd actually have more employee taking advantage of gettingt the vaccine if we carried them so we did.
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?	We have a flat fee of \$300 monthly dispensing fee, plus the cost of the medication.
What is the annual cost to the employer's plan of offering the medications through the clinic?	Only the ones that expire are we careful about ordering such as the Shingles, we order only 20 at at time, when they are running low, the medical assistant orders more.
Do you medications expire and have to be disposed of without being dispensed to members?	

City of Plantation



2020-2021

BENEFITS GUIDE

Effective April 1, 2020 through March 31, 2021

Updated 01/21/20

Welcome

Benefits are an important part of your full-time employment with the City of Plantation. As a City of Plantation employee, you earn more than just your paycheck. You also receive a competitive package of benefits offering flexibility, financial protection, and a foundation for future security.

Our 2020 benefit package has a lot to offer and this guide will help you determine which benefits best fit your needs. I encourage you to take time to learn about all these plans by reviewing your Benefits Guide within the first week of your employment. There are always a few points to remember when completing your enrollment.....

First, remember that you have 30 days from your date of hire to make your elections. Once you have made a decision on your elections, you will need to go to Human Resources – Benefits office to sign off on your elections.

Second, if you are covering a spouse and/or dependent child(ren) you will want to be aware that you will be asked for acceptable proof of dependent eligibility.

Third, as a new hire, you can elect additional life insurance coverage **without** completing an Evidence of Insurability (EOI) form. If you elect or increase your voluntary life insurance any time **after** your initial hire date you will be required to complete an EOI form. So be thoughtful on how much voluntary life insurance you would like to elect as a new hire.

Once you have completed the benefits enrollment, keep your Benefits Guide in a place that you can refer to it easily. This guide contains important information about our plans. On the back cover is a list of all plan administrators and their contact information for your reference.

If for some reason you lose your Benefits Guide, the guide and other benefits information is available within the City of Plantation's Employee Intranet site. You may download this guide, claim forms, policies and summary plan documents any time that you may need to retrieve benefits information or you may contact HR for a copy.

As always, feel free to contact the Human Resources Benefits Department at 954-797-2244 or bambrosio@plantation.org or Cassie Miller at cmiller@plantation.org if you have any questions.

Sincerely,



Beverly Ambrosio
Benefits and Wellness Manager

Enrollment

This Benefit Guide tells you where to go to find claim forms, summary plan descriptions, benefit contact numbers, and other important City of Plantation benefits information beginning April 1, 2020.

Here are some important details that you need to consider when it comes time to enroll.

ENROLLING TIMELY

It is very important that you enroll on time. Otherwise some of your benefits will be waived until the annual enrollment period or until you have a qualifying event. This could leave you and your dependents without coverage for a length of time. Health Care Reform requires employers to automatically enroll new full-time employees into the medical plan; however, this does not include the dental and vision benefits.

- Full-Time Employees are eligible for benefits the first day of the month following 30 days from hire date.



REMEMBER: IF YOU MISS YOUR ENROLLMENT DEADLINE, THEN YOU WILL AUTOMATICALLY BE ENROLLED IN OPTION 2 HEALTH PLAN AND WILL HAVE TO WAIT UNTIL THE NEXT PLAN YEAR ANNUAL ENROLLMENT TO ENROLL IN THE DENTAL /VISION PLAN AND/OR CHANGE PLANS.

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Making Benefit Changes

The choices you make during your new hire enrollment will remain in effect until March 31st of the current plan year. You may also make changes during annual enrollment or if you have a qualified change in status (or life event).

A QUALIFIED CHANGE IN STATUS INCLUDES:

- Marriage;
- Divorce or legal separation;
- Registered Domestic Partnership with Broward County
- Death of a spouse or a dependent;
- Birth, adoption, or placement of adoption of a child;
- Loss or gain of a dependent's eligibility;
- Loss or gain of a spouse's or a dependent's medical or dental coverage through another employer; and
- Change in a spouse's employment from full-time to part-time, or loss or gain of employment.

You have **31 days** from the date of the qualified change in status to make a change to your benefits. Changes must be consistent with the change in status (life event). The enrollment changes you make in conjunction with a qualified status change are subject to IRS rules. IRS rules limit what can be a qualified status change, govern when an enrollment change can be effective, and require your change in enrollment to be consistent with the qualified status change. Unfortunately, the IRS rules that govern pre-tax benefits plans are very strict and the City of Plantation must follow these rules completely. Any change requested after **31 days** will not be accepted and will not be processed – there are no exceptions.

Before requesting any change that adds healthcare coverage for your spouse, domestic partner or dependents, please review the eligibility rules on the next page. City of Plantation will audit all life events that correspond with placing a new dependent on coverage. Benefit Change forms are located in the Human Resources Benefit department. If your change form is not completed within **31 days** of the qualified change it will not be processed.

INFORMATION YOU SHOULD KNOW

If you provide false information or documents that do not provide credible support as verification of dependent eligibility when enrolling your dependents, your dependents' **benefit claims may be denied, coverage will be terminated retroactively, and premiums will not be refunded.** In addition, if you provide false information when enrolling or verifying your dependents, you may also be subject to disciplinary action – up to and including termination.

Eligibility

ELIGIBILITY

City of Plantation offers benefit coverage to you and your eligible dependents. You can choose from four coverage categories:

- Employee Only
- Employee + Spouse or Registered Domestic Partner
- Employee + Child(ren); and
- Employee + Family

WHO CAN YOU COVER

- You, full-time City of Plantation employee scheduled to work 30 hours or more a week
- Legal Spouse, registered domestic partner, and not enrolled or **eligible** for group coverage regardless if enrolled.
- Children defined as:
 - Biological
 - Adopted
 - Stepchildren
 - Legal Guardian
 - Under the age of 26 and not working full-time or **eligible** for insurance coverage regardless if enrolled
 - Children whom you are required to cover under terms of Qualified Medical Child Support Order

DEPENDENT AUDITS

In order for the City of Plantation to manage healthcare costs for our employees, dependent audits are performed annually which require current and new hire employees to provide proper documentation for each dependent coverage under the City of Plantation benefit plans. These audits will confirm that all dependents are and continue to be eligible for coverage according to the definition of an “eligible dependent”. Please refer to the above section on this page that refers to “Eligibility – whom you can cover.” If you fail to provide the information requested, your dependent(s) will be taken off the coverage and will not be eligible until the following open enrollment if they meet eligibility.

Healthcare

HEALTHCARE COSTS FOR 2019

The City of Plantation offers you a high quality benefit program with flexibility and choice. Use this guide as a tool for those benefits. Your healthcare needs, family situation and budget maybe very different from those of your co-workers. This makes it very important that you learn as much as you can and choose the benefits that meet your needs.

At the City of Plantation, we are working hard to keep the healthcare costs as low as possible while at the same time continuing to provide valuable and competitive benefits for you and your family. The City of Plantation continues to pay the majority of the cost of your healthcare.

Healthcare costs continue to rise. There are many reasons why. The high cost of prescription drugs, caring for an aging population, treating the growing number of uninsured Americans, and technological advances in medicine all contribute. While you can't control these costs, you can choose to take an active roll in managing your health and your healthcare costs.

When it comes to your healthcare, choice matters. As a member of the UnitedHealthcare plan, you are able to choose doctors, hospitals and other providers from one of the largest networks of contracting providers in the country. When you have questions, you have access to innovative online information or you can speak with the UnitedHealthcare customer service representatives who make it their priority to get you the answers you need, quick and accurately.

USE YOUR PLAN THE RIGHT WAY TO GET THE MOST OUT OF YOUR HEALTHCARE DOLLARS. TAKE ADVANTAGE OF TOOLS AND PROGRAMS TO IDENTIFY HEALTHCARE PROBLEMS BEFORE THEY START.

Overview of Your Benefits

MEDICAL CARE PLAN	Two Medical Plan choices for 2020 <ul style="list-style-type: none"> ■ Option 1 ■ Option 2
PRESCRIPTION DRUG COVERAGE	Express Scripts offers: Retail Pharmacy Mail Order Pharmacy
MENTAL HEALTH	United Behavioral Health is included with your medical coverage.
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Offering 24/7 free confidential assessment and crisis counseling available through ACI Specialty Benefits.
ON-SITE CARE CENTER	You and your covered dependents over the age of 12 will have access to the Employee Health & Wellness Care Center for your healthcare needs operated by Marathon Health.
DENTAL CARE PLAN	UnitedHealthcare (Solstice) - Two options available: <ul style="list-style-type: none"> ■ DPPO Dental Plan ■ DHMO Dental Plan
VISION CARE PLAN	UnitedHealthcare (Solstice) – Two options available: <ul style="list-style-type: none"> ■ Basic Vision ■ Buy Up Vision
LIFE & AD&D INSURANCE	Value: 1 times your Annual Earnings, rounded to the next highest multiple of \$1,000. The maximum amount is \$50,000.
LONG TERM DISABILITY	If approved, will cover 60% of eligible employees salary until employee can return to work or becomes Medicare eligible.

Overview of Your Voluntary Benefits

TERM LIFE INSURANCE RELIANCE STANDARD	You have the option of electing Voluntary Life insurance coverage, Voluntary Accidental Death & Dismemberment (AD&D) single or family coverage and/or Dependent life coverage. These options are in addition to the City provided Life and AD&D coverage.
WHOLE LIFE INSURANCE WITH LONG TERM CARE	Whole Life locks in premium costs per lifetime, this policy also includes a Long Term Care payment option. These options are in addition to the city provided Life and AD&D coverage.
PREFERRED LEGAL PLAN	Free or reduced legal fees for various attorney services. Membership is portable.
ACCIDENT INSURANCE, SHORT TERM DISABILITY AND/OR CRITICAL ILLNESS INSURANCE	You have the option of electing Accident Insurance. Critical Illness Insurance and Interest Bearing Whole Life for yourself and/or dependents. The options are in addition to other healthcare and insurance offerings.
FLEXIBLE SPENDING ACCOUNTS	For new hires who elect a Healthcare Spending Account, the debit card is available for your convenience. The card is an option to the traditional paper reimbursement method. Annual FSA contribution limits are covered later in your enrollment kit. You also have the option to elect a Dependent Care Flexible Spending Account to help pay for dependent care expenses.
GROUP AUTO INSURANCE - VOLUNTARY	You could receive special savings and value-added benefits at no additional cost available through the group rate.
PET INSURANCE (VPI)	Pet insurance is available for employees for a variety of animals. You can receive a group rate for this valuable coverage.

Medical

MEDICAL BENEFITS

Medical insurance represents the largest component of the City of Plantation's Benefit program. If you want to enroll in the Medical Care Plan, you may choose from the UnitedHealthcare Choice Option 1 or 2.

While both options cover the same types of medical services, each provides coverage at a different level co-pays. Each plan also requires that you contribute a different amount per pay period toward the premium. By referring to the City of Plantation Medical Plan Comparison on page 12, you can decide which plan you would like to participate in.

IN-NETWORK

UnitedHealthcare Preferred Choice and Standard Choice are in-network only plans with providers throughout the United States. It is very important that you determine if your doctor is in or out of network. To receive benefits, you must use an in-network provider or in-network facility for services.

DEDUCTIBLES & COINSURANCE

A deductible is a set amount of medical expenses a patient must pay before the benefits plan can pay. For example, deductibles can apply when you have inpatient or out patient services. Once the deductible is met, then a percentage of the allowed amount is paid otherwise referred to as coinsurance.

COPAYMENTS

Copayments are set amounts you pay for specific services in the plan, such as office visits and prescription drugs.

UnitedHealthcare Choice

The City of Plantation has contracted with UnitedHealthcare Choice, this is an "open access" health care plan. You can choose any provider you'd like to see in the UnitedHealthcare national network. There are over 645,000 physicians and health care professionals and 5,105 hospitals nationwide. Members must stay in the network to receive benefits. You have the freedom to choose their physician or specialist without visiting a "primary care physician" for a referral.

Visit United Healthcare's website www.myuhc.com ® for information on benefit eligibility, coverage, account history, claims status, physician's and hospitals, estimated out-of-pocket costs, health and wellness topics, health records and much more.

What Can you do at **myuhc.com**?

- ✓ Find a doctor.
- ✓ Look up claims.
- ✓ Order prescriptions online – and save.
- ✓ Chat with a nurse.
- ✓ Save money on services.
- ✓ Replace your health plan ID card.
- ✓ Keep track of your family's medical history.
- ✓ Estimate costs ahead of time.
- ✓ See your benefits.
- ✓ And much, much more.

What do you need to register?

Just your ID card. Simply answer a few questions, create a security question and you'll be set to go.

Plan Comparison

United Health Care Choice

Covered Services	Option 1	Option 2
	In-Network Benefits Only	In-Network Benefits Only
Doctors Office Visit	\$10	\$20.00
Specialist office visit, including OB/Gyn	100% after \$35 copay	\$50.00
Preventive Care	100%	100%
Hospital inpatient stay, including maternity	100% after \$100 copay	\$200.00
Emergency room visit	100% after \$200 copay	\$250.00
Urgent Care Center	100% after \$25 copay	\$35.00
Outpatient surgical	100%	\$100.00
Diagnostic x-ray	100%	\$25.00
Lab tests	100%	\$20.00
MRI/PET/CAT scan	100%	\$100.00
Chiropractic visit *spinal manipulation	100% after \$10 copay (max 24 visits per calendar year)	Not Covered
Chiropractic Visit *massage therapy	Not Covered	Not Covered
Mental health	100% after \$10 copay individual \$10 co-pay group (max 30 visits) (limited 30 outpatient visits)	\$20.00
Calendar Year deductible	\$0.00	\$0.00
Maximum Annual Out-Of Pocket	\$4,000 Individual \$6,000 Family	\$6,000 Individual \$8,000 Family

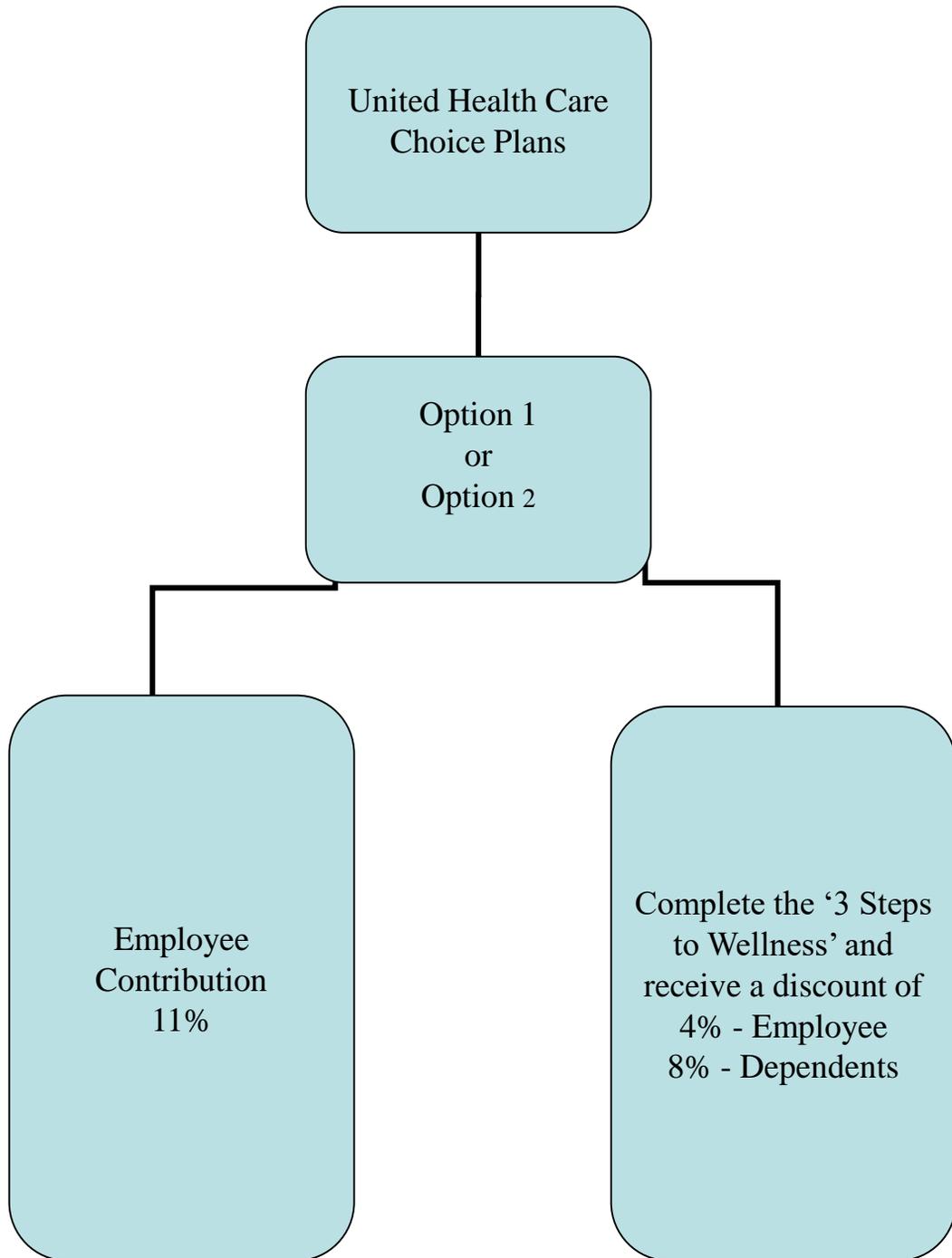
*110% of Medicare Allowable Charges

** Certain procedures may require pre-certification.

See page 38 for premium information.

Emergencies are covered anywhere in the world with both plans

Plan Eligibility



Prescription

Copayment per Prescription Order or Refill

Your copayment is determined by the tier to which the Prescription Drug List Management Committee at UnitedHealthcare has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to a Tier 1, Tier 2 or Tier 3. Please access www.myuhc.com through the Internet, or call the Customer Service number on your ID card to determine tier status.

Also note that some Prescription Drug Products require that you notify us in advance to determine whether the Prescription Drug Product meets the definition of a Covered Health service and is not Experimental, Investigational or Unproven.

HOW CAN YOU BETTER MANAGE PRESCRIPTION DRUG COSTS:

- Use the Healthcare FSA to cover prescription drug copayment amounts. See page 45 for an explanation of how to use the FSA.
- Use the mail order service for maintenance prescriptions to receive a 90-day supply of maintenance drugs.
- Talk to your pharmacist. Pharmacists are qualified to answer many questions about your medications and are often aware of alternative treatments available for your condition that may not include prescription drugs. If that is the case, you can talk to your physician about the alternative.

UnitedHealthcare Prescription Drug Benefits	With Option 1	With Option 2
31 -day supply - Retail	Tier 1 - \$10 Tier 2 - \$25 Tier 3 - \$60	Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$60
90 - day supply - Mail Order	Tier 1 - \$ 30 Tier 2 - \$ 75 Tier 3 - \$180	Tier 1 - \$ 60 Tier 2 - \$120 Tier 3 - \$180

Retail Prescription Drug Programs offer \$4.00 Rx's

Walmart, Publix, Winn-Dixie and Target offer reduced RX's on several medications
 – Stop into Humana Resources for a complete listing to see if you can take advantage of these programs.

UnitedHealthcare Extras

Medical Supply Discount Programs

- **Look better. Feel better. Save money. It's easy with UnitedHealth Allies®!**
- UnitedHealth Allies is a health discount program that can help you and your family save up to 50 percent on a wide range of health-related products and services that are not covered by your benefit plans. To discover the discounted services available to you, log into your www.myuhc.com account and click on 'Extra Programs & Discounts'. Why pay full price for non-covered services, when you can save with UnitedHealth Allies!
- **You'll find discounts on things like:**
 - Gym Membership
 - Acupuncture
 - Medical supplies
 - Vitamins
 - Cosmetic Dental
 - Alternative Care
 - Infertility Treatment
- **UnitedHealth Allies is not a health insurance plan.** It is a money-saving program that complements any medical, dental, and vision coverage you currently have.

Your Place for Everyday Savings.

Mental Health

The Mental Healthcare provided can help if you or a covered family member suffers from an emotional or substance abuse problem. When you need assistance, call 1-800-888-2998 or simply find a provider on line at www.liveandworkwell.com.

LiveandWorkWell.com

This online member portal helps employees easily find the critical information they need to make informed health and well-being decisions. Employees can access this secure password-protected Web site to review their schedule of benefits, search our network directory, and use an array of industry-leading, self-help tools to help manage their life events and adopt healthy lifestyles.

Mental health is more than the absence of mental illness. It includes having a positive mental and emotional attitude based in reality. Mental illnesses are real diseases but they can be successfully treated. You can live your life to the fullest in recovery. Resiliency allows you maintain balance in the face of life's ups and downs.

We all worry and experience mood swings. Many people wonder sometimes if they have mental problems and some are afraid to get help. They may feel sad or elated, anxious, depressed, overwhelmed, fearful disoriented, or forgetful. Relationships may become difficult. Something feels wrong. Life may be a struggle. If feelings or symptoms are affecting life, consider getting help.

Professional Mental Health Help

Medications and a variety of therapies (psychological, talk, play, art and more) can help. There are many types of mental health specialists that help with mental, emotional and behavioral problems. You will find detailed information on [finding and selecting a mental health clinician](#).

Centers

After you login to the member side of this site, the "BeWell" area has resource centers for many mental health issues. Each center provides clinician reviewed information about the symptoms, diagnosis, tests, treatment, prevention and recovery. Self-screener and a variety of self-help programs are included in some of the centers. "BeWell" centers include stress, mental health conditions such as depression, ADHD, Alzheimer's, and PTSD, as well as addictions, substance abuse, tobacco cessation, eating disorders, grief, traumatic brain injury, healthy aging, recovery and resiliency and more. A Suicide Prevention training program is available. There are separate centers for young people since symptoms and treatments may vary.

Each center links you to real people who can help. A behavioral health clinician search tool is available to help you find the right mental health service provider near you. Members can access a 24/7 support line (support number is available on the site after you login).

REMEMBER – WHEN YOU ENROLL IN THE MEDICAL CARE PLAN, YOU'LL AUTOMATICALLY RECEIVE PRESCRIPTION DRUG AND MENTAL HEALTH COVERAGE.

Employee Assistance Program (EAP)

Managed Care Concepts

For free confidential assistance, call your EAP
1 (800) 899-3926
counselors available
9:00a.m. – 5:00p.m.

Emergency Coverage Available
24 hours a day, 7 days a week

What is an Employee Assistance Program

An Employee Assistance Program Provides employees and family members with professional counseling for a variety of issues. Early detection and assistance can often prevent more serious difficulties from developing. The EAP offers personal confidential counseling services for a wide range of concerns including:

- Marital/Family/Relationship Issues
- Stress
- Depression
- Interpersonal problems on the job
- Drug Abuse
- Alcohol abuse

Why have an EAP?

The City of Plantation is made up of individuals with personal lives as well as professional lives. The two are interrelated. Issues in either area affects both. We care about your wellbeing both on and off the job, and having an in-depth EAP gives you confidential and professional resources to turn to for help.

Who can use the EAP

The EAP is available for employees and their dependent family members at no cost.

Health Care needs doesn't begin and end with the work day. Neither should member benefits. Our skilled Care24® nurses offer round-the-clock information and resources to help employees manage complex, time-consuming health conditions and treatments.

Members can call Care24 at 1-888-887-4114 to:

- **Get treatment decision support**
Employees receive accurate information about your conditions and doctor-recommended treatment options.
- **Find the right doctor**
Care 24 will help you identify doctors with a strong history of medical testing, diagnosis, treatment, medications and follow-up care for their condition.
- **Arrange appointment scheduling**
Employees save time and avoid hassles when Care24 arranges doctor appointments and assists with coordinating medical records.
- **Access health coaching**
Registered nurses help you understand medication interactions, learn self-care techniques or connect with outside resources for your conditions.
- **Receive emotional support**
Trained specialists help you manage stress, anxiety, depression, grief and more.

Health care isn't just a 9-to-5 job.

Health4Me

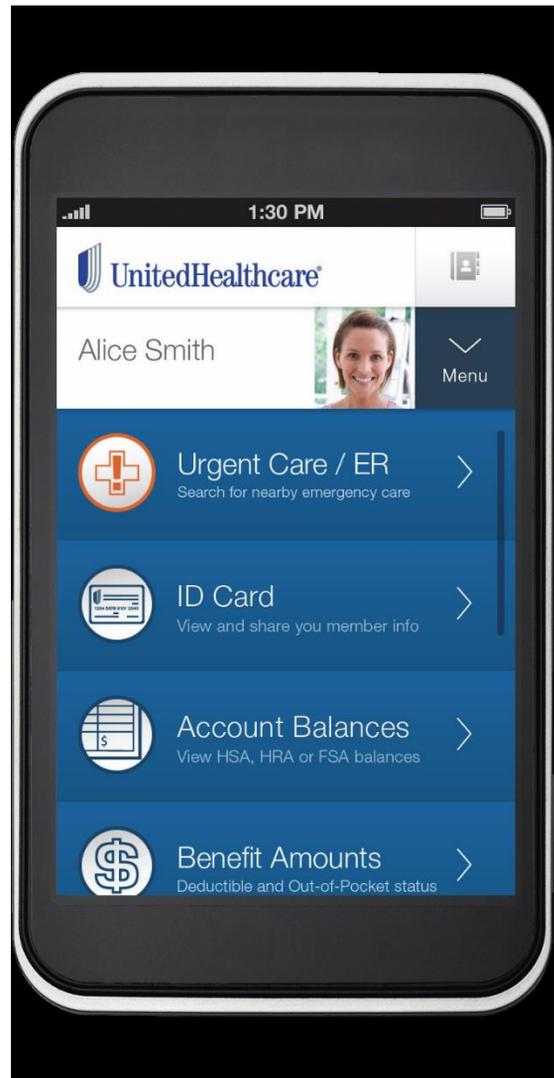
The new app from UnitedHealthcare



Your family's health, in your hands.

• Key Features

- Search for Physicians or Facilities by location or specialty
- Store favorite Physicians and Facilities
- View Claims
- Have an Easy Connect Representative contact you to answer any questions
- View and share health plan ID card information
- Contact an experienced registered nurse 24/7
- Choose to view plan members independently or the plan a whole
- Locate Urgent Care facilities and ER's
- Complete confidentiality



Employee Health & Wellness Care Center



The City of Plantation has opened a health clinic for employees, spouses, and dependents over the age of 12. The Care Center provides convenient access to high-quality healthcare, medication dispensing, blood draws, and wellness services for individuals who want to improve their health.

- The Care Center is operated by Marathon Health, specialists in employee health, offering primary care and health coaching at the worksite.
- Services at the clinic are very similar to what your primary care doctor provides, with the added benefit of convenient access to care, more immediate focused attention from the Care Center's healthcare provider, flexible scheduling, and a focus on helping you to achieve your very best health.
- The Care Center is staffed by two nurse practitioners and a registered dietitian/health coach under the careful guidance of a local supervising physician.
- You will have access to a complete health website from Marathon Health with a health library, nutrition and activity trackers to help you manage or monitor your diet and exercise, and a personal health record.
- Your office visit copay will be waived for visits to the Care Center and you do not have to take sick leave when you go to the clinic for acute services.
- Disease Management services are also offered.

An important message:

We want you to understand that **any treatment you receive at the health clinic is completely confidential**, and like your own doctor visits, is protected by the Health Insurance Portability and Accountability Act, known as HIPAA. By law, Marathon Health cannot and will not share any of your personal health information to your employer without your express written permission.

What Services are offered to You:

Primary Care

- Lab Services
- Medication Dispensing

Common Illnesses

- Allergies
- Digestive
- Headaches
- Skin Conditions
- Respiratory
- Urinary symptoms

Minor Injury

- Back Pain
- Burn
- Extremity Pain
- Joint Pain
- Nosebleed
- Sprains/Strains
- Stitch removal

Other Services

- EKG
- Disease Management
- Health Assessment
- Health Coaching
- Registered Dietitian
- Certified Personal Trainer

Watch For Your 'Welcome Package' From Marathon Health with your temporary user name and Password.

Hours:

Monday – 7:30am – 4:30pm

Tuesday – 7:30am – 8:00pm

Wednesday – 7:30am – 4:30pm

Thursday – 11:00am – 8:00pm

Friday – 7:30am – 4:30pm

To schedule your appointment:

www.marathon-health.com

Or

954-513-3530

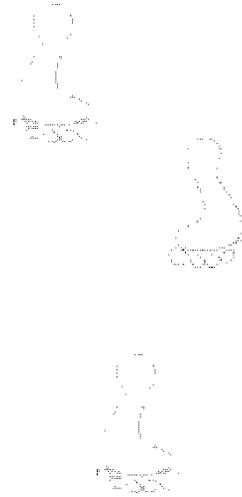
Your Cost to Visit the Care Center?

Co-Payment for visit = \$0

Co-Payment for RX = \$0

What are the '3 Steps to Wellness'?

- Step 1
 - Bio-metric screening (finger prick) or
 - Blood work
- Step 2
 - Health Risk Assessment (HRA)
- Step 3
 - Comprehensive Health Review (CHR)



Receive the reward of not only taking charge of your health but a discount in employee contribution for participating!

The City of Plantation feels that employee health and wellness is the single most important factor in preventing catastrophic disease, such as heart attacks, strokes and diabetes, and controlling future health care costs. Completing the bio-metric screening, completing the health risk assessment, and reviewing the results with the Employee Health & Wellness Care Center clinicians, may identify health conditions, such as cholesterol, high blood pressure, chronic stress or being overweight. They can coach you on lifestyle changes that could prevent future serious illnesses.

3 Steps to Wellness – It's Your Choice

STEP 1: Bio-Metric Screening (finger prick or blood work)

- **Choice 1:** Schedule an appointment at the Employee Health & Wellness Care Center
 - To schedule your Screening:
 - Call 954-513-3530 or
 - Schedule online at www.Marathon-Health.com 'screening'
- **Choice 2:** Your physician may complete the 'Physician's Lab Report Form' available at the Employee Health & Wellness Care Center or Human Resources.
 - Mail or fax completed form directly to the Employee Health & Wellness Care Center
 - 401 NW 70th Terrace, Plantation, FL 33317 or
 - Fax: 954-515-3539

Please Note: This form will **ONLY** be accepted at the Employee Health & Wellness Care Center.

STEP 2: Health Risk Assessment (HRA)

- **Choice 1:** Login to www.Marathon-Health.com under "Manage My Health" (HRA is located on the left side of the page).
 - Need your username and password: Contact Lisa Tribble-Brown at the Employee Health & Wellness Care Center 954-513-3530
- **Choice 2:** Complete paper Health Risk Assessment (available at the Employee Health & Wellness Care Center or Human Resources).
 - Mail, fax or inter-office completed assessment directly to the Employee Health & Wellness Care Center
 - 401 NW 70th Terrace, Plantation, FL 33317 or
 - Fax: 954-515-3539

Please note: This form will **ONLY** be accepted at the Employee Care Center.

STEP 3: Comprehensive Health Review (CHR)

- **Choice 1:** Schedule a face to face appointment at the Employee Health & Wellness Care Center (a review of Step 1 & 2).
To schedule your Comprehensive Health Review:
 - Call 954-513-3530 or
 - Schedule online at www.Marathon-Health.com 'Comprehensive Health Review'
- **Choice 2:** Schedule a telephonic appointment at the Employee Health & Wellness Center (a review of Step 1 & 2).
To schedule your Comprehensive Health Review:
 - Call 954-513-3530 or
 - Schedule online at www.Marathon-Health.com 'Telephonic - Comprehensive Health Review'

*New Hires have 3 months from the date your insurance becomes effective to complete the '3 Steps to Wellness' or you will not be eligible for the discount

Dental – UnitedHealthcare – Solstice

HEALTH AND TREATMENT OPTIONS

When you visit the dentist, be sure to share your dental and medical history and any prior complications. Dentists can identify signs of more serious health conditions and should be made aware of health information that may be critical to your dental care. Your hygienist is a great resource for dental health information to help you guard against tooth decay and gum disease. Ask your dentist to explain the pros and cons of each dental treatment option, including the future costs or consequences of postponing or avoiding treatment.

ADDITIONAL SAVINGS

Orthodontic in your future, be sure to refer to your FSA document on page 51 on how this can save you monies through pre-tax.

Taking care of your teeth is as important as taking care of the rest of your body. If you visit your dentist for regular checkups now, you are more likely to catch potential – and expensive problems that may surface later. A great smile is something that everyone notices!

DENTAL CARE PLANS

To get the most out of your dental plan using in-network provider means less out of pocket for you.

Always verify your dentist's is in the UnitedHealthcare – Solstice DHMO or DPPO network. Simply asking if a dentist “accepts UnitedHealthcare” does not guarantee he or she is an in-network provider with your specific plan.

Make sure you specifically

DHMO S100 or DPPO 30 plans.

CHECK YOUR ELIGIBILITY AND BENEFITS ON-LINE

If you are visiting the www.myuhc.com website for the first time, you will need to complete a one-time registration to log in and verify your eligibility, check your benefits for covered services, and view maximums and deductible information. You may also print replacement ID cards.

WWW.MYUHC.COM

You will find all the information you need on your plan on the website, from provider and claims to how to use your benefits. Check it out!

Dental Benefits Options

The City of Plantation offers two dental plans to choose from: DHMO Dental or DPPO Dental you will be required to choose your election upon initial enrollment and will have the opportunity to change plans each open enrollment period.

	UnitedHealthcare DHMO	UnitedHealthcare DPPO	UnitedHealthcare DPPO
	In-Network Only	In Network	Out of Network
Annual Deductible Preventative care Waived	N/A	\$50 –Single \$100- Family	\$50 – Single \$100- Family
Preventative Services Oral Exams, cleanings, bitewing X-ray, fluoride, emergencies	No Copayment	100% of allowable	70% allowable
Basic Services Full intraoral x-rays, amalgam & resin restorations, extractions, endodontics, periodontics	No Copayment	90% of allowable after deductible	70% of allowable after deductible
Major Services Crowns, pontics, partial & complete dentures	Specific copayment refer to schedule of benefits	90% of allowable after deductible	50% of allowable after deductible
Orthodontics Lifetime Maximum	\$2,100 – Under 19 yrs \$2,300 – Over 19 yrs	70% of allowable after deductible \$1500 lifetime max	50% of allowable after deductible \$1500 lifetime max
Plan Year Maximum	No maximum benefit	\$2,500	\$2,500

SCHEDULE OF BENEFITS

For a complete listing of all copayments, covered services, limitations and maximum amounts please login to the www.myuhc.com website.

DHMO - Dental



Solstice S100B-SHP/D1083

Dental Plan Schedule of Benefits

Members of the S100B-SHP Dental Plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No waiting Periods
- No Deductibles or Maximums
- No claim forms to submit

The Member co-payments listed are offered by a participating in-network general dentist. The member receives:

- Most diagnostic & preventive care at No Charge
- Cosmetic & Orthodontia treatment covered

Members can locate a participating provider at

www.myuhc.com

Member Services Department: 800-955-4137

The member is ultimately responsible for verifications of the accuracy and appropriateness of all fees applicable to any dental benefit provided by a network provider. We urge all of members to verify all fees for proposed treatment via this "Schedule of Benefits" and/or with our Member Services Department prior to treatment.

The following Member co-payments apply when a participating General Dentist performs services. An "*" denotes limitations on certain benefits (see "Exclusions/Limitations").

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
CLINICAL ORAL EVALUATIONS			DIAGNOSTIC IMAGING		
D0120	*Periodic oral evaluation - established patient	0	D0210	*Intraoral - complete series (including bitewings)	0
D0140	Limited oral evaluation - problem focused	0	D0220	Intraoral - periapical first radiographic images	4
D0145	*Oral evaluation for a patient under three years of age and counseling with primary caregiver	0	D0230	Intraoral - periapical each additional radiographic images	2
D0150	*Comprehensive oral evaluation - new or established patient	0	D0240	Intraoral - occlusal radiographic images	0
D0160	*Detailed and extensive oral evaluation - problem focused, by report	0	D0250	Extraoral - first radiographic images	0
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	0	D0260	Extraoral - each additional radiographic images	0
D0171	Re-evaluation - post-operative office visit	0	D0270	*Bitewing - single radiographic images	0
D0180	*Comprehensive periodontal evaluation - new or established patient	0	D0272	*Bitewings - two radiographic images	0
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	25	D0273	*Bitewings - three radiographic images	0
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	0	D0274	*Bitewings - four radiographic images	0
D9440	Office visit - after regularly scheduled hours	25	D0277	*Vertical bitewings - 7 to 8 radiographic images	20
D9450	Case presentation, detailed and extensive treatment planning	0	D0290	Posterior-anterior or lateral skull and facial bone survey radiographic images	150
D9986	Missed appointment	25	D0310	Sialography	150

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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D0320	Temporomandibular joint arthrogram, including injection	250	D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	65
D0321	Other temporomandibular joint radiographic images, by report	150	D0460	Pulp vitality tests	0
D0322	Tomographic survey	150	D0470	Diagnostic casts	0
D0330	*Panoramic radiographic images	0	ORAL PATHOLOGY LABORATORY		
D0340	Cephalometric radiographic images	75	D0472	Accession of tissue, gross examination, preparation and transmission of written report	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	20	D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	0
D0364	*Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	140	D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	0
D0365	*Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	130	D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	0
D0366	*Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	130	D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	0
D0367	*Cone beam CT capture and interpretation with field of view of both jaws, with or without cranium	175	D0502	Other oral pathology procedures, by report	0
D0368	*Cone beam CT capture and interpretation for TMJ series including two or more exposures	130	D0601	Caries risk assessment and documentation, with a finding of low risk	0
D0369	*Maxillofacial MRI capture and interpretation	180	D0602	Caries risk assessment and documentation, with a finding of moderate risk	0
D0370	*Maxillofacial ultrasound capture and interpretation	160	D0603	Caries risk assessment and documentation, with a finding of high risk	0
D0371	*Sialoendoscopy capture and interpretation	160	DENTAL PROPHYLAXIS		
D0380	*Cone beam CT image capture with limited field of view - less than one whole jaw	140	D1110	*Prophylaxis - adult	0
D0381	*Cone beam CT image capture with field of view of one full dental arch - mandible	130	D1110	Additional prophylaxis - adult	15
D0382	*Cone Beam CT image capture with field of view of one full dental arch - maxilla, with or without cranium	130	D1120	*Prophylaxis - child	0
D0383	*Cone beam CT image capture with field of view of both jaws, with or without cranium	175	D1120	Additional prophylaxis - child	15
D0384	*Cone beam CT image capture for TMJ series including two or more exposures	130	TOPICAL FLUORIDE TREATMENT (OFFICE PROCEDURE)		
D0385	*Maxillofacial MRI image capture	160	D1206	*Topical fluoride varnish	5
D0386	*Maxillofacial ultrasound image capture	160	D1208	*Topical application of fluoride - excluding varnish	0
D0393	*Treatment simulation using 3D image volume	0	D9910	*Application of desensitizing medicament	20
D0394	*Digital subtraction of two or more images or image volumes of the same modality	0	OTHER PREVENTIVE SERVICES		
D0395	*Fusion of two or more 3D image volumes of one or more modalities	0	D1310	Nutritional counseling for control of dental disease	0
TESTS AND EXAMINATIONS			D1320	Tobacco counseling for the control and prevention of oral disease	0
D0415	Collection of microorganisms for culture and sensitivity	0	D1330	Oral hygiene instructions	0
D0425	Caries susceptibility tests	0	D1351	*Sealant - per tooth	0

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D1352	*Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	0	D2644	Onlay - porcelain/ceramic - four or more surfaces	350*
D1353	Sealant repair - per tooth	0	D2650	Inlay - resin-based composite - one surface	180
	SPACE MAINTAINERS (PASSIVE APPLIANCES)		D2651	Inlay - resin-based composite - two surfaces	200
D1510	*Space maintainer - fixed - unilateral	0	D2652	Inlay - resin-based composite - three or more surfaces	250
D1515	*Space maintainer - fixed - bilateral	0	D2662	Onlay - resin-based composite - two surfaces	225
D1520	*Space maintainer - removable - unilateral	0	D2663	Onlay - resin-based composite - three surfaces	245
D1525	*Space maintainer - removable - bilateral	0	D2664	Onlay - resin-based composite - four or more surfaces	275
D1550	Re-cementation or re-bond space maintainer	10		CROWNS - SINGLE RESTORATIONS ONLY	
D1555	Removal of fixed space maintainer	10	D2710	*Crown - resin-based composite (indirect)	195
	AMALGAMS RESTORATIONS (INCLUDING POLISHING)		D2712	*Crown - ¾ resin-based composite (indirect)	195
D2140	Amalgam - one surface, primary or permanent	0	D2720	*Crown- resin with high noble metal	195*
D2150	Amalgam - two surfaces, primary or permanent	0	D2721	*Crown - resin with predominantly base metal	195*
D2160	Amalgam - three surfaces, primary or permanent	0	D2722	*Crown - resin with noble metal	195*
D2161	Amalgam - four or more surfaces, primary or permanent	0	D2740	*Crown - porcelain/ceramic substrate	195*
	RESIN BASED COMPOSITE RESTORATIONS - DIRECT		D2750	*Crown - porcelain fused to high noble metal	195*
D2330	Resin-based composite - one surface, anterior	0	D2751	*Crown - porcelain fused to predominantly base metal	195*
D2331	Resin-based composite - two surfaces, anterior	0	D2752	*Crown - porcelain fused to noble metal	195*
D2332	Resin-based composite - three surfaces, anterior	0	D2780	*Crown - 3/4 cast high noble metal	195*
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	0	D2781	*Crown - 3/4 cast predominantly base metal	195*
D2390	Resin-based composite crown, anterior	0	D2782	*Crown - 3/4 cast noble metal	195*
D2391	Resin-based composite - one surface, posterior	0	D2783	*Crown - 3/4 porcelain/ceramic	195*
D2392	Resin-based composite - two surfaces, posterior	0	D2790	*Crown - full cast high noble metal	195*
D2393	Resin-based composite - three surfaces, posterior	0	D2791	*Crown - full cast predominantly base metal	195*
D2394	Resin-based composite - four or more surfaces, posterior	0	D2792	*Crown - full cast noble metal	195*
	GOLD FOIL RESOTRATIONS		D2794	*Crown - titanium	195*
D2410	Gold foil - one surface	65	D2799	*Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	125
D2420	Gold foil - two surfaces	90		OTHER RESTORATIVE SERVICES	
D2430	Gold foil - three surfaces	120	D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	10
	INLAY/ONLAY RESTORATIONS		D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	10
D2510	Inlay - metallic - one surface	80	D2920	Re-cement or re-bond crown	10
D2520	Inlay - metallic - two surfaces	90	D2921	Reattachment of tooth fragment, incisal edge or cusp	10
D2530	Inlay - metallic - three or more surfaces	115	D2929	*Prefabricated porcelain/ceramic crown - primary tooth	34*
D2542	Onlay - metallic-two surfaces	250	D2930	Prefabricated stainless steel crown - primary tooth	35
D2543	Onlay - metallic-three surfaces	270	D2931	Prefabricated stainless steel crown - permanent tooth	40
D2544	Onlay - metallic-four or more surfaces	290	D2932	Prefabricated resin crown	90
D2610	Inlay - porcelain/ceramic - one surface	225*	D2933	Prefabricated stainless steel crown with resin window	135
D2620	Inlay - porcelain/ceramic - two surfaces	250*	D2940	Protective restoration	5
D2630	Inlay - porcelain/ceramic - three or more surfaces	275*	D2941	Interim therapeutic restoration - primary dentition	5
D2642	Onlay - porcelain/ceramic - two surfaces	310*	D2949	Restorative foundation for an indirect restoration	20
D2643	Onlay - porcelain/ceramic - three surfaces	340*	D2950	Core buildup, including any pins	35

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D1083 213-11624

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D2951	Pin retention - per tooth, in addition to restoration	10		ENDODONTIC THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES & FOLLOW-UP CARE)	
D2952	Post and core in addition to crown, indirectly fabricated	80	D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100
D2953	Each additional indirectly fabricated post - same tooth	95	D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	175
D2954	Prefabricated post and core in addition to crown	75	D3330	Endodontic therapy, molar (excluding final restoration)	210
D2955	Post removal	20	D3331	Treatment of root canal obstruction; non-surgical access	85
D2957	Each additional prefabricated post - same tooth	30	D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	75
D2960	Labial veneer (resin laminate) - chairside	200	D3333	Internal root repair of perforation defects	125
D2961	Labial veneer (resin laminate) - laboratory	225*		ENDODONTIC RETREATMENT	#N/A
D2962	Labial veneer (porcelain laminate) - laboratory	350*	D3346	Retreatment of previous root canal therapy - anterior	250
D2970	Temporary crown (fractured tooth)	75	D3347	Retreatment of previous root canal therapy - bicuspid	285
D2971	Additional procedures to construct new crown under existing partial denture framework	45	D3348	Retreatment of previous root canal therapy - molar	350
D2975	Coping	95		APEXIFICATION/RECALCIFICATION PROCEDURES	
D2980	Crown repair necessitated by restorative material failure	95	D3351	Apexification/recalcification	90
D2981	Inlay repair necessitated by restorative material failure	95	D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	90
D2982	Onlay repair necessitated by restorative material failure	95	D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	90
D2983	Veneer repair necessitated by restorative material failure	95		APICOECTOMY/PERIRADICULAR SERVICES	
D2990	Resin infiltration of incipient smooth surface lesions	29	D3410	Apicoectomy - anterior	96
	PULP CAPPING		D3421	Apicoectomy - bicuspid (first root)	300
D3110	Pulp cap - direct (excluding final restoration)	10	D3425	Apicoectomy - molar (first root)	150
D3120	Pulp cap - indirect (excluding final restoration)	10	D3426	Apicoectomy (each additional root)	75
	PULPOTOMY		D3427	Periradicular surgery without apicoectomy	96
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	20	D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	32
D3221	Pulpal debridement, primary and permanent teeth	95	D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	25
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	75	D3430	Retrograde filling - per root	55
	ENDODONTIC THERAPY ON PRIMARY TEETH		D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	150
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	40	D3432	Guided tissue regeneration in conjunction with periradicular	150
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	40	D3450	Root amputation - per root	85
			D3460	Endodontic endosseous implant	535
			D3470	Intentional reimplantation (including necessary splinting)	175

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D1083 213-11624

CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	OTHER ENDODONTIC PROCEDURES		D4275	Soft tissue allograft	502
D3910	Surgical procedure for isolation of tooth with rubber dam	95	D4276	Combined connective tissue and double pedicle graft, per tooth	65
D3920	Hemisection (including any root removal), not including root canal therapy	80	D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	215
D3950	Canal preparation and fitting of preformed dowel or post	75	D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	75
	SURGICAL SERVICES (INCLUDING USUAL POSTOPERATIVE CARE)			NON SURGICAL PERIODONTAL SERVICE	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175	D4320	Provisional splinting - intracoronal	100
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	66	D4321	Provisional splinting - extracoronal	100
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	40	D4341	*Periodontal scaling and root planing - four or more teeth per quadrant	36†
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	163	D4342	*Periodontal scaling and root planing - one to three teeth per quadrant	29†
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	150	D4355	*Full mouth debridement to enable comprehensive evaluation and diagnosis	35†
D4245	Apically positioned flap	150	D4381	*Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report	45†
D4249	Clinical crown lengthening - hard tissue	175		OTHER PERIODONTAL SERVICES	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	375	D4910	*Periodontal maintenance	40
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D4910	Additional periodontal maintenance	100
D4263	Bone replacement graft - first site in quadrant	450	D4920	Unscheduled dressing change (by someone other than treating dentist)	20
D4264	Bone replacement graft - each additional site in quadrant	325	D4921	Gingival irrigation - per quadrant	15
D4265	Biologic materials to aid in soft and osseous tissue regeneration	325	D4999	Unspecified periodontal procedure, by report	0
D4266	Guided tissue regeneration - resorbable barrier, per site	325		COMPLETE DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
D4267	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	325	D5110	*Complete denture - maxillary	210*
D4268	Surgical revision procedure, per tooth	0	D5120	*Complete denture - mandibular	210*
D4270	Pedicle soft tissue graft procedure	235	D5130	*Immediate denture - maxillary	210*
D4273	Subepithelial connective tissue graft procedures, per tooth	280	D5140	*Immediate denture - mandibular	210*
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	100		PARTIAL DENTURES (INCLUDING ROUTINE POST-DELIVERY CARE)	
			D5211	*Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	210*

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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D5212	*Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	210*	D5761	*Reline mandibular partial denture (laboratory)	35*
D5213	*Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220*		INTERIM PROSTHESIS	
D5214	*Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	220*	D5810	*Interim Complete denture (maxillary)	220*
D5225	*Maxillary partial denture - flexible base (including any clasps, rests and teeth)	220*	D5811	*Interim complete denture (mandibular)	220*
D5226	*Mandibular partial denture - flexible base (including any clasps, rests and teeth)	220*	D5820	*Interim partial denture (maxillary)	220*
D5281	*Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	235*	D5821	*Interim partial denture (mandibular)	220*
	ADJUSTMENTS TO DENTURES			OTHER REMOVABLE PROSTHESIS	
D5410	Adjust complete denture - maxillary	8	D5850	Tissue conditioning, maxillary	25
D5411	Adjust complete denture - mandibular	8	D5851	Tissue conditioning, mandibular	25
D5421	Adjust partial denture - maxillary	10	D5862	Precision attachment, by report	150
D5422	Adjust partial denture - mandibular	10	D5899	Unspecified removable prosthodontic procedure, by report	0
	REPAIRS TO COMPLETE DENTURES			NON-CLINICAL PROCEDURES	
D5510	*Repair broken complete denture base	15*	D5982	Surgical stent	100*
D5520	*Replace missing or broken teeth - complete denture (each tooth)	10*	D5987	Commissure splint	100*
	REPAIRS TO PARTIAL DENTURES		D5988	Surgical splint	100*
D5610	*Repair resin denture base	15*		PRE-SURGICAL SERVICES	
D5620	*Repair cast framework	30*	D6190	Radiographic/surgical implant index, by report	235
D5630	*Repair or replace broken clasp	15*		SURGICAL SERVICES	
D5640	*Replace broken teeth - per tooth	10*	D6010	*Surgical placement of implant body	950
D5650	*Add tooth to existing partial denture	30*	D6012	*Surgical placement of interim body for transitional prosthesis	950
D5660	*Add clasp to existing partial denture	30*	D6100	Implant removal, by report	700
D5670	*Replace all teeth and acrylic on cast metal framework (maxillary)	100*		IMPLANT SUPPORTED PROSTHETICS	
D5671	*Replace all teeth and acrylic on cast metal framework (mandibular)	100*	D6056	*Prefabricated Abutment	385
D5710	*Rebase complete maxillary denture	75*	D6057	*Custom Abutment	495
D5711	*Rebase complete mandibular denture	75*	D6058	*Abutment supported porcelain/ceramic crown	695
D5720	*Rebase maxillary partial denture	75*	D6059	*Abutment supported porcelain fused to metal crown (high noble metal)	695
D5721	*Rebase mandibular partial denture	75*	D6060	*Abutment supported porcelain fused to metal crown (predominantly base metal)	695
D5730	*Reline complete maxillary denture (chairside)	45*	D6061	*Abutment supported porcelain fused to metal crown (noble metal)	695
D5731	*Reline complete mandibular denture (chairside)	45*	D6062	*Abutment supported cast metal crown (high noble metal)	695
D5740	*Reline maxillary partial denture (chairside)	45*	D6063	*Abutment supported cast metal crown (predominantly base metal)	695
D5741	*Reline mandibular partial denture (chairside)	45*	D6064	*Abutment supported cast metal crown (noble metal)	695
D5750	*Reline complete maxillary denture (laboratory)	35*	D6065	*Implant supported porcelain/ceramic crown	695
D5751	*Reline complete mandibular denture (laboratory)	35*	D6066	*Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	695
D5760	*Reline maxillary partial denture (laboratory)	35*	D6067	*Implant supported metal crown (titanium, titanium alloy, high noble metal)	695

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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6068	*Abutment supported retainer for porcelain/ceramic FPD	695	D6241	*Pontic - porcelain fused to predominantly base metal	195*
D6069	*Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	695	D6242	*Pontic - porcelain fused to noble metal	195*
D6070	*Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	695	D6245	*Pontic - porcelain/ceramic	195*
D6071	*Abutment supported retainer for porcelain fused to metal FPD (noble metal)	695	D6250	*Pontic - resin with high noble metal	195*
D6072	*Abutment supported retainer for cast metal FPD (high noble metal)	695	D6251	*Pontic - resin with predominantly base metal	195*
D6073	*Abutment supported retainer for cast metal FPD (predominantly base metal)	695	D6252	*Pontic - resin with noble metal	195*
D6074	*Abutment supported retainer for cast metal FPD (noble metal)	695	D6253	*Provisional Pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D6075	*Implant supported retainer for ceramic FPD	695		FIXED PARTIAL DENTURE RETAINERS - INLAYS/ONLAYS	
D6076	*Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	695	D6545	Retainer - cast metal for resin bonded fixed prosthesis	180
D6077	*Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	695	D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	225*
D6094	*Abutment supported crown - (titanium)	695	D6600	Inlay - porcelain/ceramic, two surfaces	195*
D6110	*Implant /abutment supported removable denture for edentulous arch – maxillary	1200	D6601	Inlay - porcelain/ceramic, three or more surfaces	195*
D6111	*Implant /abutment supported removable denture for edentulous arch – mandibular	1200	D6602	Inlay - cast high noble metal, two surfaces	195*
D6112	*Implant /abutment supported removable denture for partially edentulous arch – maxillary	940	D6603	Inlay - cast high noble metal, three or more surfaces	195*
D6113	*Implant /abutment supported removable denture for partially edentulous arch – mandibular	940	D6604	Inlay - cast predominantly base metal, two surfaces	195*
D6114	*Implant /abutment supported fixed denture for edentulous arch – maxillary	3800	D6605	Inlay - cast predominantly base metal, three or more surfaces	195*
D6115	*Implant /abutment supported fixed denture for edentulous arch – mandibular	3800	D6606	Inlay - cast noble metal, two surfaces	195*
D6116	*Implant /abutment supported fixed denture for partially edentulous arch – maxillary	2200	D6607	Inlay - cast noble metal, three or more surfaces	195*
D6117	*Implant /abutment supported fixed denture for partially edentulous arch – mandibular	2200	D6608	Onlay - porcelain/ceramic, two surfaces	195*
	OTHER IMPLANT SERVICES		D6609	Onlay - porcelain/ceramic, three or more surfaces	195*
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis, and abutments and reinsertion of prosthesis	180	D6610	Onlay - cast high noble metal, two surfaces	195*
D6090	Repair implant supported prosthesis, by report	400	D6611	Onlay - cast high noble metal, three or more surfaces	195*
D6092	Recement implant/abutment supported crown	45	D6612	Onlay - cast predominantly base metal, two surfaces	195*
D6093	Recement implant/abutment supported fixed partial denture	65	D6613	Onlay - cast predominantly base metal, three or more surfaces	195*
D6095	Repair implant abutment, by report	220	D6614	Onlay - cast noble metal, two surfaces	195*
	FIXED PARTIAL DENTURE PONTICS		D6615	Onlay - cast noble metal, three or more surfaces	195*
D6205	*Pontic - indirect resin based composite	695	D6624	Inlay - titanium	195*
D6210	*Pontic - cast high noble metal	195*	D6634	Onlay - titanium	195*
D6211	*Pontic - cast predominantly base metal	195*		FIXED PARTIAL DENTURE RETAINERS - CROWNS	
D6212	*Pontic - cast noble metal	195*	D6710	*Crown - indirect resin based composite	195*
D6214	*Pontic - titanium	195*	D6720	*Crown - resin with high noble metal	195*
D6240	*Pontic - porcelain fused to high noble metal	195*	D6721	*Crown - resin with predominantly base metal	195*

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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
D6722	*Crown - resin with noble metal	195*	D7261	Primary closure of a sinus perforation	275
D6740	*Crown - porcelain/ceramic	195*	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50
D6750	*Crown - porcelain fused to high noble metal	195*	D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	100
D6751	*Crown - porcelain fused to predominantly base metal	195*	D7280	Surgical access of an unerupted tooth	125
D6752	*Crown - porcelain fused to noble metal	195*	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	125
D6780	*Crown - 3/4 cast high noble metal	195*	D7283	Placement of device to facilitate eruption of impacted tooth	80
D6781	*Crown - 3/4 cast predominantly base metal	195*	D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	115
D6782	*Crown - 3/4 cast noble metal	195*	D7286	Incisional biopsy of oral tissue-soft	60
D6783	*Crown - 3/4 porcelain/ceramic	195*	D7287	Exfoliative cytological sample collection	50
D6790	*Crown - full cast high noble metal	195*	D7288	Brush biopsy - transepithelial sample collection	25
D6791	*Crown - full cast predominantly base metal	195*	D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	30
D6792	*Crown - full cast noble metal	195*		ALVEOLOPLASTY - SURGICAL PREPARATION OF RIDGE	
D6793	*Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	125	D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	20
D6794	*Crown - titanium	195*	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20
	OTHER FIXED PARTIAL DENTURE SERVICES		D7320	Alveoloplasty not in conjunction with extractions –four or more teeth or tooth spaces, per quadrant	50
D6930	Re-cement or re-bond fixed partial denture	10	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	50
D6940	Stress breaker	125		VESTIBULOPLASTY	
D6950	Precision attachment	125	D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	370
D6980	Fixed partial denture repair necessitated by restorative material failure	80	D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	990
	EXTRACTIONS (INCLUDES LOCAL ANESTHESIA, SUTURING, IF NEEDED, AND ROUTINE POST OPERATIVE CARE)			SURGICAL EXCISION OF SOFT TISSUE LESIONS	
D7111	Extraction, coronal remnants - deciduous tooth	45	D7410	Excision of benign lesion up to 1.25 cm	25
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	10	D7411	Excision of benign lesion greater than 1.25 cm	50
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	25	D7412	Excision of benign lesion, complicated	55
	OTHER SURGICAL PROCEDURES			SURGICAL EXCISION OF INTRA-OSSEOUS LESIONS	
D7220	Removal of impacted tooth - soft tissue	40	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	65
D7230	Removal of impacted tooth - partially bony	55	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	95
D7240	Removal of impacted tooth - completely bony	63		EXCISION OF BONE TISSUE	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100	D7471	Removal of lateral exostosis (maxilla or mandible)	95
D7250	Surgical removal of residual tooth roots (cutting procedure)	25	D7472	Removal of torus palatinus	95
D7251	Coronectomy - intentional partial tooth removal	270	D7473	Removal of torus mandibularis	95
D7260	Oroantral fistula closure	160	D7485	Surgical reduction of osseous tuberosity	95

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CODE	DESCRIPTION	MEMBER COPAY	CODE	DESCRIPTION	MEMBER COPAY
	SURGICAL INCISION		D8670	Periodic orthodontic treatment visit	0
D7510	Incision and drainage of abscess - intraoral soft tissue	20	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	300
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20	D8693	Rebonding or recementing; and/or repair, as required, of fixed retainers	0
D7520	Incision and drainage of abscess - extraoral soft tissue	20	D8999	Unspecified orthodontic procedure, by report	250
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	20		UNCLASSIFIED TREATMENT	
	REPAIR OF TRAUMATIC WOUNDS		D9110	Palliative (emergency) treatment of dental pain - minor procedure	0
D7910	Suture of recent small wounds up to 5 cm	35	D9120	Fixed partial denture sectioning	0
	OTHER REPAIR PROCEDURES			ANESTHESIA	
D7921	Collection and application of autologous blood concentrate product	125	D9210	Local anesthesia not in conjunction with operative or surgical procedures	0
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogeneous or nonautogeneous, by report	350	D9211	Regional block anesthesia	0
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	800	D9212	Trigeminal division block anesthesia	0
D7952	Sinus augmentation via a vertical approach	350	D9215	Local anesthesia	0
D7953	Bone replacement graft for ridge preservation – per site	100	D9220	Deep sedation/general anesthesia - first 30 minutes	125
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	50	D9221	Deep sedation/general anesthesia – each additional 15 minutes	15
D7963	Frenuloplasty	50	D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20
D7970	Excision of hyperplastic tissue - per arch	140	D9241	Intravenous moderate (conscious) sedation/analgesia – first 30 minutes	125
D7971	Excision of Pericoronal Gingiva	102	D9242	Intravenous moderate (conscious) sedation/analgesia – each additional 15 minutes	55
D7972	Surgical reduction of fibrous tuberosity	125	D9248	Non-intravenous moderate (conscious) sedation	15
	LIMITED ORTHODONTIC TREATMENT			DRUGS	
D8010	Limited orthodontic treatment of the primary dentition	1000	D9610	Therapeutic parenteral drug, single administration	15
D8020	Limited orthodontic treatment of the transitional dentition	1000	D9630	Other drugs and/or medicaments, by report	15
D8030	Limited orthodontic treatment of the adolescent dentition	1000		MISCELLANEOUS SERVICES	
D8040	Limited orthodontic treatment of the adult dentition	1350	D9910	*Application of desensitizing medicament	20
	COMPREHENSIVE ORTHODONTIC TREATMENT		D9910	*Application of desensitizing medicament	20
D8070	Comprehensive orthodontic treatment of the transitional dentition	1800	D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	0
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1850	D9931	Cleaning and inspection of a removable appliance	0
D8090	Comprehensive orthodontic treatment of the adult dentition	1950	D9940	*Occlusal guard, by report	250
	MINOR TREATMENT TO CONTROL HARMFUL HABITS		D9942	Repair and/or reline of Occlusal guard	40
D8210	Removable appliance therapy	103	D9950	Occlusion analysis - mounted case	75
D8220	Fixed appliance therapy	103	D9951	Occlusal adjustment - limited	25
	OTHER ORTHODONTIC SERVICES		D9952	Occlusal adjustment - complete	75
D8660	Pre-orthodontic treatment examination to monitor growth and development	35	D9973	External bleaching - per tooth	30
			D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	240

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Specialty Services

- 1 This Member Schedule of Benefits applies when listed dental services are performed by a participating General Dentist, unless otherwise authorized by Solstice.
- 2 Procedures not listed on the Schedule of Benefits that are performed by a participating General Dentist will be charged at the participating General Dentist's usual and customary fee less 25%.
- 3 The participating General Dentist you select may not perform all procedures listed. The copayments shown apply to participating General Dentists.
- 4 Should the services of a specialist (Oral Surgeon, Endodontist, Periodontist, or Pediatric Dentist) be necessary, you may receive this care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may obtain prior written authorization from Solstice and receive specialty treatment by an approved participating specialist at the listed copayments. Please refer to the Specialty Care Referral Policy in your Member handbook.
- 5 Should the services of an Orthodontist be necessary, you may receive care in either of two ways: (1) You may go directly to a participating specialist with no referral and receive a 25% reduction off the provider's usual and customary fee; or (2) You may contact Member Services to locate your nearest participating Orthodontist who will perform covered services at the listed member co-pay.
- 6 Members seeking implant treatment should refer to their participating implantologist, a select network of providers. Not all providers perform the implant procedures at the copay listed on the Schedule of Benefits.

Exclusions

- 1 Services performed by a dentist or dental specialist, not contracted with Solstice without prior approval.
- 2 Any dental services or appliances which are determined to be not reasonable and/or necessary for maintaining or improving the Member's dental health or experimental in nature, as determined by the participating Solstice dentist.
- 3 Orthographic surgery or procedures and appliances for the treatment of myofunctional, myoskeletal or temporomandibular joint disorders unless otherwise specified as an orthodontic benefit on the Schedule of Benefits.
- 4 Any inpatient/outpatient hospital charges of any kind including dentist and/or physician charges, prescriptions, or medications.
- 5 Treatment of malignancies, cysts, or neoplasms, without proof of medical necessity and prior Solstice approval.
- 6 Dental procedures initiated prior to the Member's eligibility under this benefit plan or started after the Member's termination from the plan.
- 7 Any dental procedure or treatment unable to be performed in the dental office due to the general health or physical limitations of the Member, including but not limited to, physical or emotional resistance, inability to visit the dental office, or allergy to commonly utilized local anesthetic.

Limitations

- 1 Any oral evaluation (excluding problem) is limited to One (1) time per consecutive six (6) months; Comprehensive exams can only be covered one (1) time per 36 months, if and only if patient is considered to be new or an established patient. All subsequent oral evaluations will be at a 25% reduction off the dentist's usual and customary fee without a frequency limitation.
- 2 All bitewing X-rays are limited to one set in any twelve (12) consecutive month period.
- 3 The dental prophylaxis or periodontal maintenance procedure is limited to one (1) time in any consecutive six (6) month period. Any additional procedures will follow D1110 and D4910 Member copayments as listed in the Schedule of Benefits.
- 4 Fluoride treatment is limited to one (1) in any twelve (12) consecutive month period for children under the age of 16.
- 5 Sealants (D1351 or D1352) are limited to one (1) time per tooth in any three (3) consecutive year period. This is only allowed for unrestored permanent molar teeth for children under the age of 16.
- 6 Space maintainers and all adjustments are limited to children under the age of 16.
- 7 Harmful habit appliances are limited to one (1) time per person under the age of 16.
- 8 General anesthesia or IV sedation is available when listed on the Schedule of Benefits, medically necessary, and previously approved by Solstice.
- 9 New dentures include one (1) reline within the first six (6) months
- 10 Replacement of crowns, implants, and fixed bridges or dentures is limited to one (1) time every consecutive five (5) years.

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Limitations Continued

- 11 When crown, implant and/or bridgework exceed six (6) consecutive units, there will be an additional charge of \$30.00 per unit.
- 12 Copayments marked by "*" do not include the cost of material and laboratory fees. Additional cost to patient is as follows:
 - High noble metal (precious) up to \$145.00
 - Titanium metal up to \$120 (covered with proof of allergy to other metals)
 - Noble metal (semi-precious) up to \$120.00
 - Predominantly base metal (non-precious) up to \$55.00
 - Crown laboratory fees up to \$155.00
 - Laboratory fees on dentures up to \$225.00
 - Porcelain laboratory fees for D2610-D2644, D2929, D2961, D2962, D6600, D6601, D6608, and D6609 up to \$65.00
 - Denture repair laboratory fees up to \$50.00
 - All ceramic and/or porcelain crown material fees up to \$155.00
- 13 Copayments marked by "+" are not eligible at a specialist.
- 14 Either D0210 or D0330 are reimbursable one (1) time every five (5) consecutive years.
- 15 Copies of X-rays can be obtained for \$2 per periapical image up to a maximum of \$30. Panoramic X-ray can be obtained for a \$15 fee.
- 16 D0274, D0277 or D0210 are payable only when other inclusive image have not been taken (paid) within the last six (6) months.
- 17 All denture adjustment fees are for dentures which were not fabricated at the present office; All denture adjustment for new dentures made within 12 months are at no fee to the member.
- 18 Emergency treatment is available for palliative treatment for the abatement of pain up to \$100.00 per occurrence.
- 19 Surgical removal of wisdom tooth covered when pathology (disease) exists. Surgical removal of wisdom teeth/3rd molar when pathology does not exist will be covered at 25% off of the general dentists or specialists usual and customary fees. Orthodontic related surgeries (except D7280) needed to relieve crowding or to facilitate eruption are available at a 25% reduction off of the doctor's usual and customary fees.
- 21 Member may choose Invisalign in place of traditional Orthodontic treatment, and would pay the sum of the listed member Ortho co-pay plus the difference in cost for the enhanced treatment.
- 22 Occlusal Guard(s) is limited to one (1) time in any consecutive thirty-six (36) months for the purposes of habitual grinding/BruXism.
- 23 D0364-D0395 is limited to one (1) time per sixty (60) months, covered only in a dental setting and not in a radiographic imaging center.

DPPO - Dental

United HealthCare Services, Inc.®		Dental Plan			
Contributory Options PPO 30 / covered dental services		Custom/NEW_4574263/U90			
	NON-ORTHODONTICS		ORTHODONTICS		
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK	
Individual Annual Deductible	\$50	\$50	\$0	\$0	
Family Annual Deductible	\$100	\$100	\$0	\$0	
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$2,500 per person per Calendar Year	\$2,500 per person per Calendar Year	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime	
New enrollee's waiting period	None				
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out Network)	
Annual Deductible Applies to Orthodontic Services			No		
Orthodontic Eligibility Requirement			Adult & Child		
COVERED SERVICES*	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES		
DIAGNOSTIC SERVICES					
Periodic Oral Evaluation	100%	80%	See Exclusions and Limitations section for benefit guidelines.		
Radiographs	100%	80%			
Lab and Other Diagnostic Tests	100%	80%			
PREVENTIVE SERVICES					
Prophylaxis (Cleaning)	100%	80%	See Exclusions and Limitations section for benefit guidelines.		
Fluoride Treatment (Preventive)	100%	80%			
Sealants	100%	80%			
Space Maintainers	100%	80%			
BASIC SERVICES					
Restorations (Amalgams or Composite)	90%	70%	See Exclusions and Limitations section for benefit guidelines.		
Emergency Treatment/General Services	90%	70%			
Simple Extractions	90%	70%			
Oral Surgery (incl. surgical extractions)	90%	70%			
Periodontics	90%	70%			
Endodontics	90%	70%			
MAJOR SERVICES					
Inlays/Onlays/Crowns	90%	50%	See Exclusions and Limitations section for benefit guidelines.		
Dentures and Removable Prosthetics	90%	50%			
Fixed Partial Dentures (Bridges)	90%	50%			
Implants	50%	Not Covered			
ORTHODONTIC SERVICES					
Diagnose or correct misalignment of the teeth or bite	70%	50%			

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

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UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled, General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 4 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
- 9 RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
- 11 INLAYS AND ONLAYS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

Vision Care Benefits

How To Use Your Vision Care Benefits

Step 1. Review your customized benefits

Carefully review your customized benefits to determine your plan design and applicable copays. A copy of your benefits brochure may be obtained from your benefits representative, or you can access the My Benefits page of our Web site to see the specifics of your plan.

Step 2. Find a conveniently located provider

You may easily locate providers by selecting the Find a Provider option, both before and after you log in to our Web site.

Step 3. Schedule your appointment

Once a provider is chosen, simply call the provider directly to schedule your appointment. Be prepared to identify yourself as a UnitedHealthcare Vision member and provide the member identification number, primary insured's last name, patient's name and date of birth. To help ensure the provider is able to process your insurance be sure to take this ID card to your appointment.

Step 4. Receive your eye exam

The network provider, a state-licensed optometrist or ophthalmologist, will perform a complete eye exam, which includes a case history of the patient and an examination for eye disease and vision impairment. Should vision correction be required your provider will determine your specific prescription for glasses or contacts. Should a disease or eye disorder be found you may be referred to your health plan for medical eye coverage.

Step 5. Choose your eyewear

If prescription eyewear is necessary, your provider will assist you with your selection and order your prescription. Prescription eyewear includes eyeglasses and/or contacts depending on your plan coverage. Once your eyewear is complete your provider will schedule a time for pick up. Eyewear is dispensed at the provider's office to ensure optical accuracy and proper fit. If you have any questions or concerns about your glasses or contacts let your provider know; they are there to help you both during and after your appointment.

Out-of-network benefits*

While the greatest benefit is applied if you stay with a network provider, most plans cover a portion of your exam and eyewear should you choose to use an out-of-network provider. You will be required to pay for your purchases at the time of service and request reimbursement from UnitedHealthcare Vision. To confirm if you have out-of-network coverage please consult your benefit summary or the out-of-network reimbursement link located on the My Benefits page of the Web site. Please confirm that out-of-network benefits are available prior to scheduling your appointment. In order to receive reimbursement, simply submit the itemized paid receipt(s), along with the member identification number and patient's name and date of birth.

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses.

Exam with Materials

Benefit Frequency

Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months

In-Network Services

Copays

Exam(s)	\$ 10.00
Materials	\$ 15.00

Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the overage)¹

Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance

Lens Options

Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at myuhcvision.com.

Contact Lens Benefit² (Selection contact lenses refers to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at myuhcvision.com).

Selection contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-selection contact lenses An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	\$105.00
Necessary contact lenses³	Covered in full after copay (if applicable).

Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ²	Up to \$105.00
Necessary Contacts in Lieu of Eyeglasses ³	Up to \$210.00

Discounts

Laser vision

UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at Lasik^{Plus} locations. For more information, call 1-888-563-4497 or visit us at www.uhclasik.com.

Additional Material

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Hearing Aids

As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.com. When placing your order use promo code [myVision](#) to get the special price discount.

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

²Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

³Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant, to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, facial deformity; or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your \$105.00 contact lens allowance applies to materials. No portion will be exclusively applied to the fitting and evaluation. Your material copay is waived when purchasing non-selection contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers. The Lens Options list can be found at myuhcvision.com.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. All receipts must be submitted at the same time to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. Written proof of loss should be given to the Company within 90 days after the date of loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.



Maximize your benefit with these popular contact lens brands.

Your UnitedHealthcare vision plan offers you a selection of popular contact lenses to help you get the most out of your coverage. Your eye doctor can help determine which contact lenses are best for you.

Contact lens selection list¹

Daily Wear²

Alcon® DAILIES® AquaComfort Plus® (30 lenses per box)

Alcon DAILIES AquaComfort Plus Toric (30 lenses per box)

CooperVision® Proclear® 1 day (30 lenses per box)

1-Day ACUVUE® Moist (30 lenses per box)

Bi-weekly Wear²

Alcon FreshLook® Handling Tint (6 lenses per box)

CooperVision Avaira® (6 lenses per box)

CooperVision Biomedics® 55 premier (6 lenses per box)

Bausch + Lomb SofLens® 38 (6 lenses per box)

ACUVUE 2 (6 lenses per box)

Monthly Wear²

Alcon AIR OPTIX® AQUA (6 lenses per box)

CooperVision Biofinity® (6 lenses per box)

CooperVision Frequency® 55 aspheric (6 lenses per box)

CooperVision Proclear® sphere (6 lenses per box)

Bausch + Lomb PureVision®2 (6 lenses per box)

Bausch + Lomb Ultra® (6 lenses per box)

ACUVUE Vita® (6 lenses per box)



Your contact lens coverage may vary. Log in to myuhcvision.com to see your coverage details.



¹The contact lens list is subject to change. The list does not apply at Costco®, Walmart® or Sam's Club® locations.

²Your wearing schedule may vary. Your doctor will tell you how often to change your contact lenses.

All trademarks are the property of their respective owners.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-638-3120, TTY 711.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-638-3120, TTY 711。

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact UnitedHealthcare Insurance Company.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. The contracting entity for Spectera Eyecare Networks is Spectera, Inc. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

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Life Insurance

The City of Plantation provides you with Basic Life and Basic AD&D insurance through Reliance Standard.

Value:

One (1) times your annual earnings, rounded to the next higher \$1,000, subject to a maximum Amount of Insurance of \$50,000.

Definition of 'Accidental Death & Dismemberment Insurance AD&D'

AD&D covers death by accidental means (rather than natural causes) and dismemberment, which includes loss of the use of certain body parts (including limbs or eyesight.)

You may purchase additional Voluntary Life, Employee/Family AD&D, and Dependent Life Insurance. See page 46 & 50 for more information.

For a copy of the Certificate of Coverage simply check the Employee Intranet or contact Human Resources

Long Term Disability

The City Of Plantation's Long Term Disability (LTD) insurance is administered by Reliance Standard. LTD is an income replacement program that protects you in the event of a permanent non-service incurred disability and leaves you unable to perform the material and substantial duties of your job and meet the insurance company's eligibility requirements.

New employees are covered 30 days after the first day of the next month of being hired; regular full time police officers are covered for the first five (5) years of employment only.

If you become ill or injured, and are unable to work due to your non-service incurred disability for 90 consecutive days, this program will provide you with:

- ❑ A benefit of up to 60% of your gross monthly salary, \$5,000 max.
- ❑ A benefit for mental health disabilities and for partial disabilities –2 year limit
- ❑ 24-hour, 365-days-a-year unlimited telephonic legal and financial counseling for families affected by disability
- ❑ Benefits are reduced by other income sources, such as Social Security disability, in most cases benefits continue until the age of 65

Insurance Bi-Weekly Contributions

Your insurance contribution:

Active Employee Deductions		Single	Emp + Children	Emp + Sp	Family
Option 1 with PPO Dental & Vision		\$42.39	\$91.46	\$95.82	\$143.95
Option 1 with DHMO Dental & Vision		\$42.39	\$86.91	\$90.64	\$133.34
Option 2 with PPO Dental & Vision		\$39.38	\$85.43	\$89.49	\$136.32
Option 2 with DHMO Dental & Vision		\$39.38	\$80.88	\$84.31	\$125.72

Receive a Discount!

Complete the ‘3 Steps to Wellness’

Active Employee Deductions		Single	Emp + Children	Emp + Sp	Family
Option 1 with PPO Dental & Vision		\$15.42	\$52.92	\$56.12	\$93.17
Option 1 with DHMO Dental & Vision		\$15.42	\$48.37	\$50.95	\$82.57
Option 2 with PPO Dental & Vision		\$14.32	\$35.32	\$36.86	\$58.68
Option 2 with DHMO Dental & Vision		\$14.32	\$30.76	\$31.69	\$48.07

New Hires

*You have 3 months from the date your insurance becomes effective to complete the ‘3 Steps to Wellness’ and be eligible for the discount.

*To be eligible for the discount covered spouse need to participate.

Voluntary Insurance Benefits

- **What are Voluntary Benefits?**

Voluntary benefits are insurance products that you may choose to purchase through the City of Plantation and payroll deductions at rates that are lower than you could get on your own. A few examples of voluntary benefits are life, disability, supplemental health and cancer insurance.

- Voluntary insurance can play an important role in your benefit package, filling gaps in coverage,.

Voluntary benefits give you the opportunity and convenience of buying coverage through payroll deduction at work to help maintain financial and physical well-being.

- **For example**, for a little extra money that's simply deducted from your paycheck each month, you can purchase short term disability insurance that will help offset loss of income if you are unable to work due to sickness or injury. You can choose supplemental insurance to cover co pays, deductibles or other costs of care not covered by your regular health insurance. And benefits are paid directly to the employee, so you can use the money however you need to.
- Most people don't plan for loss of income, or for expenses like childcare and travel that are necessitated by illness or injuries but not covered by medical insurance. Yet studies show that unexpected illness and injuries account for more than 350,000 bankruptcies every year. By enrolling in these voluntary benefits, you are rewarded with greater peace of mind. As an added bonus, the premiums for most voluntary benefits are paid using pre-tax dollars

Voluntary Plans

- Enhanced Vision Plan
- Trustmark
 - Accident Insurance
 - Critical Illness Insurance w/ Cancer
 - Short Term Disability Insurance
- Whole Life Insurance
 - Interest Bearing
 - Long Term Disability Rider
- Term Life Insurance
- Flexible Spending Account (FSA)
 - Dependent Day Care
 - Unreimbursed Medical
- Preferred Legal Plan
- Group Auto Insurance
- AIG Retirement
- Pet Insurance

Buy Up Vision Plan

City of Plantation

Enhanced Buy Up Vision Plan

Benefit Plan Year 10/1/2017 - 3/31/2020



Vision Benefit Summary

Customer Service and Provider Locator: (800) 638-3121

myuhcvision.com

UnitedHealthcare vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (up to the plan allowance and after applicable copay) include a comprehensive exam, eyeglasses with standard single vision, lined bifocal, lined trifocal, or lenticular lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eyeglasses.

Exam with Materials	
Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Spectacle Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses in Lieu of Eyeglasses	Once every 12 months
In-Network Services	
Copays	
Exam(s)	\$ 10.00
Materials	\$ 15.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied to the coverage)¹	
Private Practice Provider	\$130.00 retail frame allowance
Retail Chain Provider	\$130.00 retail frame allowance
Lens Options	
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) - covered in full. Other optional lens upgrades may be offered at a discount (discount varies by provider). The Lens Options list can be found at myuhcvision.com .	
Contact Lens Benefit² (Selection contact lenses refers to our formulary contact list. Contact lenses not listed on the formulary are referred to as non-selection. A copy of the list can be found at myuhcvision.com).	
Selection contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay (if applicable).	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
Non-selection contact lenses An allowance is applied toward the purchase of contact lenses outside the selection. Materials copay (if applicable) is waived.	\$125.00
Necessary contact lenses ³	Covered in full after copay (if applicable).
Out-of-Network Reimbursements (Copays do not apply)	
Exam(s)	Up to \$40.00
Frames	Up to \$45.00
Single Vision Lenses	Up to \$40.00
Lined Bifocal Lenses	Up to \$60.00
Lined Trifocal Lenses	Up to \$80.00
Lenticular Lenses	Up to \$80.00
Elective Contacts in Lieu of Eyeglasses ²	Up to \$125.00
Necessary Contacts in Lieu of Eyeglasses ³	Up to \$210.00

Buy Up Vision Plan

Discounts

Laser vision

UnitedHealthcare has partnered with the Laser Vision Network of America (LVNA) to provide our members with access to discounted laser vision correction providers. Members receive 15% off standard or 5% off promotional pricing at more than 550 network provider locations and even greater discounts through set pricing at *LasikPlus* locations. For more information, call 1-888-563-4497 or visit us at www.uhclasic.com.

Additional Material

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Hearing Aids

As a UnitedHealthcare vision plan member, you can save on high-quality hearing aids when you buy them from hi HealthInnovations™. To find out more go to hiHealthInnovations.com. When placing your order use promo code *myVision* to get the special price discount.

*30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

†Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames. Coverage for Selection contact lenses does not apply at Costco, Walmart or Sam's Club locations. The allowance for Non-selection contact lenses applies to materials. No portion will be exclusively applied to the fitting and evaluation.

‡Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or frames; with certain conditions such as anisometropia, keratoconus, irregular corneal/astigmatism, aphakia, facial deformity; or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare selection.
- Your \$125.00 contact lens allowance applies to materials. No portion will be exclusively applied to the fitting and evaluation. Your material copay is waived when purchasing non-selection contacts.
- Patient options such as UV coating, progressive lenses, etc., which are not covered-in-full, may be available at a discount at participating providers. The Lens Options list can be found at myuhcvision.com.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

Retain this UnitedHealthcare vision benefit summary which includes detailed benefit information and instructions on how to use the program. Please refer to your Certificate of Coverage for a full explanation of benefits.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays full fee to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. All receipts must be submitted at the same time to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. Written proof of loss should be given to the Company within 90 days after the date of loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

This Benefit Summary is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This benefit plan may not cover all of your healthcare expenses. More complete descriptions of benefits and the terms under which they are provided are contained in the certificate of coverage that you will receive upon enrolling in the plan. If this Benefit Summary conflicts in any way with the Policy issued to your employer, the Policy shall prevail.

Trustmark – Accident Policy

Sometimes life can take a tumble.

- You do everything you can to keep your family safe, but accidents do happen. When they do, it's good to know you have help to manage the unexpected bills that come with them.
- Trustmark Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household mishaps. It provides cash benefits to cover things your primary health insurance may not, such as:
 - Deductibles
 - Copayments
 - Transportation and lodging costs
 - Everyday bills and more
- What's more, your benefits come directly to you without any restrictions on how you can use them. You can't predict when unexpected accidents will happen, but you can help protect your family from the expenses accidents bring with them.
- Trustmark's voluntary Accident insurance helps provide a financial cushion to help you take care of bills, so you can take care of each other.
- It's that simple.

Trustmark – Accident Policy

Schedule of Benefits¹

Effective 8/1/2012

Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	\$3,200
Confinement Benefit (per day up to 365 days)	\$500
ICU Benefit (per day up to 15 days)	\$1,000
Emergency Room Treatment	\$150
Ambulance	
Ground	\$600
Air	\$2,500
Initial Doctor's Office Visit	\$200
Lodging (per night up to 30 days per accident)	\$200
Surgery Benefit	
Open, abdominal, thoracic	\$2,000
Exploratory	\$200
Blood, Plasma and Platelets	\$600
Emergency Dental Benefit	
Extraction	\$150
Crown	\$450
Follow-Up Care	
Accident Follow-Up Treatment	\$200
Physical Therapy	
Up to six visits per person per accident	\$100
Appliance	\$250
Transportation	
100+ miles, up to three trips	\$600
Prosthetic Device or Artificial Limb	
More than one	\$2,000
One	\$1,000
Skin Grafts	25% of burn benefit
Accidental Death	
Employee	\$100,000
Spouse ²	\$50,000
Child	\$25,000
Accidental Death – Common Carrier	
Employee	\$200,000
Spouse ²	\$100,000
Child	\$50,000
Catastrophic Accident	
Employee	\$150,000
Spouse	\$75,000
Child	\$75,000

Benefit	Amount
Injuries	
Fractures	
Open reduction	up to \$15,000
Closed reduction	up to \$7,500
Chips	25% of closed amount
Dislocations	
Open reduction	up to \$12,000
Closed reduction	up to \$7,500
Laceration	\$50-\$1,000
Burns	
Flat amount for:	
Third-degree 35 or more sq. in.	\$25,000
Third-degree 9-34 sq. in.	\$4,000
Second-degree for 36% or more of body	\$2,000
Concussion	\$200
Eye Injury	
Requires surgery or removal of foreign body	\$400
Ruptured Disc	\$1,000
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$30,000
Loss of one hand, foot or sight of one eye	\$15,000
Loss of two or more fingers, toes or any combination of two or more losses	\$3,000
Loss of one finger or one toe	\$1,500
Tendon/Ligament/Rotator Cuff Injury	
Repair of more than one	\$1,500
Repair of one	\$1,000
Exploratory surgery without repair	\$200
Torn Knee Cartilage	\$1,250
Exploratory surgery	\$200
Wellness Benefit	
Two per person annually	\$100
Routine physicals, immunizations and health screening tests. 60-day waiting period applies.	

Type of Coverage	Bi-Weekly Rate (26 per year)
Employee	\$9.50
Employee and Spouse	\$16.64
Employee and Child(ren)	\$22.92
Family	\$29.58

¹Benefits are payable only as the result of a covered accident. Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. ²In some states, spouse, domestic partner or civil union partner.

Trustmark – Short Term Disability

Imagine life without a paycheck.

- You count on your paycheck to provide the things you need today and to achieve the dreams you have for tomorrow. But, what would happen if it were suddenly taken away because of an unexpected injury or illness?

Think about it.

- 75% of Americans live paycheck to paycheck.
- Unexpected illness and injury cause 350,000 personal bankruptcies each year.
- More than 70% of American households rely on two incomes to make ends meet.
- Voluntary Disability Income insurance replaces part of your paycheck when you are disabled and unable to work. It can help you meet financial obligations when you don't have a paycheck coming in.
- What's more, your disability insurance benefits are yours to use any way you want. Use them to help with:
 - Rent or mortgage
 - Credit card and automobile payments
 - Child care and housekeeping
 - Medical insurance co pays and deductibles
- Bottom line: Disability Income insurance helps protect your financial future by going to work when you can't.
- It's that simple.

Why do you need it?

- Take a moment now, to think about life as you know it. Then ask yourself this:
 - If you get sick or hurt off the job, how would you manage life without a paycheck?
 - How long could you go without a paycheck?
 - Would you be able to pay your mortgage or rent?
 - Could you afford the new expenses that come with disability?

Trustmark – Short Term Disability

Why do you need it?

Take a moment, now, to think about life as you know it. Then ask yourself this: If you get sick or hurt off the job, how would you manage life without a paycheck?

- How long could you go without a paycheck?
- Would you be able to pay your mortgage or rent?
- Could you afford the new expenses that come with disability?

Total disability defined¹

During the first year of disability, *totally disabled* means you are:

- Unable to work at your job
- Not working at your current employer
- Under a doctor's care for the injury or covered sickness causing your disability

After the first year of disability, *totally disabled* means you are:

- Unable to work at any job for which you are qualified by reason of training, education or experience
- Not working at a gainful job for pay or benefits
- Under a doctor's care for the injury or covered sickness causing your total disability

Think About It

- 75% of Americans live paycheck to paycheck.²
- Unexpected illness and injury cause 350,000 personal bankruptcies each year.³
- More than 70% of American households rely on two incomes to make ends meet.⁴



¹ Definition may vary by state. See your policy or certificate for complete definition in your state.

² Getting Paid in America survey, 2008

³ Council of Disability Awareness, 2009

⁴ LIMRA's Life insurance consumer studies, 2010 Disability Insurance Awareness Month

What's covered?

Total disability due to:

- Non-occupational sickness
- Non-occupational injury
- Pregnancy (10 months after effective date)
- Complications of pregnancy

Benefit payment is subject to terms and conditions of coverage. Pre-existing conditions may apply.



How Disability benefits add up

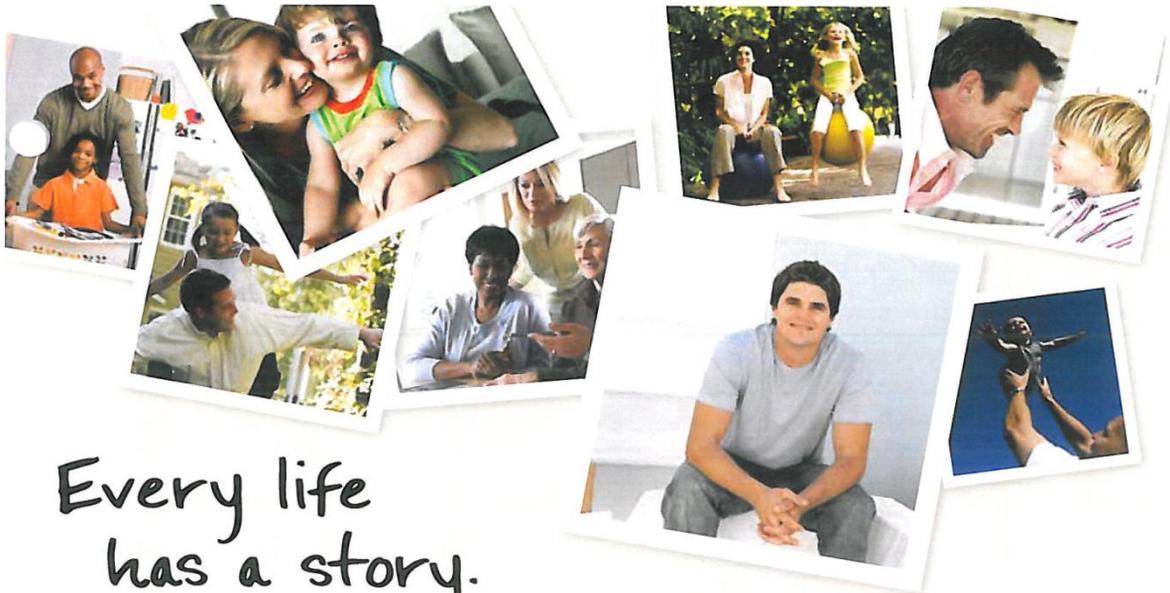
Example: \$1,000 monthly benefits

Jake ruptured a disc and continued to be disabled after his elimination period for another two months and 15 days.

	Benefits Paid
Jake's benefits following his elimination period and first month of disability	\$1,000
Jake's benefits for his second month of disability	\$1,000
Jake's benefits for his last 15 days of disability	\$500
Total Benefits Paid⁵	\$2,500

⁵ Benefits paid may vary. See your policy/certificate for details.

Trustmark – Universal Life Events



Every life
has a story.

You have a picture of the way you want your life to go.

Now imagine if something happens that not only changes your picture, it changes your life story.

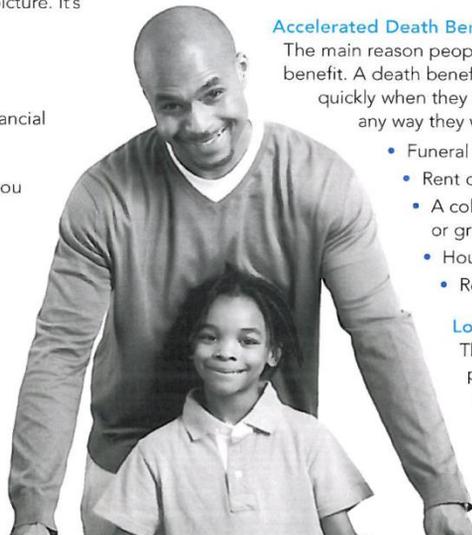
That's when Trustmark Universal LifeEvents® insurance can help. It can help you live your story, your way.

What is Universal LifeEvents?

LifeEvents is permanent life insurance that helps shield your family from financial hardship if you or your spouse is suddenly out of the picture. It's that simple.

LifeEvents:

- Helps provide permanent financial protection
- Is a financial tool that helps you manage life at every stage – from supporting a family to sending your children to college to the need for long-term care
- Builds cash value over time that you can access for life's challenges and life's opportunities



How does it work?

With LifeEvents, benefits can be paid under the Accelerated Death Benefit Insurance Rider, under the Long-Term Care Insurance Rider, or as a combination of both.

Accelerated Death Benefit Insurance Rider

The main reason people have life insurance is for the death benefit. A death benefit puts money in your family's hands quickly when they need it most. It's money they can use any way they want to help with expenses such as:

- Funeral costs
- Rent or mortgages
- A college education for your children or grandchildren
- Household debt
- Retirement and more

Long-Term Care Insurance Rider

This benefit makes it easy to accelerate part of your death benefit to help pay for home healthcare, assisted living, nursing care and adult day care services, when you are chronically ill should you ever need them.

Trustmark - Universal Life Events

Why do you need it?

Take a moment, now, to think about life as you know it. Then ask yourself this: If something happens to you, what happens to your family?

- Will they be able to keep your home?
When someone dies, family income may be significantly reduced.
- How much would your children's lives change?
Without you, how will their college dreams come true?
- If you need long-term care, will your choices be limited?
Long-term care may be needed at any age, and paying for it yourself may deplete your savings.



Think About It
Surviving families take 5 to 7 years
to recover financially from the loss
of a spouse!

¹2009 MetLife Financial Impact of Premature Death Study,
<http://www.metlife.com/about/press-room/us-press-releases/2009/index.html?compID=15908>

The LifeEvents advantage

LifeEvents is designed to match your needs throughout your lifetime. It pays a:

- **Higher Death Benefit** during working years when expenses are high and your family needs maximum protection. Then, at age 70 when financial needs are typically lower, the death benefit reduces to one-third; however, your benefits for the Long-Term Care Insurance Rider never reduce.²
- **Consistent Level for Long-Term Care Insurance Rider** during retirement, which is when you may be susceptible to becoming chronically ill and may need long-term care services.

LifeEvents in action

(Example: 35-year-old, \$8/week premium, \$75,000 benefit)

Before Age 70	Age 70+	
Death Benefit \$75,000	LTC Benefit	\$75,000
LTC Benefit	\$75,000	Death Benefit² \$25,000

²Death benefit reduces to one-third at the latter of: age 70 or the 15th certificate anniversary. Issue age is 64 and under.

How Living Benefits add up

Example: \$100,000
Death Benefit

Maximum Benefit
Amount

Long-Term Care Insurance Rider (LTC)³

Pays a monthly benefit equal to 4 percent of your death benefit for up to 25 months. The Long-Term Care Insurance Rider accelerates the death benefit and proportionately reduces it.

\$100,000

Benefit Restoration Insurance Rider

Restores the death benefit² that is reduced by the Long-Term Care Insurance Rider, so your family receives the full death benefit amount when they need it most.

\$100,000

Total Maximum Benefit

Living Benefits may double the value of your life insurance.

\$200,000

³The Long-Term Care (LTC) Insurance Accelerated Death Benefit Rider is an acceleration of the death benefit and is not Long-Term Care Insurance. It begins to pay after 90 days of confinement or services, and to qualify for benefits you must be chronically ill. Pre-existing condition limitation may apply. Please consult your certificate for complete details.

Trustmark – Critical Illness Insurance

Life can change in an instant.

- Facing a critical illness is difficult. There is so much to think about – from deciding between your treatment options to managing your family's everyday needs to maintaining your financial and emotional stability.

What's covered?

- Heart attack
- Stroke
- Invasive cancer (excludes most skin cancer)
- Renal (kidney) failure
- Occupational HIV
- Blindness
- ALS (Lou Gehrig's disease)
- Transplant of a major organ
- Paralysis of at least two limbs
- Carcinoma in situ (25% benefit)
- Coronary artery by-pass surgery (25% benefit)
- Benefits may vary by state and certain benefits may not be available in all states.

Trustmark's voluntary Critical Illness insurance helps provide immediate financial relief from the overwhelming expenses of a serious illness, such as a heart attack, stroke or cancer. It pays a lump-sum cash benefit when you are diagnosed with a covered illness to help ease your financial worries. In short, Trustmark Critical Illness insurance helps provide a financial cushion to help you manage your illness, your way. It's that simple.

Why do you need Critical Illness insurance?

Take a moment now, to think about life as you know it. Then ask yourself this: If you were diagnosed with a critical illness, how would you manage life during your recovery? Who will care for your children? And your home? What are your treatment options? Are there other doctors, specialists or hospitals outside your neighborhood available to you? If you were unable to work during your recovery, would you need additional funds?

Trustmark – Critical Illness Insurance

Why do you need it?

Take a moment now, to think about life as you know it. Then ask yourself this: If you were diagnosed with a critical illness, how would you manage life during your recovery?

- Who will care for your children? And your home?
- What are your treatment options? Are there other doctors, specialists or hospitals outside your neighborhood available to you?
- If you were unable to work during your recovery, would you need additional funds?

What's covered?²

- Heart attack
- Stroke
- Renal (kidney) failure
- Blindness
- ALS (Lou Gehrig's disease)
- Transplant of a major organ
- Paralysis of at least two limbs
- Coronary artery by-pass surgery (25% benefit)³
- Invasive cancer (excludes most skin cancer)³
- Carcinoma in situ (25% benefit)³

²Please consult your policy/group certificate for specific covered conditions and details.

³If the insured receives the benefit for coronary artery bypass surgery or carcinoma in situ, the remaining benefit will be available for another covered condition, or double benefit if included. Most skin cancer is excluded.

Think About It

Every 90 seconds someone in the U.S. files for bankruptcy in the aftermath of a serious illness. Three-quarters of them were insured.¹

¹The American Journal of Medicine, August 2009.

How do you know if your treatment is right? Best Doctors® can help.

Best Doctors® is a company that provides medical decision support through an online network of more than 50,000 world-class medical specialists. Whether you need help resolving conflicting diagnoses, finding a specialist or knowing what questions to ask, Best Doctors can help when you need it most. Membership is automatic at no additional cost to you while your coverage is in force.

Health Screening Benefit⁴

To help you stay well, the Health Screening Benefit pays the cost of one screening test or immunization per calendar year (up to \$50 or \$100 maximum). Some of the many screening tests covered include:

- Low dose mammography
- Pap smear (women over 18)
- Serum cholesterol
- Prostate specific antigen
- Stress test
- Colonoscopy
- Bone marrow
- Chest X-ray

Pre-Existing Limitation⁵

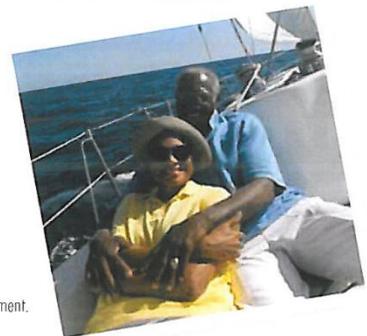
In most states, no benefit will be paid for any condition caused by or resulting from a pre-existing condition, which vary by state.

⁴ A waiting period may apply, which may vary by state. Only tests performed after the applicable waiting period qualify for reimbursement.

⁵ Pre-existing limitations may vary by state. ⁶Separation periods between diagnoses may apply. Not available in all states. Please consult your policy/group certificate for complete details.

Double benefit⁶

What happens if you experience a second covered condition? With the purchase of the double benefit you can receive a second cash payment equal to the first. The second illness must be a different covered condition than the first and must occur at least six months later.



Term Life – Reliance Standard

Benefit Amount

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren): Age 14 days to 6 months: \$1,000

Age 6 months to 20 years of age (26, if full-time student): choice of \$2,500, \$5,000, \$7,500 or \$10,000

Choose one benefit amount for all eligible children in family.

Guarantee Issue (Initial Eligibility Period Only)

Employee:

Under age 60: \$100,000

Age 60 but under age 70: \$10,000

Age 70 or older: none

Spouse:

Under age 60: \$30,000

Age 60 or older: none

Guarantee Issue is subject to underwriting rules and is not available in all circumstances.

Features:

- Conversion Privilege
- Portability
- Waiver of Premium

Exclusions

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for nonpayment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

BI-WEEKLY PREMIUM RATES PER \$10,000 OF LIFE INSURANCE		Dependent Children (6 months to age 20/26)	Bi-weekly Cost
Age (last birthday as of the anniversary date)	Rate	Benefit	
Under age 30	\$.40	\$ 2,500	\$.33
30-34	.42	5,000	.49
35-39	.60	7,500	.66
40-44	.97	10,000	.83
45-49	1.59		
50-54	2.54		
55-59	4.20		
60-64	5.45		
65-69	8.08		
70 and Over*	15.44		

Flexible Spending Account

Your Dependent Daycare Flexible Spending Account Can Save You Hundreds of Dollars

Are you paying for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves? Now you can pay for your dependents' daycare while you are at work or school and save 25-40% in taxes on every dollar.

Just enroll in the plan during your benefits open enrollment period and choose the amount you want to put aside for daycare. The annual maximum a household may set aside is \$5,000. Married couples filing singly may each set aside up to \$2,500. Divorced couples should check the FAQs on our website for special rules.

Tax-free money from your paycheck will be added to your dependent daycare account balance. You pay your daycare provider and then submit a claim for reimbursement. The plan works like a checking account in that you may only be reimbursed for the amount you have in your account at the time of your claim. If your claim is for more than the balance in your account, the rest of your claim will be paid when more money is added.

Examples of Eligible Dependent Daycare Expenses

Choose the care that best suits your situation:

- In-home babysitter
- Nursery school
- Daycare center
- Summer day camp
- Outside babysitter
- Elder custodial care
- Latchkey program
- Elder daycare



Important Points

You save 25-40% because you don't pay federal, social security or most states' taxes on the money you spend for daycare.

Choose your amount carefully. Once you are enrolled you cannot change it unless you change daycare providers, you have or adopt a child, or your child turns 13.

Services must be provided while you and your spouse are at work or attending classes as a full-time student.

Services must be provided during the current plan year. Your plan year is explained in your enrollment materials.

You should contact your tax advisor to discuss how you might use this benefit with the child care tax credit.



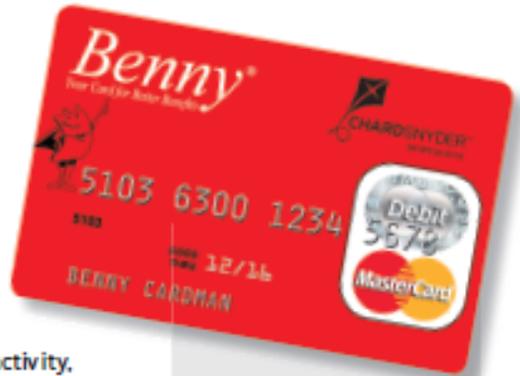
800.982.7715 www.chard-snyder.com



FSA with Debit Card

It's Easy to Manage Your Account

Chard Snyder offers you the tools you need to make using your Flexible Spending Account easy. Benny lets you pay without taking cash from your pocket. And you have online access to your account on the road or at your home computer. The secure online access lets you see your account activity, manage your personal profile, access forms and read messages... the information you need, when you need it.



Pay for Eligible Expenses With Benny...No Cash Required!

Benny[®] is smarter than the average card and recognizes many eligible expenses such as doctor's office visits, prescriptions and emergency room visits. Benny helps you stay within IRS rules by allowing purchases only at locations that provide eligible services or merchandise. Benny even knows which items are eligible at most places that sell over-the-counter healthcare merchandise. Using Benny means you can keep your cash in your pocket for other things. You'll receive two cards, one for you and one for another family member.

Use Our Mobile App and Stay Up-To-Date Wherever You Are

Use your iPhone[®], Android[®] or tablet device to access your account balance anywhere. See specific transaction details and submit healthcare claims and receipt images, plus, choose the text alerts you want to receive. You'll know when claims are confirmed or denied and when receipts are needed to support your claim.



Look for this Envelope

Be on the lookout for this envelope in the mail. It will say **Your New Employee Benefits Materials Are Enclosed - Please Open Immediately!** Your cards are enclosed.

Benny Prepaid Benefits Card Helps You Save Money

See the list of stores that accept Benny at www.chard-snyder.com.

Don't throw away your Benny...you can use it for up to five years. There is an expiration date on the front of your card.

Your healthcare election will be available on the first day of your plan year.

New participants will be mailed a set of two cards in their name.

Flexible Spending Account

Your Healthcare Flexible Spending Account

Save on out-of-pocket healthcare expenses for you and your family. Use your healthcare account to pay for expenses not covered by your medical, dental and vision insurance plans such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

Use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, orthodontia, oral surgery, tooth implants or LASIK surgery. The tax-free money withheld from your check helps you pay for big expenses painlessly.

The IRS does not allow us to pay claims for doctor's retainer fees (VIP fees), medical services before they are provided (such as your expected costs as shown on dental estimates) or cosmetic merchandise or procedures such as tummy-tucks or teeth-whitening.

Over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup are eligible expenses with a prescription from your doctor. Chard Snyder will need a copy of the prescription to keep in our files for one year in order to pay claims for these items.

Examples of Eligible Healthcare Account Expenses

Acupuncture	Fluoridation treatments	Physical therapy
Alcoholism / drug addiction treatment	Guide dog	Pre-existing conditions
Artificial limbs	Hearing aid / batteries	Prescriptions
Artificial teeth	Hospital services	Private hospital room
Braille books / magazines	Insulin	Psychiatric care (prescribed)
Childbirth classes	LASIK surgery	Reading glasses
Chiropractors	Learning disability	Sales tax (on eligible expenses)
Co-insurance / co-pays	Medical monitoring devices	Smoking cessation (prescribed)
Contact lenses / solution	Medical services	Speech training
Crutches	Operations / surgery	Transplants
Deductibles	Optometrist	Vaccines
Dental treatment	Orthodontia*	Weight-loss (prescribed)
Denture adhesives	Osteopath	Wheelchair
Eye exams / eyeglasses	Physical exams (non-employment)	X-ray fees
Fitness classes (prescribed)		

* Find our brochure titled *Save on Orthodontia With a Flexible Spending Account* on our website for a complete explanation of how orthodontia claims are paid.



Find the
Using Your
Flexible Spending
Account
brochure at
www.chard-snyder.com
for complete details



Use our Mobile
App to Stay
Up-to-Date
Wherever You Are

FSA – Dependent Daycare

Open a Flexible Spending Account To Save 25-40% on Healthcare and Dependent Daycare Expenses

With a Flexible Spending Account (FSA), you pay for eligible expenses with tax-free dollars. You won't have to pay federal, social security or most states' taxes on the money you put into the plan.

It's so Easy to Use Your Flexible Spending Account

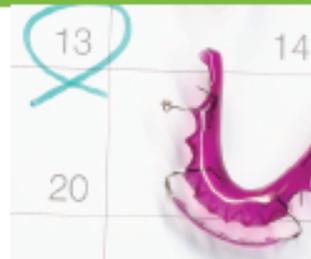
If you use the Benny® prepaid benefits card, you can pay for many expenses without cash. Or you can pay for your expenses and submit a claim using the mobile app, email, fax, U.S. mail or through the website. Most reimbursements are received within two weeks depending on your plan's payment option.

Use the Chard Snyder mobile app or website any time to check your current balance, see the status of a claim or review the history of your account.

Get the Most From Your Flexible Spending Account... Plan Ahead to Save

You will want to plan ahead to save the most you can. Follow these steps:

1. Check your plan rules for possible claims deadlines
2. Use the Annual Expense Estimate Worksheet on the back of this brochure or on our website to help you plan
3. Review the lists of eligible healthcare expenses
4. Total what you paid last year for eligible expenses for each plan
5. Write down any new expenses you are sure of for the new plan year. Include new glasses, prescriptions, orthodontia, or another family member needing daycare, etc.
6. The total for each plan helps you decide how much to put into your accounts



Use the Tax-Savings Calculator on Our Website

Eligible healthcare and dependent daycare expenses are exempt from federal income and social security taxes as well as most state income taxes. Your tax savings will vary based on your tax bracket.

Email questions to aspenny@chard-snyder.com

Search Thousands of FSA Eligible Products Online

\$10 OFF

Code: CSC at checkout



www.chard-snyder.com/product-partners/fsastore.html
One coupon per customer



Save Your Receipts!

No matter how you submit a claim, the IRS requires that you prove it was for an eligible expense. You may be asked to send us a receipt, Explanation of Benefits (EOB), or bill as proof. Your proof must provide the date of the expense, a description of the item or service, the name of the store or provider and the amount you paid. Your expense must have occurred during the time period covered by your plan.

FSA – Estimate Your Savings

Healthcare Account Annual Expense Estimate Worksheet

	Actual Expenses Last Year	Estimated Expenses New Year
MEDICAL		
<u>Co-pays / expenses</u>		
Prescriptions	\$ _____	\$ _____
Physician visits	\$ _____	\$ _____
Hospital visit co-pays / expenses (Including Emergency)	\$ _____	\$ _____
Laboratory / testing expenses	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Over-the-counter items (medicines require a prescription)	\$ _____	\$ _____
VISION		
<u>Eye examination</u>		
Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
Lasik surgery	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
HEARING		
<u>Hearing examination</u>		
Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
DENTAL		
<u>Co-pays / expenses</u>		
Dental visits	\$ _____	\$ _____
Fillings	\$ _____	\$ _____
Major work (root canals, crowns, dentures, etc.)	\$ _____	\$ _____
Orthodontia (braces)	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
Total annual amounts	\$ _____	\$ _____

The information contained in this publication is not, nor is it intended to be, legal or tax advice. Example expenses may not be reimbursable under your specific plan or restrictions may apply. Federal regulations may change plan features without notice at any time. © 2015, Chard, Snyder & Associates, Inc. All rights reserved.

Dependent Daycare Account Annual Expense Estimate

CHILD DAYCARE *

Full-time daycare (per week)

Child one \$ _____

Child two \$ _____

Part-time daycare (per week)

Child one \$ _____

Child two \$ _____

1. Estimate the cost per week for each category of care
2. Calculate the annual cost
(weekly full-time daycare plus
weekly part-time daycare X
number of weeks per year)
3. Total amount \$ _____

*Child must be less than 13 years of age.

DISABLED / ELDER DAYCARE *

Caregiver
monthly cost \$ _____

Multiply monthly
cost times number
of months
estimated \$ _____

* Daycare provided for a dependent of any age who requires assistance with the basic tasks of daily life due to physical or mental challenges.



800.982.7715 www.chard-snyder.com



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Preferred Legal Plan

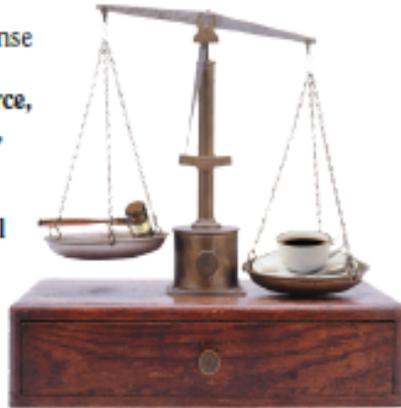
PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

Have Your Own Attorney on Retainer for Less than the Cost of a Cup of Coffee a Day!

The Preferred Legal Plan™ (“PLP”) is a licensed legal expense organization providing its members with full service and representation on all types of legal services, including **divorce, traffic tickets, buying or selling a home, bankruptcy, wills, probate, DUI, immigration, credit report issues, child support, custody and visitation, garnishments, defense of collections, foreclosures, criminal defense, lawsuits, small claims court, personal injury, landlord-tenant disputes, domestic violence and more.** PLP provides these services for the affordable price of \$4.60 per pay period.



- **FREE** unlimited legal advice via phone consultation
- **FREE** face-to-face consultations with attorneys
- **FREE** review of legal documents (real estate contracts, lease agreements, etc.)
- **FREE** letters and phone calls to third parties on your behalf
- **FREE** credit report analysis and repair and settling accounts in collection
- **FREE** Identity Theft information and restoration
- **FREE** simple Wills for member and spouse (or domestic partner)
- **FREE** legal forms available through PLP Form Library
- **FREE** notary services
- **40%-70% reduced legal fees** for attorney representation on all types of legal services
- **24 hours a day, 7 days a week access**
- **Access to PLP's statewide panel** of quality attorneys located throughout Florida
- **Spouse, dependent children and entire household are covered** for one low price.
- **All communications** are strictly confidential.
- **Tri-lingual attorneys.** Se habla español. Nou pale Creol.
- **Unlimited, immediate use of membership.** All pre-existing issues covered.
- **No long-term contracts.** You may cancel at any time. Membership is portable.

*Questions? Contact PLP toll-free at 888-577-3476.
www.preferredlegal.com*

Preferred Legal Plan

PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

HERE'S WHAT PLP MEMBERS ARE ASKING...

Q. Don't have a Will?

A. PLP will prepare a Will for you and your spouse absolutely FREE. Make sure your children are taken care of after you're gone. Don't leave it up to the state to decide what happens to your children and your assets.

Q. Problems with an ex-spouse?

A. PLP will help you deal with ongoing custody, support and visitation issues. Understand your visitation rights. Be sure you are paying/receiving the proper amount of child support.

Q. Buried under too much debt?

A. PLP will advise you on alternatives including consolidation or bankruptcy.

Q. Buying, selling or refinancing a home?

A. PLP can help you from contract to closing.

Q. Traffic ticket? Suspended driver's license?

A. PLP attorneys will help you beat any traffic violation in court and help you restore your driving privileges.

Q. Worried about Identity Theft?

A. PLP will advise you on ways to protect yourself and help you take the steps for immediate restoration in case of theft.

Q. Have elderly parents?

A. PLP will prepare documents to insure their affairs are in order.

Q. Sued or arrested? Served with a lawsuit?

A. PLP will provide representation on all civil and criminal matters.

Q. Someone threatening to garnish your wages?

A. PLP can help you analyze the legal exemptions to block the garnishment.

Q. Involved in a car accident?

A. PLP will deal directly with the insurance company to obtain compensation for property damage or injury.

Q. Received an assessment from your condominium board?

A. PLP will analyze all documentation and negotiate with the board on your behalf.

HERE'S WHAT PLP MEMBERS ARE SAYING...

"When I joined PLP, I had ongoing divorce and custody issues. PLP provided me with a family law attorney, who handled these legal problems for me. In my desperate time of need, PLP was there for me."

— T. Ortiz, Lakeland

"I can call (my PLP attorney) for anything. It's like calling a friend, but he knows the answers."

— M. Smith, Ft. Lauderdale

"I had multiple traffic tickets and a suspended driver's license when I joined PLP. My PLP attorney represented me in court and cleared my entire driving record."

— A. Padro, Boca Raton

"The general public, including myself, are ignorant because we don't know how to pick the right (attorney). Now, (my PLP attorney) calls me back promptly, and is always available to answer even trivial questions."

— C. Alberelli, Miami

Preferred Legal Plan

PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

****NEW BENEFIT****

ProtectMyID®

A part of Experian™

STOP Identity Theft in its tracks with the power of Experian!

ProtectMyID® is pleased to partner with Preferred Legal Plan™. ProtectMyID® provides more than identity protection. We provide peace of mind. As a part of Experian, a leader in credit services and decision analytics, we use world-class security and technology standards. When it comes to identity protection, no one else has the backing of Experian. And no one else comes close.

Comprehensive features to fight identity theft

- Early warning Surveillance Alert™ notifications via email or text inform members of new activity related to their identities through daily monitoring.
 - Daily 3-Bureau credit monitoring - Tracks 50 leading indicators of identity theft
 - Internet scan - Monitors online sources where personal data is sold
 - Change of address monitoring - Reported by USPS NCOA and credit bureaus
 - Lost Wallet protection
 - Monthly email notifications of "all clear" or other status
- \$1,000,000 Identity Theft Insurance to cover items like illegal electronic fund transfers, lost wages, legal fees and private investigator costs.
- Identity Theft Resolution Agents help resolve potential identity theft from start to finish. With a highly trained, dedicated agent, members aren't left on their own to contact creditors, close fraudulent accounts, place fraud alerts on their Experian credit reports and more.
- A complete personal Experian credit report so members can check for inaccurate information that may be a sign of past identity theft.
- Additional resources so consumers can learn more about identity protection.

ProtectMyID® is available for an additional \$7.00 per month for employee only and \$14.00 per month for employee plus spouse when added to the Preferred Legal Plan (or \$9.00 stand alone for employee only, \$18.00 stand alone for employee plus spouse).

Met Life – Group Auto

Get the most value out of your

Employee Benefits Program.

MetLife® Auto—Your Trusted Benefits Provider

You lead a busy life. And you may not always have the time to make informed decisions about your benefits, so you trust your employer to choose the right insurance providers for you. Fortunately your employer has chosen MetLife Auto for all your auto insurance needs. With virtually no effort you can easily optimize your employee benefits at work, while enjoying the convenience of flexible payment options and our special group rates.

Save with Our Special Group Discounts

Because your employer has chosen the MetLife Auto program, you could receive special savings and value-added benefits — at no additional cost. You could also take advantage of a group rate, and money-saving discounts. You may also save more with our multi-car discounts when you insure more than one auto with MetLife Auto.

Easy and Affordable Payment Options

We offer a variety of flexible payment options to make paying for your insurance easier:

- Use your favorite credit card and you may earn valuable rewards points or miles*
- Choose monthly automatic bank account deduction, *or*
- Select direct bill as your preferred payment option

Valuable Benefits At No Extra Cost

- Safe driver rewards** like a \$50 credit toward your deductible every year for up to five years when you drive without making a claim — that's up to \$250 in credits for safe drivers.
- Glass repairs with no deductible, if your windshield is cracked or chipped.
- Superior Service—According to the J.D. Power and Associates National Auto Insurance Study, MetLife Auto ranked above the national average for overall customer satisfaction.



Call Today!

1 800 GET-MET 8
(1-800-438-6388)

Veterinarian Pet Insurance (VPI)

Choose a pet health plan to fit your needs

From VPI[®]/Nationwide[®], the #1 choice in America for pet insurance



Prices include **5% discount!**^{**}

Major Medical Plan comprehensive
+ wellness coverage[†]
\$19/paycheck*
or
\$41/month*

Major Medical Plan comprehensive
\$13/paycheck*
or
\$29/month*

Pet Wellness Basics everyday care
\$9/paycheck*
or
\$18/month*

Use any vet

Accidents, including poisonings, cuts and broken bones

Common illnesses, including ear infections, rashes, vomiting and diarrhea

Serious/chronic illnesses, including cancer, diabetes and allergies

Hereditary conditions

Procedures/services, including surgeries, Rx meds and hospitalization

Wellness services, including exams, vaccinations and flea/heartworm preventives



Annual deductible	\$250 for medical claims \$0 for wellness claims	\$250	\$0
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Sample reimbursement

When Biscuit needed emergency surgery after eating a handful of pebbles, the Major Medical plan reimbursed 100% of her vet bill.



Exam, X-rays, surgery, treatment
4-yr-old mixed breed, California

■ Veterinary fee
■ Reimbursed by VPI/Nationwide
■ Annual deductible

Sample reimbursement for Major Medical Plan with \$250 annual deductible. Sample is based on actual claim, but has been edited for clarity.

Sign up during open enrollment and receive your discount.
877-Pets-VPI • PetsVPI.com



*Premiums vary based on the age of the pet, species, size (as an adult), plan type and state of residence. Per-paycheck pricing is based on a 26 pay period per year cycle. Your pricing may vary based on your employer's payment schedule. **Discount applies to basic medical plan only. †New illnesses only. Does not include conditions pre-existing to enrollment. ‡Limited hereditary condition coverage after the first year of enrollment. ††Wellness plans are not available in all states.

Insurance plans are offered and administered by Veterinary Pet Insurance Company in California and DVM Insurance Agency in all other states. Underwritten by Veterinary Pet Insurance Company (CA), Brea, CA, an A.M. Best A rating company (2013); National Casualty Company (all other states), Madison, WI, an A.M. Best A+ rated company (2014); Veterinary Pet Insurance, VPI and the Cat/Dog logo are service marks of Veterinary Pet Insurance Company. Nationwide, the Nationwide brand logo, and Nationwide is On Your Side are service marks of Nationwide Mutual Insurance Company. ©2015 Veterinary Pet Insurance Company and Nationwide. 56483335.

Q&PUNHSHTD5

AIG Retirement (457b & Roth 457b)

We understand how important financial security during retirement is to you. By partnering with AIG Retirement, we are taking steps to help you prepare for the future

- Tailor retirement income to meet your needs
 - Wide array of investments from well-known mutual fund companies
 - Experienced and trusted financial advisors who are dedicated to providing personal, face-to-face service
 - Access to comprehensive planning and investment education
 - Secure account access 24/7 through the AIG Retirement online
 - No sales or surrender charges on contributions to the mutual funds
 - Choose, change or stop your bi-weekly contributions at any time.

You have a variety of options to turn your savings into a stream of guaranteed retirement income. Guarantees are backed by the claims-paying ability of The Variable Annuity Life Insurance Company.

How to Enroll:

Contact the City of Plantation Financial Advisor to set up your account (page 70). Once your account is set up you can log in to monitor or change your account: www.AIG.com.



Contact Information

Contact	Department	Telephone	E-Mail/Website
UnitedHealthcare - Medical	Customer Service	1-866-633-2446	www.myuhc.com
-Mental Health	United Behavioral Health	1-800-888-2998	www.liveandworkwell.com
United Allied	Discount Programs		www.myuhc.com
Employee Assistance Program (EAP)		1-800-899-3926	
Care24	24/7 Nurse Hotline	1-888-887-4114	
Dental	Customer Service	1-877-816-3596	www.myuhc.com
Vision	Customer Service	1-800-638-3120	www.myuhc.com
Long Term Disability (Reliance Standard)	Report a claim	1-800-351-7500	www.reliancestandard.com
Reliance Standard	Customer Service	1-800-351-7500	
	Local Office	954-846-7374	
Chard Snyder	Customer Service	1-800-982-7715	www.askpenny@chard-snyder.com
	Claims Fax Number:	1-888.245.8452	
Trustmark	Customer Service	1-800-918-8877	
Trustmark Enrollment:	Innovative Benefits	561-508-9494	cityofplantation@simplenroll.net
457(b) AIG Retirement	Customer Service	1-800-448-2542	www.AIG.com
	Local Representative: Steve Sallee	561-684-3775	
Preferred Legal Plan	Customer Service	1-888-577-3476	www.preferredlegal.com
MetLife	Free Quote	1-800-GET MET8	
Veterinarian Pet Insurance (VPI)	Customer Service	1-877-738-7874	
Beverly Ambrosio, Benefits & Wellness Manager	Human Resources	954-797-2244	bambrosio@plantation.org
Cassie Miller, Benefits & Wellness Specialist	Human Resources	954-414-8878	cmiller@plantaiton.org

Additional Resources

■ Employee Intranet

- Internal on-line resource for forms and information
 - Claim Forms
 - Plan Documents
 - Annual Notices
 - Contact Information
- <http://internal.plantation.org>

■ Pen & Ink

- Quarterly Employee Newsletter

■ Benefits Committee

- Please know your Departments Benefit Committee representative. Should you have any questions, suggestions or ideas please let your committee member know.

Department	Representative
P & R	Kiera Adamo
HR	Beverly Ambrosio
Utilities	JJ Ameno
Police	Deetra Council
PZD	Diana Berchielli
P/W	Darren Brown
I.T.	Cindy Craven
Building	Maritza Grajales
Fire	Cary Blanchard
Library	Meg Knaus
Finance	Linda Murray
HR	Cassie Miller
Eng	Judy McBride
Administration	Pam Ponce de Lean
City Clerk	Sarah Fortunato
P/W	Wilma Wallisa
P/W	Dave Wilson



Open Enrollment

Plan Year 04/01/2020 – 03/31/2021

Enclosed you will find information regarding your options and any actions you may be required to take.

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

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OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

It's Open Enrollment! What should you do?

Open enrollment for the City of Plantation will run from Monday, March 2 through Friday, March 20. Open enrollment offers employees an opportunity to review their current benefits and consider changes to their coverages that will become effective 04/01/20.

Key Things to Know

- Employees and/or dependents will automatically be re-enrolled in their current medical/dental/vision plan if no changes are made effective 04/01/20
- Employees must re-enroll if they want to participate in the flexible spending accounts Unreimbursed Medical and/or Dependent Day Care.
- Employees should carefully review their current coverage and the open enrollment packet for detailed information.

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

United Healthcare – What can you do

1. **Retain Current coverage:** If you wish to make no changes to your insurance, do nothing and your coverages will remain the same.
2. **Add/remove dependents:** Open Enrollment is the time you are able to enroll/remove eligible dependents without having a qualifying event. The change of dependents may affect your premium. You will need to complete the appropriate paperwork with Human Resources/Benefits.
3. **Change insurance plan:** The City of Plantation offers two plans under UnitedHealthcare at various costs and co-payments.

United Healthcare – Plan Options

Covered Services	Option 1	Option 2
	In-Network Benefits Only	In-Network Benefits Only
Doctors Office Visit	\$10	\$20.00
Specialist office visit, including OB/Gyn	100% after \$35 copay	\$50.00
Preventive Care	100%	100%
Hospital inpatient stay, including maternity	100% after \$100 copay	\$200.00
Emergency room visit	100% after \$200 copay	\$250.00
Urgent Care Center	100% after \$25 copay	\$35.00
Outpatient surgical	100%	\$100.00
Diagnostic x-ray	100%	\$25.00
Lab tests	100%	\$20.00
MRI/PET/CAT scan	100%	\$100.00
Chiropractic visit *spinal manipulation	100% after \$10 copay (max 24 visits per calendar year)	Not Covered
Chiropractic Visit *massage therapy	Not Covered	Not Covered
Mental health	100% after \$10 copay individual \$10 co-pay group (max 30 visits) (limited 30 outpatient visits)	\$20.00
Prescription Drug Benefits	\$10/25/60 - 30 day supply - \$30/75/180 - Mail order \$150 - Compound Drugs	\$20/40/60 - 30 day \$60/120/180 - Mail Order \$150 Compound Drugs
Calendar Year deductible	\$0.00	\$0.00
Maximum Annual Out-Of Pocket	\$4,000 Individual \$6,000 Family	\$6,000 Individual \$8,000 Family

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Dental/Vision

1. **Retain Current Coverage:** If you wish to make no changes to your insurance, do nothing and your coverages will remain the same.
2. **Change Dental Plan:** The City of Plantation offers two plan options under UnitedHealthcare at various costs and co-payments.

	UnitedHealthcare DHMO	UnitedHealthcare DPPO	UnitedHealthcare DPPO
	In-Network Only	In Network	Out of Network
Annual Deductible	N/A	\$50 – Single \$100- Family	\$50 – Single \$100- Family
Preventative Services	No Copayment	100% of allowable	70% allowable
Basic Services	No Copayment	90% of allowable after deductible	70% of allowable after deductible
Major Services	Specific copayment refer to schedule of benefits	90% of allowable after deductible	50% of allowable after deductible
Orthodontics	\$1850 – Under 19 yrs \$1950 – Over 19 yrs	70% of allowable after deductible \$1500 lifetime max	50% of allowable after deductible \$1500 lifetime max
Plan Year Maximum	No maximum benefit	\$2,500	\$2,500

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Premium & Eligibility for Premium Discount

Your insurance contribution:

Active Employee Deductions		Single	Emp + Children	Emp + Sp	Family
Option 1 with PPO Dental & Vision		\$42.39	\$91.46	\$95.82	\$143.95
Option 1 with DHMO Dental & Vision		\$42.39	\$86.91	\$90.64	\$133.34
Option 2 with PPO Dental & Vision		\$39.38	\$85.43	\$89.49	\$136.32
Option 2 with DHMO Dental & Vision		\$39.38	\$80.88	\$84.31	\$125.72

Receive a Discount! Complete the '3 Steps to Wellness'

Active Employee Deductions		Single	Emp + Children	Emp + Sp	Family
Option 1 with PPO Dental & Vision		\$15.42	\$52.92	\$56.12	\$93.17
Option 1 with DHMO Dental & Vision		\$15.42	\$48.37	\$50.95	\$82.57
Option 2 with PPO Dental & Vision		\$14.32	\$35.32	\$36.86	\$58.68
Option 2 with DHMO Dental & Vision		\$14.32	\$30.76	\$31.69	\$48.07

Employee Assistance Program (EAP)

Managed Care Concepts EAP provides professional and confidential services to help employees and family members address a variety of issues:

- Marital/Family/Relationship issues
- Stress
- Depression
- Personal or Work-related issues
- Drug Abuse
- Alcohol Abuse
- And much more

EAP benefits are 100% confidential, **available for employees and their dependent family members** at **NO COST** and is easily accessible 24/7.

Contact Human Resources/Benefits for more information or call Managed Care Concepts toll-free at 1-800-899-3926.

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Voluntary Plans

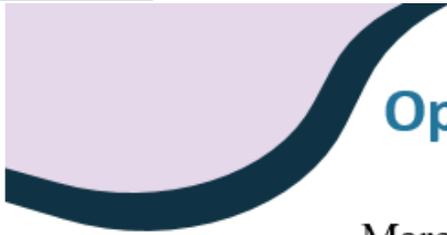
	<p>Buy-Up Vision (Pre-tax) Employees have the option to 'buy up' to a higher level of benefit. The Buy-Up vision provides additional benefits such as: Frames annually and higher allowable for frames.</p> <p>To Enroll: Contact Human Resources/Benefits to complete enrollment form.</p>
	<p>Trustmark (Pre & After Tax) Voluntary products are designed to help with those extra expenses that many don't have in their budget after an unexpected event like a cancer diagnosis, a heart attack, disability, or a trip to the emergency room. Voluntary benefits can give policyholders the peace of mind to know that they have a check in the mail when they need it most.</p> <ul style="list-style-type: none">• Accident Insurance• Short Term Disability• Critical Illness / Cancer• Whole Life Insurance w/ Long Term Care <p>To Enroll: Call: 561-508-9494 or online at cityofplantation@simplenroll.net</p>
	<p>Preferred Legal / Protect My ID Enroll in One or Both at a discounted rate.</p> <ul style="list-style-type: none">• Unlimited legal advice• Simple Wills for member and spouse• Legal forms• Many more services available included <p>To Enroll: Contact Human Resources/Benefits to complete enrollment form</p>
	<p>Flexible Spending Accounts (Pre-Tax) With the Flexible Spending Account there are two ways for you to save on taxes which is money in your pocket:</p> <ol style="list-style-type: none">1.Unreimbursed Medical Use your Pre-Paid Benny card to pay for services from medical providers such as hospital, clinic, doctor or dentist as well as your prescription medications.2.Dependent Day Care Are you paying for the care of dependent children under the age of 13 or dependents of any age that are unable to care for themselves? Using the Flexible Spending account allows you to save 25-40% because you don't pay federal or social security taxes on the money you spend for daycare.

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

	<p>To Enroll: Contact Human Resources/Benefits to complete enrollment form</p> <p><u>AIG 457(b) Retirement Plan</u> The City of Plantation through AIG Retirement Plan offers you tax advantages to build savings towards your retirement. Start now with the flexibility to stop/start your deductions at any time.</p> <p>To Enroll: Contact Steve Sallee, Financial Advisor: Cell: 954-702-1362 -- Work: 561-684-3775</p>
	<p><u>Reliance Standard</u> Additional Term Life policies are available through Reliance Standard. Enrollment forms and additional information is available in Human Resources/Benefits.</p> <p>To Enroll: Contact Human Resources/Benefits to complete enrollment form.</p>
	<p><u>Met Life</u> Offers Group Auto Insurance to employees For additional information contact Met Life at the phone number below or Human Resources/Benefits.</p> <p>To Enroll: Contact Met Life at 1-800-438-6388</p>
	<p><u>Veterinary Pet Insurance (VPI)</u> VPI provides coverage a variety of veterinary expenses. From accidents and illnesses to optional wellness coverage. Provides reimbursement for the preventive care necessary to keep them healthy year after year. Policies are available for dogs, cats, birds, reptiles and other exotic pets.</p> <p>To Enroll: Contact 877-PETS-VPI or online at: PetsVPI.com</p>

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Open Enrollment Fair



Open Enrollment Fair

March 18, 2020
7:00am – 12:00pm

Central Park Gymnasium
9151 NW 2nd St
Plantation, FL 33324

Your opportunity to make changes to your Plans.

Medical

Dental

Voluntary Benefits.

Vendors will be on-site from:

- UnitedHealthcare
- General Retirement Representative
- Employee Health and Wellness Care Center
- Human Resources
- AIG 457b & Rothb Retirement
- Preferred Legal
- We Florida Financial
- Trustmark
- EAP - Managed Care Concepts
- Chard Snyder - FSA
- And More!!

The Biometric Screening will **NOT** be offered at this event,
will be available at the September Health Fair,

Door Prizes for All Attendees



For additional information or to enroll please do not hesitate to contact any of the below:

BEVERLY AMBROSIO
BENEFITS & WELLNESS MANAGER

954-797-2244

BAMBROSIO@PLANTATION.ORG

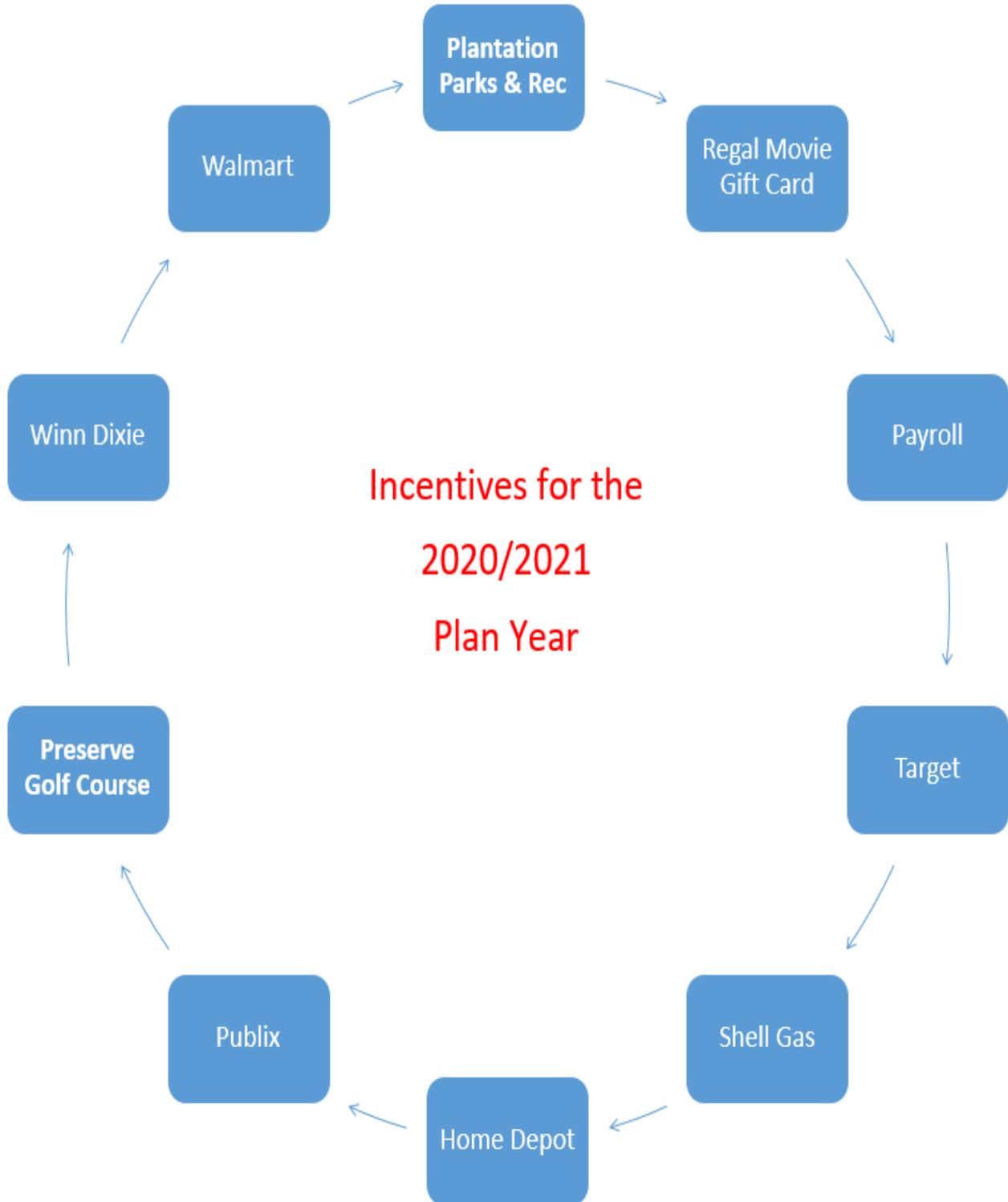
CASSIE MILLER
BENEFITS & WELLNESS SPECIALIST

954-414-8878

CMILLER@PLANTATION.ORG

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Wellness Incentives - So Many Choices



OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

How to Earn Wellness Points

How to Earn Wellness Points

5 Points = \$75

10 Points = \$75

Biometric Screening.....	1 Point
Health Risk Assessment (HRA).....	1 Point
Comprehensive Health Review (CHR).....	1 Point
Annual Physical.....	1 Point
Preventative Screening..... <ul style="list-style-type: none">• Labs• Well women Exam• Prostate Exam• Flu Vaccine• Dental• Vision• Dermatology	3 Points
Participation..... <ul style="list-style-type: none">• Challenges• Wellness Wednesdays• Health Fair• On-line Workshops• Plantation Preserve<ul style="list-style-type: none">○ Golf Course○ Lessons• Plantation Parks & Rec<ul style="list-style-type: none">○ Fitness/Wellness Classes○ Gym Memberships○ Sports Leagues○ Aquatics	3 Points

Please refer to the Benefit Guide for incentive guidelines.

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Marathon eHealth Portal

Employee Health and Wellness Care Center

Access the Marathon eHealth Portal anytime!



Features include:

- Scheduling appointments, viewing results, and secure message your clinician from any computer, tablet, or smart phone.
- View your results, upcoming appointments, health goals, and latest news related to your health on the customized dashboard.
- Review personalized health and wellness information related to your health goals.
- Sign up for text message and email appointment reminders.

Get started today

by visiting my.marathon-health.com and updating your profile information by clicking on "My Settings." You can also update your wellness profile by taking the Health History and Risk Assessment (HHRA) within the Questionnaires tab.

Not sure of your username or password? Follow the prompts to reset at my.marathon-health.com

Add an icon to your smartphone for quick access

iPhone



Tap the **Share** icon in Safari's lower menu bar



Add to Home Screen

Tap the **Add to Home Screen** icon

my.marathon-health.com

Android



Tap this **Icon** icon in the top right menu bar

Select **Add to Home Screen**

Windows Phone



Tap this **Icon** icon in the lower right of the screen

Select **Pin to Start**

Marathon
health
For life.

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Notice Regarding Wellness Program

The City of Plantation has a voluntary wellness program available to all full-time employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for glucose, lipid panel, triglycerides, LDL, HDL and total cholesterol. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

The employee contribution for medical insurance is 11% of the premium. Employees and their spouse /domestic partners who choose to participate in the wellness program by completing the '3 Steps to Wellness' (Bio-metric, HRA and CHR) will receive an incentive of a reduced employee contribution for medical insurance. Although you are not required to complete the HRA or participate in the biometric screening, only employees and spouse/domestic partners who do so will receive the incentive of a reduced contribution.

Additional incentives of up to \$150.00 may be available for employees who participate in certain health-related activities: 3 Steps to Wellness, annual physical, 3 preventative screenings and participate in 3 wellness events/challenges. If you are unable to participate in any of the health-related activities you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Beverly Ambrosio, Benefits & Wellness Manager at 954-797-2244 or bambrosio@plantation.org

The information from your HRA and the results from your biometric screening will be used by the Employee Health & Wellness Care Center to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as Wellness Wednesday topics and challenges. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Plantation may use aggregate information it collects to design a program based on identified health risks in the workplace, Marathon Health will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) the Nurse Practitioners and the Employee Health & Wellness Care Center Staff in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. The Employee Health & Wellness Care Center has a separate drop line for their internet and records and is kept totally separate from the City of Plantation. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Paulina Gainey, Human Resources Coordinator at 954-797-2241.

Notice of Availability City of Plantation Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

UnitedHealthcare (the "Plan") provides health benefits to eligible employees of **City of Plantation** (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact **Beverly Ambrosio, Benefits & Wellness Manager**, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights. You can reach this contact person at: **400 NW 73rd Avenue Plantation, FL 33313, 954-797-2244 fax: 954-797-2727.**

OPEN ENROLLMENT - 3/2/20 THRU 3/20/20

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility -

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<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563</p>

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<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>

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SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493	WEST VIRGINIA – Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	WYOMING – Medicaid Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov 1-866-444-EBSA (3272) 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

City of Plantation Medicare Creditable Notice

Important Notice from City of Plantation About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the City of Plantation and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The City of Plantation has determined that the prescription drug coverage offered by the United Healthcare plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Plantation coverage will not be affected (you can keep this coverage if you elect part D and this plan will coordinate with Part D coverage).

If you do decide to join a Medicare drug plan and drop your current City of Plantation coverage, be aware that you and your dependents may not be able to get this coverage back unless there is a qualifying event or open enrollment.

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When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Plantation, and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call Service Planning Corporation at (954) 492-0640. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Plantation changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- ✦ www.medicare.gov
- ✦ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- ✦ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778). **Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans,**

you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse/ domestic partner) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, please contact:

City of Plantation

Human Resources Department

400 NW 73rd Avenue

Plantation, FL 33317

(954) 797-2244

Women's Health and Cancer Rights Act (WHCRA) Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits.

If you would like more information on WHCRA benefits, please contact:

United Healthcare

(866) 633-2446